



Bullying and Special Needs. A handbook

edited by:

Jacek Pyżalski & Erling Roland

Łódź, 2010

ISBN 978-83-926719-9-2

© Copyright The Pedagogy Academy in Lodz & Centre for Behavioural Research, University of Stavanger



Table of Contents

Moduł 1. Erling Roland, Gaute Auestad and Grete S. Vaaland
Bullying

Moduł 2. Erling Roland and Grete S. Vaaland
Prevention of bullying

Moduł 3. Erling Roland and Grete S. Vaaland
Intervention to stop Bullying

Moduł 4. Erling Roland and Grete S. Vaaland
The ZERO PROGRAMME: A whole school approach

Moduł 5. Jacek Pyżalski
Electronic Aggression and Cyberbullying. An Old House with a New Facade? New
Communication Technologies in Young People's Lives

Moduł 6. Piotr Plichta
Intellectually Disabled Students as Victims and Perpetrators of Peer-to-peer Aggression – the
Educational Context

Moduł 7. Dorota Podgórska-Jachnik
A Student with Hearing Impairment as Aggressor and Aggression Victim

Moduł 8. Iwona Chrzanowska
Learning Disability as a Source of Adjustment Problems and Peer-to-Peer Aggression at School

Moduł 9. Beata Jachimczak
A Student with ADHD as a Perpetrator and Victim of Aggression

Moduł 10. Bogusław Śliwerski
School as an Environment Conducive to Aggression



Piotr Plichta

The Pedagogy Academy in Lodz

**Intellectually Disabled Students
as Victims and Perpetrators of Peer-to-peer Aggression
– the Educational Context**



Introduction

What are the real abilities of people with an intellectual disability? What are the circumstances that condition their behavior which are not entirely comprehensible to us? In what sense do intellectually disabled people function differently in comparison to people with no such impairment? In what way is their functioning special? Are the patterns of aggression and risk of becoming a victim of aggression similar in both groups? Are conditions that cause aggression in people with intellectual disability in any way unique?

When we consider a specific phenomenon, person or object, we have a tendency to analyze and evaluate it by making reference to what is supposedly an ideal set of characteristics. On the other hand, we try to capture a given phenomenon by comparing it to behaviors and values which are typical for the general population. Such values include average intelligence and adaptation skills, and both influence the diagnosis of intellectual disability¹. However, despite the adjective 'intellectual' in the name of the disability, subaverage intellectual values (IQ falling below the population average of 85 to 115 points) are not a sufficient ground for such a diagnosis. Two additional sets of factors are equally important, i.e. considerable deterioration of one's ability to function independently (to take care of oneself, an ability to communicate and learn), and developmental conditions surfacing by the age of puberty (i.e. until 18 years of age).

Table 1.

Approximate developmental abilities in people with intellectual disability in comparison to the abilities of people within the intellectual norm

Intellectual disability level	Maximum intellectual level achievable (in comparison to the typically developing peers)	Maximum level of social competence achievable (in comparison to the typically developing peers)
Mild (IQ 52-67)	to 12 years	to 16 years
Moderate (IQ 36-51)	to 8 years	to 10 years
Severe (IQ 20-35)	5 to 6 years	to 8 years
Profound (IQ 0-19)	to 3 years	to 5 years

Source: Data based on: Kostrzewski J. (1981), *Charakterystyka osób upośledzonych*, in K. Kirejczyk (Ed.), *Upośledzenie umysłowe – pedagogika*, Warszawa.

¹ In this article 'intellectual disability' and 'mental retardation' are used interchangeably.



Certainly, these data may only serve as a rule of thumb guidance. The characteristics of intellectually disabled people in subject literature often do not reflect the real diversity of this group. Among people with intellectual disability there are individuals fully dependent on others in all areas of life, as well as people who are able to conduct independent life and require no continuous support. The attempt to describe people with mild intellectual disability is particularly difficult. Their capabilities and functioning are commonly compared to those of people with no such impairment and thus referred to as: late, limited, slower, worse, etc. However, as we are not able to precisely 'group' people within the intellectual norm, it is equally futile, or at least very difficult, to do so in the case of the group of intellectually disabled people. Large evidence confirms that functioning mechanisms are the same in non-intellectually disabled and intellectually disabled people. In the latter case, it is the biological and social situation that is more complex.

One of the most noticeable differences between both groups is a greater dependence of intellectually disabled people compared to non-intellectually disabled ones. We are going to focus on this issue in the course of our discussion below. The quality of life of those people is most often the consequence of the conditions which had been established for them by others.

The everyday dependence of intellectually disabled people is an issue worth additional discussion particularly when independence is perceived as a desired, wished-for state. In view of existing research, the milder the disability, the greater spectrum of possibilities of decision-making is. Also, regardless of intellectual level, the main source of satisfaction (or a lack of thereof) is the quality of relations with other people. In the case of children and young people, the main social benchmark is undoubtedly their peers. Research confirms that disability seriously encourages peer-to-peer aggression and victimisation.

Numerous data suggest that on a number of occasions intellectually disabled people also become perpetrators of aggression. This may be the result of becoming a victim of aggression in the past, including multiple forms of abuse, aggression, and bullying.

When it comes to perpetrating aggression and the risk of falling victim of it, we may distinguish the following situations:

- The perpetrator is a non-intellectually disabled person and the victim is an intellectually disabled person.



Since people without intellectual disability have advantage over people with intellectual disability and much greater freedom to plan and perpetrate their actions, this type of aggression should become our greatest concern. It may take place within a co-educational environment, in an ordinary educational setup, in one's home or in a special institution, e.g. when a staff member becomes the perpetrator.

- The perpetrator and the victim are both intellectually disabled.

This situation is most likely to occur in a special educational set-up. There are no grounds to suggest that peer-to-peer aggression in this context has different roots than aggression involving children and young people within the intellectual norm. This situation may also occur within inclusive educational settings, e.g. when two students with intellectual disability 'fight for' acceptance of the group of peers, a classmate or other important person, e.g. a teacher.

- The perpetrator is an intellectually disabled person while the victim is a person without intellectual disability.

This may occur in form of aggression against relatives, peers or institution workers where the intellectually disabled person has been placed. This kind of aggression may be the victim's response to aggression formerly inflicted by others. In this context, as in the previously described ones, one should bear in mind particular ease with which people with an intellectual disability may become aggressors. This may result from instigation, gullibility or desire to improve one's social standing.

The risk factors of becoming a victim of peer-to-peer aggression

Aggression among children has been a subject of intensive research for several decades. However, this work has been focused predominantly on the role of aggressor and much less on children who become victims of peer-to-peer aggression. Therefore in the present discussion I wish to focus on a learner with an intellectual disability as a potential victim of aggression.

According to Dan Olweus (1999) a victim is a person characterized by a relatively high level of fear and a lowered sense of security. A victim often reacts to aggression with outbursts of crying, or withdraws from interaction altogether. Olweus also maintains that victims do not constitute a homogenous group. This assumption has been confirmed in successive research. Within the group of victims there is a minority which may be described as 'aggressive' or 'aggression-provoking' individuals.



Intellectually disabled children are more often isolated or rejected by a group of their peers. They tend to have fewer friends at school or outside and become easy targets of aggression as a potential perpetrator risks less when they become targets. Hodges and Perry (1999) assume that having no close friends and being rejected by others are two crucial factors when it comes to one becoming a victim of aggression. However, aside from interpersonal relations, individual characteristics are equally important, e.g. a tendency to display fearful behavior, submission, or physical weakness.

As we have stated previously, intellectually disabled people become particularly easy targets of aggression (Mikrut, 2007; Hershkowitz, Lamb & Horowitz, 2007). According to Little (2004) and Hershkowitz research team (2007), the risk that intellectually disabled children (including individuals with learning difficulties and communication disorders) become abused is two to three times higher (including sexual harassment) than in the case of typically developing children. Therefore disabled people in general, and intellectually disabled ones in particular, are often referred to as 'safe targets', as the risk that the aggressor is going to be identified is significantly lower (Williams, 1995), and the victims or witnesses of aggression themselves are regarded as unreliable (Murphy, 2001; Gudjonsson, 2003; Milne & Bull, 2001).

Certain disability-related features may become additional risk factors which increase the likelihood of victimization, e.g. physical weakness, isolation from the society, disrupted relations with other people. Although the research on peer-to-peer victimization of intellectually disabled children has been limited to-date, several studies (e.g. Marini, Fairbairn & Zuber, 2001; Mishna, 2003; Whitney, Smith & Thompson, 1994) have already emphasized that children with an intellectual disability are at greater risk of becoming aggression victims; this research can serve as initial ground for further studies on this subject. This said, one also should stress there exists a body of research work that does not fully support the thesis about the higher victimization risk of intellectually disabled people (e.g. Benedict et al., 1990; Westcott, 1991).



Stigmatization and rejecting others

A violation of natural bonds between an individual and a group may take place at different stages of one's development, have different extent, and lead to diverse consequences. The most predominant instance of this violation is rejection of children with intellectual disability by their peers. Often it is the result of stigmatization based on systematic exclusion of certain individuals from the social activities of their classmates (Pospiszyl, 2003, p. 64).

For numerous reasons an intellectually disabled individual finds it more difficult to enjoy a high socio-metric position within a group of his or her peers. Research indicates that adolescents with mental retardation in a reformatory institution more often become scapegoats and targets of aggression, above all of the most humiliating acts perpetrated by others (Mikrut, 2007, p. 188). Also Perry and others (1998) stress the key role of rejection in victimization perpetrated by peers. Children who become isolated more often fall victims of aggression as their low social status makes it difficult to bond with peers and form friendships. In consequence, they become even more defenseless (Hodges & Perry, 1999). "Being rejected by peers is closely linked to aggressive and non-aggressive behavior problems (...). Individual status within a group (popularity, rejection), which can be measured in socio-metrical analysis, is fairly stable and in many cases has already been solidified in the preschool period" (Urban, 2005, p. 40).

Intellectually disabled students are particularly likely to become 'submissive victims' whose characteristic features according to Olweus include high anxiety, a sense of a lack of security, being excessively cautious, low self-esteem and withdrawal from the group. These qualities are complacent with other features of emotional and motivational sphere in people with lower intellectual abilities, such as: expecting failure, dependence on others, learned helplessness, regarding the instances of control within the outside, increased fear, emotional disorders, and non-adequate – commonly negative – self-image.

The rejection is the result of a mutual valuation process among peers. Although this may be manifested as a more or less open aggression, the total range of harmful effects is much wider. They may be divided into six categories:

- Rejecting or early termination of social interactions with a member of the group;
- Limiting one's access to important information or activities;


- Different form of aggression;
- Controlling and dominating the child;
- Demonstrating disapproval towards the child or his/her behavior(s);
- Disseminating gossip or offensive opinions.

In the case of certain individuals or groups the process of rejection develops as if 'naturally'. In regard to intellectually disabled, psychically ill or obese people we may talk of the so called 'primary deviance'. Stigmatization, on the other hand, is the result of interaction between the stigmatized individual and stigmatizing group. The theory developed by H. Beckert and current conceptions of social reactions allow for stigmatization to take place without previous primary deviance, i.e. to be induced solely by social reactions, with no objective causes residing within the individual (objective physical or psychic characteristics or behaviors are not necessary).

Is inclusive education always beneficial to intellectually disabled persons?

Within 'romantic' visions of inclusive education it is maintained that positioning non-disabled and disabled people in the same educational context brings indisputable advantages to the latter and poses no threat of conflicts arising among students. However, sharing the same space is a necessary but not sufficient objective. Despite the indisputable virtues of co-education (particularly for cognitive development of the intellectually disabled), when considering the interest of weaker and more defenseless individuals, we should remember the risks they might become victims of aggression. The research conducted by Władysław Dykcik (1979) confirms that direct contacts between both groups do not necessarily promote acceptance of the disabled by their peers with normal intellectual development. In view of this, the 'contact hypothesis' does not seem to have empirical grounds. "A mere co-habitation does not bring people together; it may equally lead them to drift apart" (Kowalik, 2001, p. 47).

In the case of disabled students who study within the framework of inclusive education, a likely form of peer-to-peer aggression is so-called relational bullying. It is partially indirect (hidden) and comes to the fore when an individual is isolated, others are encouraging to ignore his/her presence, or when gossip about him/her is disseminated, etc. The potential aggressor finds it much more complicated to engage in direct physical attack (such acts are more difficult albeit not unlikely) as the victim is protected by



their guardians or teachers. ‘Soft’ acts of rejection by the group are difficult to observe although they are equally likely to leave deep psychological wounds in the victim. Due to this difficulty the teachers are more likely to intervene in cases of direct physical acts of violence, rather than when indirect aggression occurs.

Research results compiled by Sadowska (2005, p. 96) bring a valid point into our discussion. Her analysis was based on a comparison of free associations by students of ordinary schools and inclusive education units concerning people with various developmental disorders. Despite the exposure to disabled peers, the students in inclusive units described disability as a much worse predicament in comparison to students in ordinary schools (for example: “disabled people are called names, things are stolen from them, they are beaten, picked on, ridiculed”). These associations were likely the direct consequence of the observations of disabled peers in the daily school reality.

Grzegorz Szumski points out in his comparative study of the effects of inclusive and non-inclusive education that – apart from the numerous advantages of co-education – “disabled students in non-inclusive educational units find it more difficult to achieve subjective understanding of happiness in comparison to those in special schools. They also tend to have fewer friends and classmates and as a rule their position in the class non-formal hierarchy is relatively low. Comparing oneself to non-retarded peers seems unavoidable and it brings a negative impact on self-evaluation, while confrontation with difficult challenges increases anxiety levels. Moreover, these negative personality characteristics tend to last in the adult life. Exponents of the idea according to which disabled people should first be protected against the burdens inflicted on them by the outside world may find in this research serious arguments in favor of segregational solutions” (Szumski, 2006, p. 156).

Another type of higher-risk situations are reactions to the presence of people whose disability is more severe or more visible to a broader audience. Kopeć (2009, pp. 133-134) insists that we can talk of a specific gradation of stigma within the group of disabled people due to which individuals whose disability is more severe are stigmatized twice: they are excluded from the group of already excluded persons.

In an analysis by Katarzyna Parys of social and emotional relations in inclusive groups (2007, pp. 233-278), synthesizing the conclusions from conference papers on special education, the majority of the studies reviewed confirm the tendency for disabled students both in inclusive groups and in special classes in ordinary schools to be rejected or isolated by their non-disabled peers. Regardless of educational level and disability, the socio-metrical status of disabled children and young people is lower in comparison to peers without intellectual disability. On the other hand, it is the intellectual



rather than motor disability that makes it more difficult to integrate socially with a group and create positive emotional relations with peers. Disabled children more often than their peers without intellectual disability fall victim of peer-to-peer aggression (Mikrut, 2004). These research results present no grounds for optimism as they are a proof of so-called superficial inclusion.

Intellectually disabled people as aggressors

Among many difficulties related to education, care, and upbringing of disabled people, it is aggression that is commonly perceived as one of the most serious and burdening problems. Aggression is the most prevalent barrier in becoming a self-sufficient individual and the reason for the failure of attempts to introduce disabled students into open environment. The image gets complicated further by the fact that aggressive behavior is commonly compounded by other difficult behavior issues and psychic problems and that it tends to prevail (Allen, 2000, pp. 41-43). However, according to David Allen (2000), there are no sufficient grounds to claim that basic factors which are responsible for aggression among disabled people are essentially different from those at work in the case of general public. Various environmental and individual factors may form a background for aggression. The learning process itself may escalate aggression, sustain it at a given level or diminish it. According to researchers, individual factors have biological basis, such as damaged nervous tissue (Davison & Neale, 1974; McCleary & Moore, 1965). The list also includes epilepsy, severe chronic pain, allergy, hormonal disorders, etc. These factors are no doubt at work in the case of people with a normal development. However, in the case of disabled people there is a great risk that those symptoms may pass unrecognized. Another topic in subject literature is the underestimation of the psychic health issues, illness and personality disorders in disabled people (e.g. Reiss, Levitan & Szyszko, 1982; Szymański et al., 1998).

Intellectually disabled children and young people often have limited social skills, which may also enhance the risk of aggressive behavior. These include limited communication skills and a compromised ability to distinguish and interpret emotional states of other people on the basis of facial expressions. Research demonstrates that intellectually disabled people are more likely to confuse signs of sadness and anger. They are likely to apply the term 'anger' in cases in which no appropriate symptoms of emotional expression can be detected (see: Walz & Benson, 1996).




Environmental factors

In our search for causes of aggression it is extremely difficult to isolate psychic and organic factors in their 'pure state', as we are usually exposed to an interplay of complex internal and external (environmental) conditions, including noise level, overcrowded institutions, frequent changes among teaching staff, inexperienced caregivers, a lack of reasonably organized activities, as well as the presence of people whose aggressive behaviors are subsequently imitated.

It is worth mentioning that foreign subject literature contains analyses of linkage between aggressive behavior of patients in institutional care and the behavior of the personnel, such as: ignoring the requests of their wards, forcing them to particular activities, or using aggressive language. These examples are part of a wider context of relations between aggression and aversive nature of social contacts.

In my attempt to analyze the specificity of the aggressive behavior of the intellectually disabled people I wish to stress that – in comparison to people within the intellectual norm – instrumental aggression in this group is less likely to occur. "Rejected children usually do not develop a controlled, proactive, and instrumental aggression. Metaphorically speaking, the aggression of children who have been rejected is more 'desperate', frustrated, and filled with unspecified feelings of hostility, a wish for revenge, and a not entirely conscious sense of having been harmed." On the other hand, people who have not been subject to rejection direct their aggression at a specific target (Urban, 2005, p. 83). In his analysis of the phenomenon of aggression of intellectually disabled people, Allen distinguishes between four types of aggressive behavior: instrumental, drive/sensitivity-related, sexual, and fear-related. The least common of the four is instrumental aggression (Allen, 2000, p. 43).

According to Kazimierz Pospiszyl (1970), intellectually disabled people are characterized by lower frustration threshold due to an imperfect rationalization and interpretation of a frustrating situation. An intellectual deficit and its social consequences in particular may become the cause of inhibition in fulfilling one's basic needs (a need to love, gain sympathy, enjoy respect of others and their appreciation of one's own behavior). Intellectually disabled people, especially those with a mild disability, often fear that they are going to lose love or interest of others. The milder the disability is, the faster one comprehends his/her state. Their difficult position should be viewed in respect to such issues as, e.g. being aware of one's inability to face many challenges posed by parents; experience of one's own otherness in contacts with peers, early problems at school and failing to achieve expected



results. School problems are a likely cause of deprivation in terms of one's need to be respected, held in esteem, and be socially significant in one's surrounding. It seems that the balance between success and failure in the life of the intellectually disabled persons is likely to shift towards the latter.

According to Bartkowicz (1995), disability should not be associated with an increased susceptibility to frustration. On the one hand, intellectual disability limits one's ability to comprehend frustrating conditions. On the other, the experience of former failures teach the disadvantaged people to avoid situations which potentially might be frustrating, even when there is a chance a given situation might actually be handled successfully. This results in their adopting a risk-avoiding strategy rather than orienting themselves towards a possible success. A real resistance to frustration may only be developed through a body of positive experience dealing with diverse real-life situations, whence the postulate to work with disabled people focusing on their sense of success and ability to act, and highlighting strong, healthy spheres of one's personality (Plichta, 2006).

The theory of social education provides yet another perspective on aggressive behaviors of intellectually disabled people. In subject literature we may find a claim that people with intellectual disability are particularly liable to influence of others. If this be the truth, this feature might also facilitate the acquisition of aggressive behaviors in the course of social learning. However, if a disabled person experiences learning difficulties, they should presumably also concern his/her mimetic capability (Mikrut, 2000a).

In our analysis of causes of aggression we come across research results which are contradictory. Older investigations which were based primarily on a sample of patients in psychiatric hospitals or large care institutions showed higher aggression level in comparison to people within intellectual norm. New research, however, does not confirm such differences in aggression levels, pointing instead at differences in the means or forms by which aggression is expressed in the two groups. In the reports of 13 investigations between 1983 and 2003, no differences were observed between people with intellectual disability of minor degree and those within the intellectual norm regarding so called general aggression which is the total of several indicators related to particular types of aggression (Mikrut, 2005, p. 103). Mikrut (2000b, p. 37) concludes his analysis by stating that to a greater degree aggression involving intellectually disabled people is the effect of instigation and pressure by peers as well as one's will to attract attention. More often than their non-disabled peers, intellectually disabled people feel they are the objects of aggression, therefore many of their own aggressive behaviors may result from defensive reactions and retaliation. The lower the intelligence quotient of intellectually disabled person, the greater is the likelihood of self-aggressive behaviors.



How can one help? Some recommendations

Multifaceted measures to eliminate the risk of victimization of intellectually disabled people in the peer environment should incorporate a number of steps, including actions focused on the disabled person, on a group of peers, on parents, and on teachers, taking into account broader social and educational politics. Faye Mishna (2003), among other researchers, stresses the necessity for such a multifaceted approach. The measures which we are going to present in the following sections do not provide a systematic preventive and interventional approach. They are an attempt to indicate certain areas which may be greatly influential in lowering the risk of victimization. The most important among them is the change of the approach to helping intellectually disabled people. Here we are going to discuss measures which predominantly refer to cases of mild and fairly light disability and people who have the greatest chance to fully participate in the life of their social group. This may be achieved by education in regular schools, in inclusive units or in one's home. Creating options for disabled children and young people which allow them to bond with their peers is no doubt advantageous, however, one should keep in mind that they are still going to be exposed to the risks of becoming peer-to-peer aggression victims. Children and young people with more severe intellectual disability most often attend 'segregational' institutions; it is not particularly common that they take part in social situations without supervision or protection, e.g. from a parent or teacher, who are likely to step in when a problem occurs.

The change of approach

When attempting to help intellectually disabled people it is vital to become aware of a certain paradox, concerning both the general philosophy and everyday practice. The paradox lies in the fact that these people experience a considerable decision-making deficit about their own well-being, and as such are more likely to be subjected to behaviors which aggravate their condition. Thus being overly directive when working with intellectually disabled children may hinder their future independent functioning by restricting the spectrum of informed self-made decisions. Such dependence cannot be overcome if the educational curriculum apparently focused on helping intellectually disabled people is based on 'hidden' presumptions which in effect strengthen their dependence on others. Certainly, this is not



a result of the ill will of caregivers, but rather a consequence of the unwritten assumption according to which it is better if decisions concerning the needs of intellectually disabled people are made arbitrarily rather than being a matter of their free choice, as this might supposedly expose them to further dangers. This predominant work model in dealing with people with intellectual disability has been called a 'let's fix it' approach by Guess, Benson and Siegel-Causey (2008). It leaves no place for the autonomy of the disabled person who is being 'fixed' while the goals and respective measures are set up by caregivers. A new approach should therefore be based on creating a consistent training in how to learn about available options and the variety of choices one is in the position to make, beginning with the most elementary ones. This in turn might have a great positive impact on the personal development of intellectually disabled children and young people, strengthen their self-assurance and create a positive attitude towards oneself and one's independence. These are the positive features which may help prevent disabled students from becoming victims of aggression.

Another vehicle of positive change might be getting rid of the dogmatic mode of thinking in pedagogy. Inclusion is not always the best solution for a pupil and 'segregational' education is not necessarily the undesirable option. We shall now recall the question posed in the title of the article by Anna Firkowska-Mankiewicz (2000): "May exclusive education have a positive effect on creating good life qualities?". The answer provided by the author on the grounds of a long-term comparative research study of intellectually disabled graduates in segregational (exclusive) and non-segregational (inclusive) schools is clearly positive. Firkowska-Mankiewicz demonstrates that in comparison to inclusive education, the exclusive model provides greater chances for creating positive self-evaluation, a key element of the general mental well-being. This point of view is also shared by Severina Luciano and Robert Savage (2007) at the end of their investigation. They believe that advantages of inclusive education do not protect students with educational problems from being exposed to the risks of becoming bullying victims.

How can one learn to say 'no' if it is not permitted in everyday life?

An interesting point which should be investigated further is the resistance of intellectually disabled people against activities which are offered to them. This is linked to another issue: of staff and caregivers' non-acceptance of such behavior of their wards. If a required skill regarding taking care of one's interests is a certain degree of assertiveness and an ability to say 'no' in situations which are dangerous or ambiguous, then the best area where this skill might be practiced is everyday



interactions with caregivers. Unfortunately, my own experience tells me that a situation when a pupil does not 'blindly buy' our suggestions or is not willing to subordinate is commonly construed by caregivers as an act of ingratitude. In most such cases caregivers reach for measures which involve the use of physical strength. However, if we want to limit the risk of victimization, we should provide our intellectually disabled pupils with a range of options through which they can acquire necessary experiences of decision making regarding themselves, even if these decisions might be contradictory to those we have envisioned. This can be both a therapeutic action and an expression of our own respect for another human being.

Everyone likes to show their best side

In everyday practice, including intellectually disabled people in the school environment very much depends on what kind of community a given classroom consists in. It is worth remarking that one of the ways to secure the interests of an intellectually disabled person may be preparatory work with the group devoted to, for example, creating a positive educational environment, building tolerance towards otherness and making space for the positive expression of each. When an act of stigmatization does take place, it is worth remembering that according to an approach devised by Kurzban and Leary people tend to act according to mechanisms which help strengthen their self-esteem, social standing or are meant to justify a given social structure – economic or political (Urban, 2005, p. 66). As we have demonstrated earlier, stigmatization and rejection do not always result from the features inherent in the 'Other' and their cause may lie in the social environment itself.

A successful presence of disabled person within the society should be grounded on their 'strong points' (Archimedean Point). Therefore, it can be largely ineffective when working with students who experience frequent educational failures to concentrate predominantly on their weaknesses, particularly if the pupils have already become 'resistant' to failures and see no point in making an effort. On the other hand, pedagogical activities focused on giving students the sense that they are in charge of their decisions and ones which create opportunities to achieve one's personal goals may be satisfactory and are likely to play a rehabilitative role.



How can I express my needs when others decide for me?

Regarding the aforementioned ideas concerning the change in the very philosophy of helping, it is worth trying to answer the question why so often non-disabled people become representatives of the interests of the disabled ones. Certainly, there are cases in which no other choice exists, nevertheless, the scope of decision making by the disabled students should be considerably extended. “One of the most serious problems when working with disabled people that one needs to solve is how to strike a happy balance between the extent and character of the support offered and preserving the autonomy, subjective position, and control over the reality and one’s life by the recipients of this support” (Podgórska-Jachnik & Tłoczowska, 2009, p. 180). One of the ideas to be used in work with disabled people is self-advocacy, i.e. a movement whose goal is to promote abilities to represent one’s own needs. “Self-advocacy or self-representation means direct expression of the interests of individual subjects with intellectual disability or their group by themselves.” In Poland, the training of self-advocates is carried out by Polskie Stowarzyszenie na Rzecz Osób z Upośledzeniem Umysłowym. It prepares people with an intellectual disability in knowledge and skills necessary to express one’s rights and needs, make decisions, and take responsibility for them.

A friend is someone who will stand up in my defense when I am in trouble

Another element which has been missing in the framework offered within inclusive or integrational education² is helping mentally disabled students who experience loneliness and whose social position is weak, as a result of which it is difficult for them to find a fellow student who may become a friend, soul-mate or supportive person. Such a person does not only positively impact on the self-esteem of the disabled person. Their presence is also an important signal to other people that the disabled person is no longer alone as that someone else “sticks up for him or her”. According to a number of researchers finding a friend by an intellectually disabled person proves to be the most valuable protective factor.

² In Poland, the term ‘integrational education’ is often used as a synonym of inclusive education although to some degree its meaning is different. Due to the purpose of this article, we shall not engage in elaborating on those differences. Those interested in further reading on the issue are referred to Grzegorz Szumski’s *Integracyjne kształcenie niepełnosprawnych*, PWN, 2006.



The risk that an intellectually disabled person is going to be victimized, rejected or ignored by peers is particularly strong in people with low self-esteem, depressive, fearful and seclusive. Irena Pospiszyl (2003) and Bronisław Urban (2005) stress that having a friend may be a preventive measure protecting the child from victimization and its consequences. Therefore helping the child find a peer person who might offer support is a vital – if neglected – therapeutic method when working with children who are rejected or isolated by peers.

Another measure protecting the interests of the mentally disabled persons may be 'mentoring', i.e. an informal one-to-one educational set-up in which a mentor is a person with the relevant knowledge and skills, willing to share them with a person who seeks advice or help in solving problems regarding one's functioning in the world. The mentor does not have to necessarily be a specially trained person, but a volunteer or older student. Yet another way to help students with learning difficulties and limit their solitude is so called 'student tutoring'.

The understanding attitude versus labelling attitude, i.e. what I would like to say but I don't know how

One of the measures directed at teachers, and through them also at peer students, is creating a so-called understanding attitude (Olechnowicz, 1999) concerning the problematic behavior of children with intellectual disability, especially those with autism as an additional condition. At this point a few reasons and goals which encourage untypical behavior in students should be mentioned. In most cases learners want to attract their peers' attention, try to avoid situations which might be uncomfortable for them, or achieve goals which in normal circumstances are unattainable – in all these cases we should take into consideration a lack of socially acceptable means to communicate one's needs. Another likely goal may be self-regulation, i.e. a behavior of high communicative potential, which indicates a self-sufficient attempt to deal with an uncomfortable situation (e.g. motor hyperactivity may be the effect of some sort of anxiety currently experienced, rather than one of pathological signs of disability). "An understanding attitude makes it possible to respond to the hidden message sent out by the child. A pathological symptom is not something that should be fought against and extinguished as its energy may be used therapeutically. For example, persistent jumping may be turned into jumping together with the therapist and as such become one of the means of establishing contact. On the other hand, the labelling attitude may provoke disregard of the child or even punishment for its untypical and apparently incomprehensible behavior (e.g. fascination with strings,



pulling down glasses from someone's face, screaming, throwing things off the table, etc.). The efficiency of measures which derive from the understanding attitude can be demonstrated, for example, by a situation in which pinching one's mother or scratching the therapist have been substituted for careful touching of their faces, which already is the sign of non-autistic behavior" (Olechnowicz, 1999, p. 13).

Using the examples of good practice and tailoring them to one's needs

One example of such good practice is the ACCEPTS program (A Curriculum for Children's Effective Peer and Teacher Skills). A specific instance is a project, based on ACCEPTS' tenets, described by Marini and his team. It is focused on creating in intellectually disabled students three kinds of behavior or reactions in high-risk situations, for example, "No! Go! Tell!" – say no to people who propose something inappropriate, leave the place where something inappropriate is going on, report such an incident to an adult with a positive attitude.

Another subject we should consider in our discussion of the specificity of the functioning of intellectually disabled people is their gullibility. The deficit of attention from the social environment may enhance the risk of a wrong interpretation of somebody's attention. That puts a person with intellectual disability in danger of abuse. Zopito Marini (2001) highlights the usefulness of the model developed by David Finkelhor (1984) for preventing abuse of disabled persons, including bullying. According to this model all factors at work when violence against disabled people occurs can be divided into four groups. Level one – motivation of the potential perpetrator; level two – internal inhibitors which remain under the perpetrator's control and need to be overcome if the violence against the potential victim is to take place; level three – external inhibitors, e.g. teachers' supervision, family situation of the disabled child, as well as possible sanctions against the perpetrator; level four – resistance, i.e. the disabled person's ability to identify potentially dangerous situations and to take preventive measures to protect oneself from danger. The first two levels are related to the perpetrator; the third and fourth are related to the disabled person and their caregivers. A set of efficient measures to limit the victimization risk should be based on solutions regarding all the four levels. According to Finkelhor, the most important area of prevention are the fourth-level measures, i.e. helping the disabled person by giving him or her the power to resist negative behaviors by other people.



From the point of view of non-disabled peers

The research by Roberts and Smith (1999) has upheld the theory of planned behavior concerning the key role of being convinced that one is the master of the situation (one controls the situation). The fact that a given action is perceived as useful and easy to perform strongly influences the work in the classroom. In cases of aggression involving disabled students, it also heavily weighs upon the decision of the teacher whether to step in with positive solutions or withdraw from action. The aforementioned research has demonstrated that in the class with disabled students, peers without intellectual disability have not perceived their interaction with disabled peers as coming from their real inner motivations. Moreover, they experienced a lack of control in such situations. This reaction may stem from various sources, e.g. not feeling competent to communicate with disabled peers. This means prevention programs should also target non-disabled peers, focussing on developing their skills of communication with disabled persons (e.g. teaching them a system of augmentative and alternative communication, developing understanding of the meaning of untypical behaviors, helping others in moving around, etc.). Another suggested solution is to take into consideration students' perceptions: how easy, or how difficult it is for them to engage in positive actions with disabled peers. Roberts and Smith suggest that at least at the basic level in creating relations with disabled students, non-retarded peers should be encouraged to engage in actions which they can perform 'effortlessly' and without great involvement on their part.

There are really easy solutions, too

The spectrum of measures which strengthen the social standing of intellectually disabled children and young people is indeed very large. It includes solutions based on changing the helping approach but also very simple measures, e.g. taking care of the appearance of a disabled student whose dress-code should follow current trends in fashion, rather than emphasize their otherness. According to many researchers, the key dimension of the identification of the stigmatized characteristics is their visibility/non-visibility. This means that the more visible the symptoms of the intellectual disability, the greater the threat of stigmatization of such an individual is (cited in Urban, 2005).



Conclusions

The risk of becoming an aggression victim for intellectually disabled students is at least two times greater than for students in the intellectual norm (Baladerian, 1994). This is the main reason for elaborating on the issues of limiting the risks of becoming a victim in this group. In devising preventive and interventional programs, the measures proposed should be based on a possibly multifaceted diagnosis, which would take into account, among other issues, the dominant type of behavior among intellectually disabled children. For instance, in contrast to children displaying externalizing behaviors, depressive and fearful children are rarely rejected in the early developmental stages (pre-school period or early school). Clear-cut and very common rejection of such individuals takes place in childhood and early adolescence (Urban, 2005, p. 42) and this is the time which, regarding the goal of our investigation, is the key period.



References

1. Achenbach T., Edelbrock C. (1979), *The Child Behavior Profile: II. Boys aged 12-16 and girls aged 6-11 and 12-16*, „Journal of Consulting and Clinical Psychology”, 47(2), 223-233. doi:10.1037/0022-006X.47.2.223.
2. Allen D. (2000), *Recent research on physical aggression in persons with intellectual disability: An overview*, „Journal of Intellectual & Developmental Disability”, Volume 25, Issue 1 March 2000, 41-57.
3. Baladerian N. J. (1994), *Intervention and treatment of children with severe disabilities who become victims of abuse*, „Developmental Disabilities Bulletin”, 22(2), 93-99.
4. Bartkowicz Z. (1984), *Nieletni z obniżoną sprawnością umysłową w zakładzie poprawczym*, Lublin: Wydawnictwo UMCS.
5. Bartkowicz Z. (1995), *Konfliktowość upośledzonych umysłowo jako przedmiot oddziaływań terapeutycznych*, [w:] M. Chodakowska (red), *Dziecko niepełnosprawne w rodzinie*, Lublin.
6. Benedict M. I., White R. B., Wulff L. M., Hall B. J. (1990), *Reported maltreatment in children with multiple disabilities*, „Child Abuse and Neglect”, 14, 207-215.
7. Davison G. C., Neale J. M. (1974), *Abnormal psychology: An experimental-clinical approach*. York: Wiley.
8. Dykcik W. (1979), *Współpraca szkoły specjalnej ze środowiskiem w zakresie adaptacji społecznej dzieci upośledzonych umysłowo*, Poznań: Uniwersytet Adama Mickiewicza.
9. Finkelhor D. (1984), *Child sexual abuse: New theory and research*. New York: Free Press.
10. Firkowska-Mankiewicz A. (2000), *Does Exclusive Education Contribute to a Good Quality of Life?* http://www.isec2000.org.uk/abstracts/papers_f/firkowska_1.html Presented at ISEC 2000.
11. Gardner W. I., Moffatt C. W. (1990), *Aggressive behaviour: Definition, assessment, treatment*, „International Review of Psychiatry”, 2, 91-100.
12. Gudjonsson G. H. (2003), *Psychology brings justice: The science of forensic psychology*, „Criminal Behavior and Mental Health”, 13, 159-167.
13. Guess D., Benson H., Siegel-Causey E. (2008), *Concepts and Issues Related to Choice Making and Autonomy Among Persons With Severe Disabilities*, „Research & Practice for Persons with Severe Disabilities”, 33(1/2), 75-81. Retrieved from Academic Search Complete database.
14. Hershkowitz I., Lamb M. E., Horowitz D. (2007), *Victimization of Children With Disabilities*, „American Journal of Orthopsychiatry”, American Psychological Association 2007, Vol. 77, No. 4, 629-635.

15. Hodges E., Boivin M., Vitaro F., Bukowski W. (1999), *The power of friendship: Protection against an escalating cycle of peer victimization*, „Developmental Psychology”, 35(1), 94-101.
16. Hodges E., Perry D. (1999), *Personal and interpersonal antecedents and consequences of victimization by peers*, „Journal of Personality and Social Psychology”, 76(4), 677-685.
17. Kopeć D. (2009), *Osoba z głęboką niepełnosprawnością intelektualną w systemie edukacji*, [w:] Z. Janiszewska-Nieścioruk (red.), *Problemy edukacji integracyjnej dzieci i młodzieży z niepełnosprawnością intelektualną*, Kraków: Impuls, 133-144.
18. Kostrzewski J. (1981), *Charakterystyka osób upośledzonych umysłowo*, [w:] K. Kirejczyk (red.), *Upośledzenie umysłowe – pedagogika*, Warszawa.
19. Kowalik S. (2001), *Pomiędzy dyskryminacją i integracją osób niepełnosprawnych* [w:] B. Kaja (red.), *Wspomaganie rozwoju. Psychostymulacja. Psychokorekcja*, t. 3, Bydgoszcz: Wydawnictwo Naukowe AB, 36-58.
20. Kubrzan R., Leary M. R. (2000), *Evolutionary origins of stigmatization: The functions of social exclusion*, „Psychological Bulletin”, vol. 127.
21. Little L. (2004), *Victimization of children with disabilities*, [w:] K. A. Kendall-Tackett (red.), *Health consequences of abuse in the family: A clinical guide for evidence-based practice*, Washington DC: American Psychological Association, 95-108.
22. Luciano S., Savage R. (2007), *Bullying Risk in Children with Learning Difficulties in Inclusive Educational Settings*, „Canadian Journal of School Psychology”, 22(1), 14-31. Retrieved from ERIC database.
23. Marini Z., Fairbairn L., Zuber R. (2001), *Peer harassment in individuals with developmental disabilities: Towards the development of a multidimensional bullying identification model*, „Developmental Disabilities Bulletin”, 29(2), 170-195. Retrieved from PsycINFO database.
24. McCleary R. A., Moore, R. Y. (1965), *Subcortical mechanisms of behaviour. The psychological functions of the primitive parts of the brain*, York: Basic Books.
25. Mikrut A. (2000a), *Agresja u osób upośledzonych umysłowo-uwarunkowania i przejawy*, [w:] J. Pilecki, S. Olszewski, *Wspomaganie rozwoju osób niepełnosprawnych*, Warszawa.
26. Mikrut A. (2000b), *Próba wyjaśnienia związku między agresją i upośledzeniem umysłowym*, [w:] J. Pańczyk (red.), *Roczniki Pedagogiki specjalnej*, 11, 30-40, Warszawa.
27. Mikrut A. (2004), *Poczucie bezpieczeństwa a agresywność uczniów z lekkim upośledzeniem umysłowym*, „Szkoła Specjalna”, 4, 273-285.
28. Mikrut A. (2005), *Agresja młodzieży z niepełnosprawnością intelektualną: uwarunkowania i przejawy*, Kraków, Wydawnictwo Naukowe Akademii Pedagogicznej.
29. Mikrut A. (2007), *Stygmat „upośledzenie umysłowe” a ryzyko zostania ofiarą przemocy*, „Szkoła Specjalna”, 3, 184-191.

30. Milne R., Bull R. (2001), *Interviewing witnesses with learning disabilities for legal purposes*, „British Journal of Learning Disabilities”, 29, 93-97.
31. Mishna F. (2003), *Learning disabilities and bullying: Double jeopardy*, „Journal of Learning Disabilities”, 36, 336-347.
32. Murphy W. J. (2001), *The victim advocacy and research group: Serving a growing need to provide rape victims with personal legal representation to protect privacy rights and to fight gender bias in the criminal justice*, „Journal of Social Distress and the Homeless”, 10, 123-138.
33. Olechnowicz H. (1999), *Jaskiniowcy zagubieni w XXI wieku. Praca terapeutyczna z małymi dziećmi*, Warszawa: WSiP.
34. Olweus D. (1999), *Mobbing, fala przemocy w szkole. Jak ją powstrzymać?*, Warszawa: Jacek Santorski.
35. Parys K. (2007), *Problemy integracji szkolnej w badaniach empirycznych – przegląd materiałów pokonferencyjnych*, [w:] Z. Janiszewska-Nieścioruk (red.), *Problemy edukacji integracyjnej dzieci i młodzieży z niepełnosprawnością intelektualną*, Kraków: Oficyna Wydawnicza Impuls, 233-278.
36. Perry D. G., Kusel S. J., Perry L. C. (1988), *Victims of peer aggression*, „Developmental Psychology”, 24(6), 807-814.
37. Plichta P. (2006), *Problemy wychowawcze w pracy z uczniami upośledzonymi umysłowo*, [w:] J. Pyżalski (red.), *Ujarzmić szkolne demony czyli w poszukiwaniu skutecznych strategii wychowawczych*, Łask.
38. Podgórska-Jachnik D., Tłoczkowska D. (2009), *Ruch self-advokatów jako rozwijanie kompetencji zakresie rzecznictwa własnego osób z niepełnosprawnością intelektualną*, [w:] D. Podgórska-Jachnik (red.), *Problemy rzecznictwa i reprezentacji osób niepełnosprawnych*, Łódź: Wyższa Szkoła Pedagogiczna w Łodzi, 2009.
39. Pospiszyl K. (1970), *Właściwości agresywnego zachowania się dzieci debilnych*, „Szkoła Specjalna”, 2, Warszawa.
40. Pospiszyl K. (1998), *Resocjalizacja. Teoretyczne podstawy oraz przykłady programów oddziaływań*, Warszawa: Wydawnictwo Akademickie Żak.
41. Pospiszyl I. (2003), *Ofiary chroniczne. Przypadek czy konieczność*, Warszawa: Wydawnictwo APS.
42. Reiss S., Levitan G.W., Szyszko J. (1982), *Emotional disturbance and intellectual disability: Diagnostic overshadowing*, „American Journal of Mental Deficiency”, 86, 567-574.
43. Roberts C., Smith P. (1999), *Attitudes and Behaviour of Children toward Peers with Disabilities*, „International Journal of Disability, Development and Education”, 46(1), 35-50. Retrieved from ERIC database.
44. Sadowska S. (2005), *Ku edukacji zorientowanej na zmianę społecznego obrazu osób niepełnosprawnych*, Kraków: Oficyna Wydawnicza Impuls.

45. Szumski G. (2006), *Integracyjne kształcenie niepełnosprawnych. Sens i granice zmiany edukacyjnej*, Warszawa: Wydawnictwo Naukowe PWN – Wydawnictwo APS (wznowienie 2009).
46. Szymanski L. S., King B., Goldberg B., Reird A., Tonge B., Cain N. (1998), *Diagnosis of mental disorders in people with mental retardation*, [w:] S. Reiss, M. G. Aman (red.), *Psychotropic medications and developmental disabilities. The international consensus handbook*, Ohio: Ohio State University, Nisonger Centre.
47. Urban B. (2005), *Zachowania dewiacyjne młodzieży w interakcjach rówieśniczych*, Kraków: Wyd. UJ.
48. Walz N. C., Benson B. A. (1996), *Labelling and discrimination of facial expressions by aggressive and non-aggressive men with intellectual disability*, „American Journal on Mental Retardation”, 101, 282-291.
49. Westcott H. L. (1991), *The abuse of disabled children: A review of the literature*, „Child: Care, Health and Development”, 17, 243-258.
50. Whitney I., Smith P., Thompson D. (1994), *Bullying and children with special educational needs*, [w:] P. Smith, S. Sharp (red.), *School bullying*, New York: Routledge.
51. Williams C. (1995), *Invisible victims: Crime and abuse against people with learning difficulties*, London, England: Jessica Kingsley.