

ORIGINAL SCIENTIFIC PAPER

# SOCIAL DEVELOPMENT OF CHILDREN WITH DISABILITIES IN THE INTEGRATED DEPARTMENTS IN MONTENEGRO

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## ABSTRACT

Socialization is not just training an individual for social life and his future role in society, but it is very important for personality formation, which is formed through learning with certain characteristics, and thus becomes a member of one culture [1]. Conflicts in the family, inconsistent discipline, affective cold, parents' hostility, poor monitoring and non-inclusion of parents in the everyday life of a minor, but also his psychological and emotional state, as well as crime and alcoholism in the family can be important factors, causers and triggers of the appearance of delinquent behaviour. The research was conducted for the duration of one school year, and it is represented by the central, southern and northern regions of Montenegro, in integrated departments at regular schools (PI Primary school 'Ilija Kisic' Herceg Novi, PI Primary school 'Vuk Karadzic' Berane, PI Primary school 'Dusan Korac' Bijelo Polje, PI Primary school 'Njegos' Kotor, PI Primary school 'Bosko Buha' Pljevlja, PI Primary school 'Olga Golovic' Niksic and PI Primary school 'Yugoslavia' Bar. Starting from the nature, essence and importance of the defined problem, the subject of our study is focused on the social development of children with disabilities, as well as on the influence of social development on the presence of problematic behaviour. The most significant results of this research, and we think that they have an impact on the social development of the child are: the fact that 23% of children grew up, lived and formed a socio-emotional status with their parent, who was not in the marital union of another child's parent. Parent's education: the most frequent is secondary school with 45.5%, and the number of parents with non-completed primary school is relatively high with 14.5%. A significant number of parents of children with disabilities are unemployed (fathers 26.4%, mothers 60.0%). We can conclude that economic characteristic can be very unfavourable for the functioning of the family. Our research shows that there are quarrels between 51.8% of parents. Regarding the presence of psychological violence against children with disabilities, we have concluded that in 14.5% of children there are indications of experiencing some form of psychological violence. The quarrel between parents, as a serious disorder in the social and overall development of children with disabilities, are expressed as a problem in the amount of 23.6% and there are indications that they reach up to 33.7%. So we can say that the presence of this problem is high. It is not negligible that 40% of children with disabilities have an inadequate relation towards teachers.

**Keywords:** Social development, children with disabilities, unadjusted behaviour

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## INTRODUCTION

The family directly influences the development of a child, i.e. a minor, his upbringing, a way of understanding life circumstances and human relationships, and influences on his actions in the future. Besides the individual characteristics of a child, factors that can lead to unadjusted behaviour are low intelligence, poor school achievement, poor empathy, aggression, hyperactivity and attention deficit and family factor [2]. Therefore, even when it comes to youth delinquency, risk factors and protective factors are reduced to four groups, i.e. family factors, school factors, community-based factors, and individual factors [3]. The long-term effect of these factors can lead to the formation of negative attitudes, unfavourable self-image, ambivalence or destructive relation towards others. Children with disabilities may be less successful in overcoming developmental crises, in the process of transition from childhood to adolescence. Socialization is the process of learning through which the individual acquires socially relevant forms of behaviour and is formed as a person with all its characteristics [4]. Social development is a process of learning how to live, and how to behave in the environment of others. These are changes that lead to new relationships with others, greater independence and responsibility. The period of transition from childhood to adolescence marks the redirection and assimilation of social values. Gradual attention moves from family to broader society, with increased need for independence and responsibility. Therefore, adolescents still rely on the family, especially in terms of love, and security restrictions. Growing up in poverty is associated with many negative outcomes, firstly with health and unadjusted behaviours, and poorer school success and educational outcomes. The consequences are more serious if a child lives in extreme poverty, deprivation can leave long-term consequences. Particularly harmful is the experience of poverty in early childhood [5]. Since poverty is a stigmatized position that parents and students talk about unwillingly, timely community support is often lacking. It is therefore important to know that late interventions can have positive results. It is recommended, in cooperation with the local community, to organize concrete financial assistance. Over time, in the study of the phenomenon of social development, the focus is moved from intrapersonal to interpersonal. The centre of interest is the interaction of a child with a family group and a peer group. The aim is to integrate the child's sequences of social interaction with his current cognitions and emotions [6].

The results of a large number of studies show that the sociometric position of pupils with visual disturbances is significantly worse than the sociometric situation occupied by pupils without visual disturbance [7][8][9][10]state that students with visual disturbance (regardless of visual acuity) have a worse sociometric status than pupils without visual disturbances. More often they occupy a low, rarely high sociometric position in the classroom, compared to peers without visual disturbances. The authors explain that students with severe visual disturbances, even in 30% of cases, occupy a low sociometric status. If we know that visual disturbance is one of the least developed disturbances and we see the extent of non-acceptance by peers, then we can say with certainty that school factors are responsible for some unaccepted behaviour in children with disabilities. Intellectual difficulties, according to the latest definition of the American Association for Mental Retardation, are described by a significant limitation in overall intellectual functioning and in adaptive behaviour, expressed in conceptual, social and practical adaptive skills. They appear before the age of 18 depending on the interaction with the social environment [11]. Intellectual difficulties, according to the latest definition of the American Association for Mental Retardation, are described by a significant limitation in overall intellectual functioning, and in adaptive behaviour, expressed in conceptual, social and practical adaptive skills. Children with intellectual disabilities often go through a crisis during the first school years. Then they come to know that they are different, and that they may not be fully responsive to all social environments. Reactions to this cognition can be turned either inwardly (depression and feeling of worthlessness) or outside (aggression and motor disorder). Although undesirable forms of behaviour are common among people with intellectual disabilities, it is difficult to define them because they depend on the perception of people from the environment of these persons. Unaccepted behaviour is a major source of additional difficulties for children, young people and adults with intellectual disabilities. They represent additional suffering for both the individual and her parents, causing stress, which increases the likelihood of institutionalization, and reduced social integration and employment [12].conduct a research aimed at examining the frequency and characteristics of undesirable behaviour in children with intellectual disabilities, with a sample of 84 students, ages 7 to 14 years. Based on the conducted research, it was

concluded that there is a significant difference in the frequency and characteristics of undesirable behavioural patterns in relation to gender, where boys showed a higher level of undesirable behaviour in relation to girls; in relation to age, where children with intellectual disabilities of the elderly have shown more undesirable behaviour in relation to children with intellectual disabilities of the younger age. The creator of the psychosocial theory, Erik Erikson [13] does not limit the development of childhood but considers it to be a process that extends throughout life. Cognitive social transition to the adult world leads to the nervous system matured, reaching formal operations, then overcoming child egocentrism on the cognitive and social plan, and social experience acquired in the family, school and peer group. In the research "Parents' attitudes towards children with behavioural disorders [14], the authors state that the problem of research is unaccepted behaviour in children and young people, and the role of parents in the prevention and rehabilitation of children with disorderly behaviour, in order to preventing the consequences for the education and development of children. The aim of the work was to examine and determine whether the attitudes of parents towards children with unaccepted behaviour were positive or negative. The sample of respondents consisted of 220 parents of eight-year students, nine-year elementary school. The results of the study showed that parents saw different forms of unadjusted behaviour in their children. Children begin to manifest unaccepted behaviour in different periods of their lives. Parents are difficulty communicating with children with unsuitable behaviour. Parents most often solve unaccompanied behaviour of the child with the help of experts (pedagogue, psychologist and social worker). Respondents had the view that children with unadjusted behaviour should be helped, and they also believe that children with unadjusted behaviour are not always adequately accepted by their peers. Cooperation between family and school is not always adequate when it comes to addressing the problem of children with unadjusted behaviour.

## **OBJECTIVES OF RESEARCHES**

Objectives of researches are: 1. Identify the level of social development of children with disabilities, 2. Identify forms of behavioural disorders in children with disabilities, 3. Identify the impact of social characteristics of families on children with disabilities with problematic behaviour. Sample: Children attending integrated classes (seven classes) at regular schools PS "Olga Golovic" Niksic, PS "Bosko Buha" Pljevlja, PS "Njegos" Kotor, PS "Jugoslavija" Bar, PS "Ilija Kisic"-Zelenika, PS "Dusan Korac" Bijelo Polje and PS "Vuk Karadzic" Berane. Instruments and test procedures: The research will use the Diagnostic Protocol for the Study of Social Development and Behavioural Disorder. Data are obtained from the class elder and the social worker. Basic data (school, class, disorder - we take data from the routing solution, gender, age). Family status including the following indicators (marital origin, marital status, family structure, number of siblings). Socio-economic characteristics of families (educational background of parents, parents' interests, working status of parents, residential status of a family, material status, use of material benefits, family emigration). Family health status, Deviant behaviour (alcoholism, other deviant behaviours). Family conflicts (quarrels between parents, fights between parents). Violence against children in the family (physical violence, psychological, sexual). Problems in the pedagogic-educational process (general success, behaviour on the class, relationship of children to teachers, relationship of children towards peers, absence of children from school, cooperation of parents with school). Risky and deviant behaviour (socializing children with delinquent peers, aggressive behaviour of children, auto-aggressive behaviour of children, escaping children from school, escaping respondent from house, begging and vagrancy of children, committing violations and criminal offenses by children, misuse of psychoactive substances by children). In addition to this basic research tool, an open-unstructured interview method will be used.

## RESULTS

*Table 1. Distribution of children with disabilities according to the school they attend*

School name	Children	
	No.	%
PS „Olga Golovic” Niksic	22	20.0
PS „BoskoBuha” Pljevlja	15	13.6
PS „Njegos” Kotor	8	7.3
PS „Jugoslavija” Bar	19	17.3
PS „IlijaKisic” Zelenika	22	20.0
PS „DušanKorac” BijeloPolje	5	4.5
PS „Vuk Karadzic” Berane	19	17.3
<b>Total:</b>	<b>110</b>	<b>100</b>

*Table 2. Distribution of children with disabilities according to the class they attend*

Class at school	Children	
	No.	%
I	12	10.9
II	15	13.6
III	15	13.6
IV	10	9.1
V	16	14.6
VI	8	7.3
VII	9	8.2
VIII	10	9.1
IX	15	13.6
<b>Total:</b>	<b>110</b>	<b>100</b>

*Table 3. Distribution of children with disabilities according to primary disorder in development*

Primary developmental disorder	Children	
	No.	%
Mental disability	94	85.5
Visual impairment	3	2.7
Hearing impairment	1	0.9
Physical disability	12	10.9
<b>Total:</b>	<b>110</b>	<b>100</b>

According to the primary developmental disorder, respondents are distributed as seen in four categories, of which the most dominant mental disability

*Table 4. Distribution of children with disabilities by sex*

Sex	Children	
	No.	
Male	76	Male
Female	34	Female
<b>Total:</b>	<b>110</b>	<b>Total</b>

Distribution of children with disabilities by sex, shows us that the boys are twice more than girls

*Table 5. Distribution of children with disabilities by age*

Age	Children	
	No.	
7-10	33	7-10
11-14	45	11-14
15-18	32	15-18
19-24		19-24
<b>Total:</b>	<b>110</b>	<b>Total</b>

The sample includes respondents from 7-18 years.

*Table 6. Distribution of the survey population according to marital birth origin*

Marital origin	No.	%
Marital born	90	81.9
Illegitimate recognized paternity	15	13.6
Illegitimate unrecognized paternity		
Illegitimate unknown paternity	1	0.9
Unknown parents	4	3.6
Total:	110	100

Most of our surveyed population comes from the marital community 81.9%, illegitimate community 13.6%, while unknown parents 3.6%.

*Table 8. Structure of the family of children with disabilities*

Child lives with	No.	%
Both parents	92	83.6
Mother	6	5.5
Father	3	2.7
Tutor		
In the home for children without parental care	9	8.2
In extended family		
Total:	110	100

By analysing the data presented in Table 8, 83.6% of children live in a complete family, nuclear or expanded type, 8.2% in a home for children without parental care, with a mother 5.5%, and with father 2,7%.

*Table 7. Marital status of parents of children with disabilities*

Marital origin	No.	%
Married	84	76.4
Divorced	5	4.5
In a divorced dispute		
Longer absence of one of the parents	1	0.9
The death of one parent	2	1.8
They never lived together		
One parent unknown	1	0.9
Both parents are unknown	3	2.7
Dead parents		
Illegitimate community	13	11.8
Total:	109	99.1

Parents of the surveyed population of children with disabilities live in a marital community 76.4%. We identified the fact that 23% of children grew up, lived and formed a socio-emotional status with their parent, who were not in the marital community of another parent.

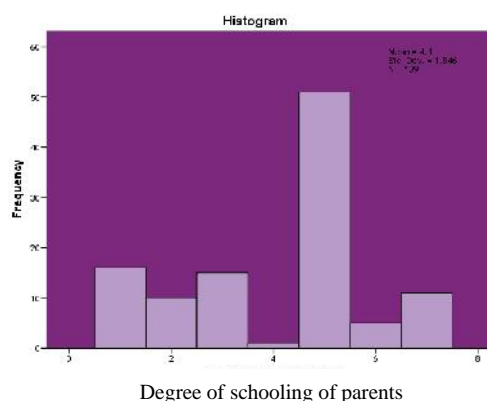
*Table 9. Number of siblings (brothers and sisters) of children with disabilities*

Number of siblings	No.	%
Only child	20	18.2
One brother/sister	45	40.9
Two and more brothers/sisters	45	40.9
Total:	110	100

The presented data show that most of the 40.9% examinees have one brother or sister. Also, 40.9% have two or more siblings. This practically means that 80.1% of children have one or two siblings.

*Table 10. School education/educational level of parents of children with disabilities*

Educational background of children's parents	Father		Mother	
	No.	%	No.	%
Unfinished PS	16	14.5	Unfinished PS	16
Finished PS	10	9.1	Finished PS	10
Qualified/Highly qualified	15	13.6	Qualified/Highly qualified	15
Special school	1	0.9	Special school	1
Secondary education	50	45.5	Secondary education	50
Higher education	5	4.5	Higher education	5
University education	11	10	University education	11
Master/Doctor			Master/Doctor	
<b>Total:</b>	<b>108</b>	<b>98.2</b>	<b>Total:</b>	<b>108</b>

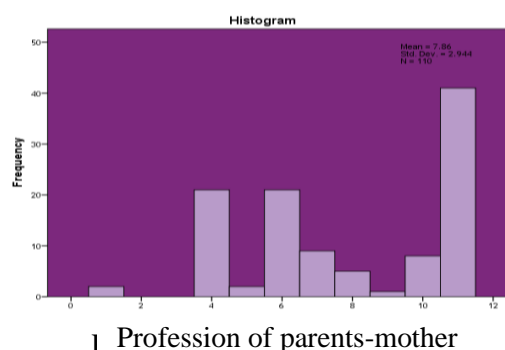
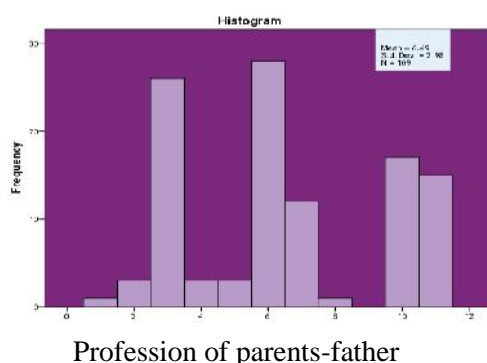


According to the presented data, the fathers of the examined children have completed elementary school in 9.1%. The higher education rate is 10%, Qualified/Highly qualified is 13.6%, Secondary education is 45.5% and it is the most frequent, the relatively high is the number of parents with unfinished primary school and it is 14.5%.

Similar to the previous one is the distribution of the educational level of mothers of disabled children. Finished Secondary school with 44.5% is the most frequent.

*Table 11. Interest of parents of children with disabilities*

The interest of parents of children with disabilities	Father		Mother	
	No.	%	No.	%
Industry / Mining	1	0.9	2	1.8
Agriculture / Forestry	3	2.7		
Construction	25	22.7		
Commerce	3	2.7	21	19.1
Finance / technical and business services	3	2.7	2	1.8
Catering / Craft	28	25.5	21	19.1
Housing/communal services	12	10.9	9	8.2
Education, science, culture, information	1	0.9	5	4.5
Health, social welfare			1	0.9
State authorities	17	15.5	8	7.3
Without interest	15	13.6	41	37.3
<b>Total:</b>	<b>109</b>	<b>99.1</b>	<b>110</b>	<b>100</b>



The number of parents of children with disabilities without a certain occupation is relatively high, fathers 13.6%, mothers 33.3%. It can be right to say that this socio-economic benefit can be very

favorably reflected in the performance of family functions, especially economic and pedagogical-educational.

Table 12. Working status of parents of children with disabilities

Working status of parents	Father		Mother	
	No.	%	No.	%
On indefinitely	44	40.0	32	29.1
On certain	33	30.0	11	10.0
Pensioner	3	1.8	1	0.9
Unemployed	29	26.4	66	60.0
<b>Total:</b>	<b>109</b>	<b>98.2</b>	<b>110</b>	<b>100</b>

Parents of the surveyed population are employed indefinitely (40.0% of fathers and 29.1% of mothers). A significant number of parents of children with disabilities are unemployed (fathers Employment status of parents-mother and father 26.4%, mothers 60.0%). We can conclude that economic characteristics can be very unfavourable for the functioning of the family.

Table 13. Housing status of families of children with disabilities

Housing status	No.	%
Subtenants	37	33.6
Owners of apartments/house	63	57.3
Necessary accommodation / illegal	10	9.1
<b>Total:</b>	<b>110</b>	<b>100</b>

The housing situation in the family of children with disabilities is relatively poor, with subtenants and necessary accommodation 43.0%.

Table 15. Use of material benefits

Using of benefits	No.	%
Increased child allowance	35	31.8
Child allowance	27	24.5
Material support	32	29.1
Allowance for care and assistance	58	52.7
Personal disability	63	57.3
<b>Total:</b>	<b>215</b>	<b>195.4</b>

Because of a better and more realistic view of the overall economic status of the families of

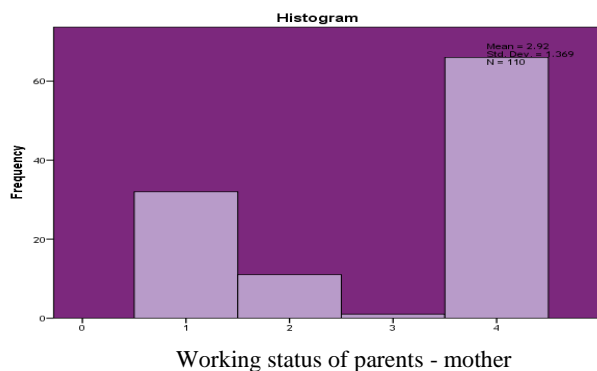
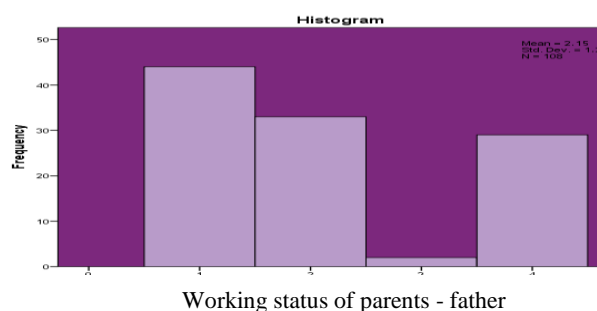


Table 14. Material status of families of children with disabilities

Material status	No	%
Favorable	12	10.9
Average	47	42.7
Unfavorable	51	46.4
<b>Total:</b>	<b>110</b>	<b>100</b>

The situation regarding the material status of families of children with disabilities is significantly unfavourable.

Table 16. Emigration of families of children with disabilities

Emigration	No.	%
Refugees	2	1.8
Not refugees	108	98.2
<b>Total:</b>	<b>110</b>	<b>100</b>

Children with disabilities tolerate on more difficult way change in the environment. Traumas and stresses that are resulted from these events surely leave visible consequences at all levels of their functioning. Our research shows that there are only two families of refugee status.

the surveyed population, data on the use of various types of material benefits were collected and processed. Families use some form of prestige, and most of all, care and assistance allowance (52.7%) and personal disability allowance (57.3%). Families are in a bad financial situation, i.e. in a state of social need.

**Table 17.** Health status of family members of children with disabilities

Health status	Father		Mother		Brother		Sister	
	No.	%	No.	%	No.	%	No.	%
Without health problems	88	80.0	90	81.8	66	98.5	65	100
Organic chronic disease	16	14.6	14	12.7				
Mental illness	2	1.8	4	3.6				
Disability	3	2.7	2	1.8	1	1.1		
<b>Total:</b>	<b>109</b>	<b>100</b>	<b>110</b>	<b>100</b>	<b>67</b>	<b>100</b>	<b>65</b>	<b>100</b>

Brothers and sisters of children with disabilities have a small number of health problems, while parents have more health problems.

**Table 19.** Other deviant behaviour of family members of children with disabilities, and jail punishment research,

Deviant behavior	Narcotism		Criminality		Prostitution		Jail punishment	
	No.	%	No.	%	No.	%	No.	%
There is no problem	110	100	110	100	110	100	110	100
There is a problem								
There are clues								
<b>Total:</b>	<b>110</b>	<b>100</b>	<b>110</b>	<b>100</b>	<b>110</b>	<b>100</b>	<b>110</b>	<b>100</b>

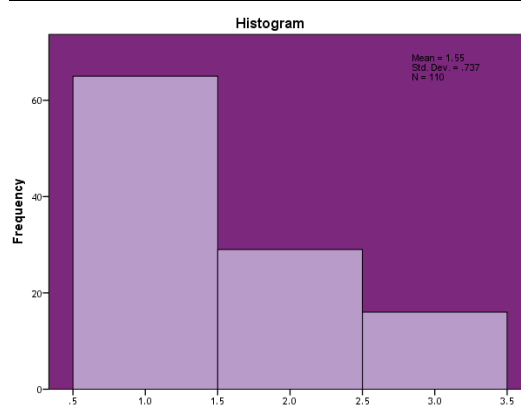
These data deserve an additional comment. In this research, we were faced with an objective methodological limitation, that is to get family data from teachers of the integrated classes, bearing in mind the parents' unwillingness to respond honestly the offered questions.

**Table 20.** Quarrels between parents of children with disabilities

Quarrels	No.	%
There is no problem	46	41.8
There is a problem	57	51.8
There are clues	7	6.4
<b>Total:</b>	<b>110</b>	<b>100</b>

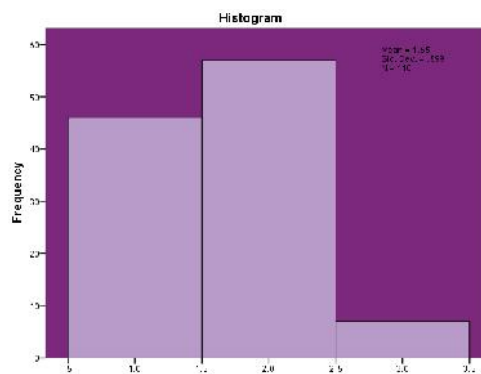
**Table 18.** Alcoholism in the family of children with disabilities

Alcoholism	No.	%
There is no problem	65	59.1
There is a problem	29	26.4
There are clues	16	14.5
<b>Total:</b>	<b>110</b>	<b>100</b>



*Alcoholism in the family*

According to the data, in almost 40% there is a problem and indications of alcoholism in the families of children with disabilities



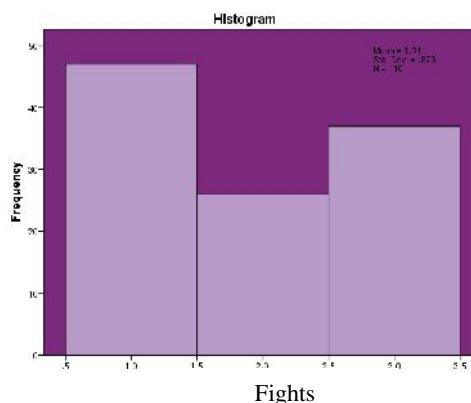
*Quarrels between parents*



Chronic family conflicts, primarily expressed through the presence of quarrels and fights between parents, are an important factor in the social development of children with disabilities. More specifically, family conflicts constitute a significant risk factor for the emergence of various forms of psychosomatic and behavioural disorders in this particularly vulnerable group of children. The quarrels between parents are included in this research in a form of disrupted relationships, which have elements of psychological violence (and are often only a prelude to physical violence between partners/parents), and therefore we place this phenomenon in a broader whole, in which we present the presence of violence in the families of children with disabilities.

**Table 21.** Fights between parents of children with disabilities

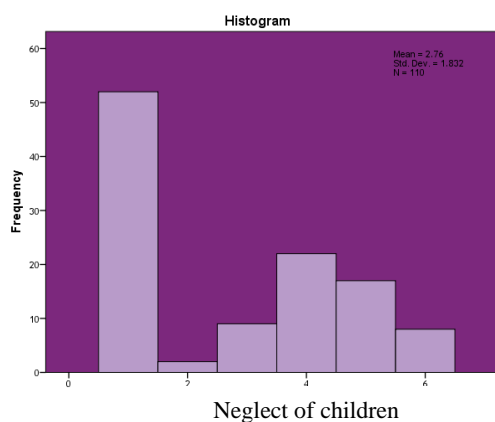
Fights	Number	%
There is no problem	47	42.7
There is problem	26	23.6
There are clues	37	33.7
<b>Total:</b>	<b>110</b>	<b>100</b>



Fights between parents, as a serious disorder in the social and overall development of children with disabilities, is expressed as a problem of 23.6% and there are clues of 33.7%. So, we can say that the presence of this problem is high. In terms of partner relationships, researches show that spouses from these families have incomparably weaker harmony, compared to partners who do not have a child with disabilities. Poor harmony, which is usually the cause of partner conflicts, is most often due to the distribution of housework, child upbringing, leisure time, disturbed communications [15].

**Table 22.** Neglecting children with disabilities

Neglecting	No.	%
It does not exist	52	47.2
Underfed	2	1.8
Inadeq. clothing and footwear	9	8.2
Hygienic neglected	22	20.0
Inadeq. health care	17	15.5
Multiple neglected	8	7.3
<b>Total:</b>	<b>110</b>	<b>100</b>



A key observation is that 47% of children with disabilities experience some form of neglect. The most present is hygienic neglect 20% and inadequate health care 15.5%.

**Table 23.** Physical violence against children with disabilities in the family

Physical violence	No.	%
There is no problem	87	79.1
There is a problem	5	4.5
There are clues	18	16.4
<b>Total:</b>	<b>110</b>	<b>100</b>

**Table 24.** Psychical violence against children with disabilities in the family

Psychical violence	No.	%
There is no problem	94	85.5
There is a problem		
There are clues	16	14.5
<b>Total:</b>	<b>110</b>	<b>100</b>

In this study, under the general concept of violence against a child with disabilities, it means 'such relationships and behaviours of individuals of social groups, whom with the use of force, inflicts pain, physical and mental damages, endanger the health and physical and psychological integrity of the personality, and prevent the normal development of a child with disabilities [16].

**Table 25.** Sexual violence against children with disabilities in the family

Sexual violence	No.	%
There is no problem	110	100
There is problem		
There are clues		
<b>Total:</b>	<b>110</b>	<b>100</b>

The results show that there was no sexual violence against children with disabilities.

**Table 27.** Behaviour of children with disabilities on the class

Behaviour of children on the class	Children	
	No.	%
Adequately	51	46.4
Restless, Careless	42	38.2
Recluse, timid	13	11.8
Frightened, sensitive	4	3.6
<b>Total:</b>	<b>110</b>	<b>100</b>

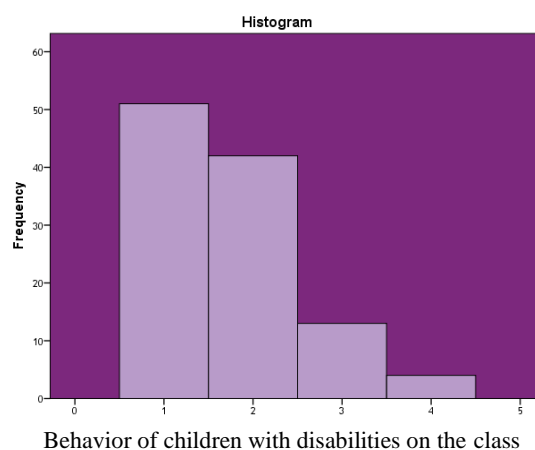
Teachers evaluate the behaviour of children on the class as adequate in 46.4% of cases. In other cases, it is not evaluated as adequate.

According to the presence of psychological violence against children with disabilities, we have concluded that in 14.5% of children exist signs of experiencing some form of psychological violence. The experts, who gave us answers in just over 85% of cases, are sure that these children have not had negative experiences of psychological abuse in their families.

**Table 26.** General school success of children

School success	No.	%
Excellent	19	17.3
Very good	26	23.6
Good	49	44.5
Satisfying	9	8.2
Bad marks	1	0.9
Repeat the class		
The first class	6	5.5
<b>Total:</b>	<b>110</b>	<b>100</b>

According to the data presented in Table 26., children with disabilities had excellent success in 17.3% of cases, 23.6% of cases were very good, 44.5% were good, 8.2% were satisfying, only one pupil was behaviour of children on the class failing, while there were no pupils who repeated the class.



**Table 28.** The relation of children with disabilities to teachers

The relation of children to teachers	Children	
	No.	No.
Adequately	65	59.1
Excessive relation	19	17.3
Spite, disobedience	12	10.9
Open aggression	14	12.7
<b>Total:</b>	<b>110</b>	<b>100</b>

Table 28. shows data about the relation of children from the Integrated classes to teachers. In most cases, 59.1%, this relation is evaluated as adequate for teachers. It is not negligible data that 40% of children with disabilities have an inadequate relation towards teachers.

**Table 29.** The relation of children with disabilities towards their peers

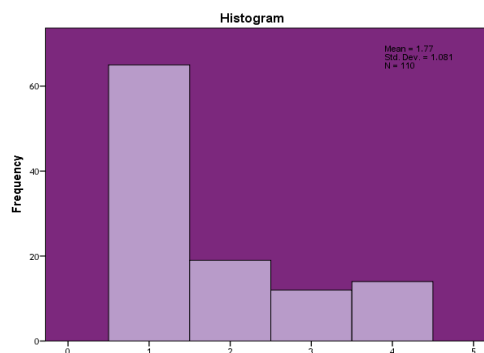
Description of relation towards peers	Children	
	No.	%
Popular, favourite	9	8.2
Accepted	88	80.0
Isolated, unaccepted	13	11.8
<b>Total:</b>	<b>110</b>	<b>100</b>

With the largest number of tested children, the relation towards peers was rated as adequate 80.0%, popular and favourite 8.2%, while 11.8% isolated and unnoticed.

**Table 31.** Cooperation of parents with school

Evaluation of cooperation	Examinees	
	No.	%
Good cooperation	83	75.5
Occasional contacts	22	20.0
Disinterest	5	4.5
<b>Total:</b>	<b>110</b>	<b>100</b>

Cooperation with parents is on an enviable level, and the assumption is that the development of the IDEP, which is legally supported, has caused such a high level of cooperation.



The relationship of children with

**Table 30.** The absence of children with disabilities from the school

The absence of children from the school	Children	
	No.	%
No absences	36	32.7
Many justified absences	71	64.4
Many unjustified absences	1	0.9
Often late in school	2	1.8
<b>Total:</b>	<b>110</b>	<b>100</b>

Table 30. shows data about the absence from the school. Children in the Integrated classes children with disabilities, so that their large number of justified 64.4% of absences has just connected with their state.

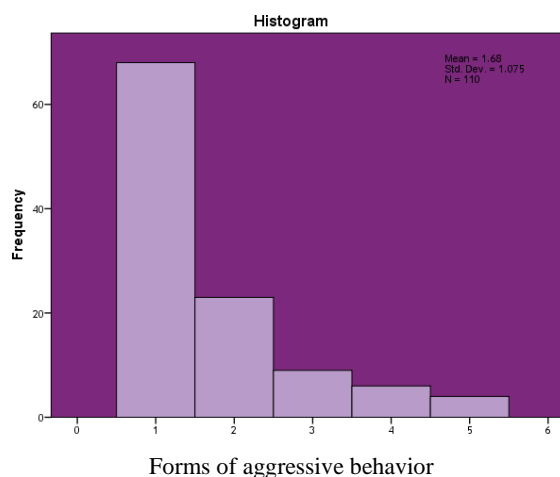
**Table 32.** Socializing children with disabilities with delinquent peers

The existence of delinquent bonds	Children	
	No.	%
No exist	108	98.2
Occasionally connected	2	1.8
Member of the delinquent group		
<b>Total:</b>	<b>110</b>	<b>100</b>

With many children with disabilities, teachers, dialectologists, psychologists, social workers, have not detected the existence of a link between children from the Integrated classes with the peers of delinquent behaviour.

**Table 33.** Aggressive behaviour of children with disabilities

Forms of aggressive behaviour	Children	
	No.	%
No exist	68	61.8
Physically attacks on others	23	20.9
Verbal attacks on others	9	8.2
They destroy school property	6	5.5
All mentioned forms	4	3.6
<b>Total:</b>	<b>110</b>	<b>100</b>



The research found that in 39% of children with disabilities there is some form of aggressive behaviour.

**Table 34.** Aggressive behaviour of children with disabilities

Forms of auto aggressive behaviour	Children	
	No.	%
No exist	83	75.5
Self-harm	27	24.5
Suicide attempt		
<b>Total:</b>	<b>110</b>	<b>100</b>

Table 34. shows that a significant number of children with disabilities with auto-aggression type is 24.5%.

**Table 35.** Escaping children with disabilities from the school

Escaping from the school	Children	
	No.	%
Not present	108	98.2
Periodically	2	1.8
Frequently		
<b>Total:</b>	<b>110</b>	<b>100</b>

Based on the data presented in Table 35., we can conclude that a small number of children with disabilities, 1.8%, escapes from classes.

**Table 36.** Escaping respondents from home

Escaping from the home	Children	
	No.	%
Not present	106	96.4
Periodically	3	2.7
Frequently	1	0.9
<b>Total:</b>	<b>110</b>	<b>100</b>

Occasionally and frequently escape of children with disabilities was detected in 3.6% of children

**Table 38.** Thefts in the school by children with disabilities

Thefts in the school	Children	
	No.	%
Not present	109	99.1
Periodically	1	0.9
Frequently		
<b>Total:</b>	<b>110</b>	<b>100</b>

Theft and the commission of delicts, as well as the criminal offenses of children with disabilities, is

**Table 37.** Begging and vagrancy of children with disabilities

Begging and vagrancy	Children	
	No.	%
Not present	108	98.2
Periodically	1	0.9
Frequently	1	0.9
<b>Total:</b>	<b>110</b>	<b>100</b>

Occasionally and frequently begging and vagrancy were detected in 1.8% of children of the Integrated classes.

**Table 39.** Commission of delicts and criminal offenses by children with disabilities

Commission of delicts and criminal	Children	
	No.	%
No exist	109	99.1
It exists	1	0.9
<b>Total:</b>	<b>110</b>	<b>100</b>

only represented in two children.

**Table 40.** Abuse of psychoactive substances in children

Abuse of psychoactive substances in children	Smoking		Alcohol		Drugs	
	Children	%	Children		Children	%
Not present	107	97.3	110	Not present	107	97.3
Present	1	0.9		Present	1	0.9
There are clues	2	1.8		There are lies	2	1.8
<b>Total:</b>	<b>110</b>	<b>100</b>	<b>110</b>	<b>Total:</b>	<b>110</b>	<b>100</b>

It was detected that only one student uses cigarettes, while there are indications for two more children. With regard to alcohol and drugs, teachers, professional associates and defectologists said that it was not present in children with disabilities.

## CONCLUSION

Bearing in mind the growing tendency to include children with disabilities in the regular school, then the possible negative consequences of peer rejection, it is necessary to act proactively, and in the school practice include strategies that can contribute to the improvement of peer relationships among children, good peer relationships positively influence on the development of social skills, and that behaviour becomes more social and more flexible [10].

The obtained results are largely confirmed by the current foreign and domestic research, and point to the need for wider social engagement, aimed at building a social model with emphasis on support to families of children with intellectual disabilities from the earliest age, which would enhance emotional and social development, through intervention in stimulating environment. Parents are very important partner in assessing and creating and implementing an intervention. Undesirable behaviour reduces the possibility of learning a child with intellectual disabilities and their participation in everyday family life, and it is necessary to educate parents with strategies to remove unwanted behaviours, and more importantly, to implement programs to foster the development of communication and social skills.

This scientific consideration of the problem indicates that it is necessary to encourage all competent institutions, services and individuals to work together in a harmonized manner, in order that all social potentials be professionally, responsibly and rationally used in recording, monitoring, controlling, correcting and preventing unacceptable behaviour of children and young people.

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