

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, causes and triggers of the appearance of delinquent behavior. 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 behavior. 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 unfavorable 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 come to the conclusion 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 behavior

1 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 behavior 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, unfavorable 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 behavior, 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 behaviors, 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 center 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 (7-10) 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 behavior 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 behavior, 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 behavior, 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 behavior 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 behavior 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 behavior 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 behavioral patterns in relation to gender, where boys showed a higher level of undesirable behavior in relation to girls; in relation to age, where children with intellectual disabilities of the elderly have shown more undesirable behavior 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 ego-centrism 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 behavioral disorders(14), the authors state that the problem of research is unaccepted behavior in children and young people, and the role of parents in the prevention and rehabilitation of children with disorderly behavior, 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 behavior 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 behavior in their children. Children begin to manifest unaccepted behavior in different periods of their lives. Parents are difficulty communicating with children with unsuitable behavior. Parents most often solve unaccompanied behavior of the child with the help of experts (pedagogue, psychologist and social worker). Respondents had the view that children with unadjusted behavior should be helped, and they also believe that children with unadjusted behavior 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 behavior.

2 OBJECTIVES OF RESEARCHES

Objectives of researches are: 1. Identify the level of social development of children with disabilities, 2. Identify forms of behavioral disorders in children with disabilities, 3. Identify the impact of social characteristics of families on children with disabilities with problematic behavior. **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 Kistic"-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 Behavioral 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 behavior** (alcoholism, other deviant behaviors). **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, behavior 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 behavior** (socializing children with delinquent peers, aggressive behavior of children, auto-aggressive behavior 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.

3 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 „IlijaKistic“ Zelenika	22	20.0
PS „DušanKorac“ BijeloPolje	5	4.5
PS „Vuk Karadzic“ Berane	19	17.3
Total:	110	100

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
Total:	110	100

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
Total:	110	100

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
Total:	110	Total

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

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 analyzing 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 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
Total:	110	Total

The sample includes respondents from 7-18 years.

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.

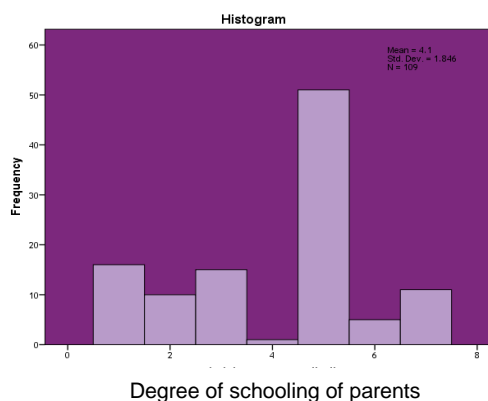
Table 9. Number of siblings (brothers and sisters) of children with disabilities

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	16	14.5
Finished PS	10	9.1	10	9.1
Qualified/Highly qualified	15	13.6	15	13.6
Special school	1	0.9	1	0.9
Secondary education	50	45.5	50	45.5
Higher education	5	4.5	5	4.5
University education	11	10	11	10
Master/Doctor				
Total:	108	98.2	108	98.2

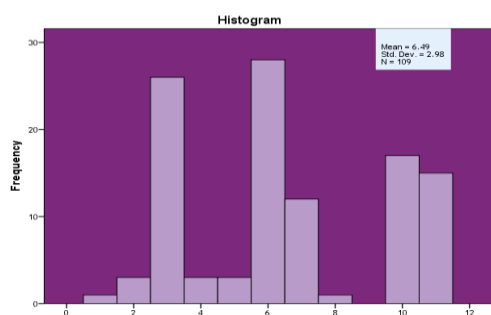


According to the presented data, the fathers of the examined children have completed elementary school in 9.1%. The higher education rate is 10%, Qualified/Highly qualified is 13.6%, Secondary education is 45.5% and it is the most frequent, the relatively high is the number of parents with unfinished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

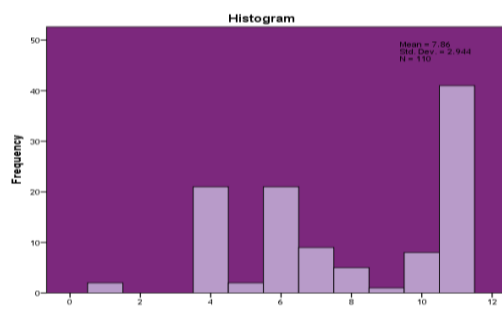
Similar to the previous one is the distribution of the educational level of mothers of disabled children. Finished Secondary school with 44.5% is the most frequent.

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
Total:	109	99.1	110	100



Profession of parents-father



Profession of parents-mother

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
Total:	109	98.2	110	100

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 unfavorable 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
Total:	110	100

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
Total:	215	195.4

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

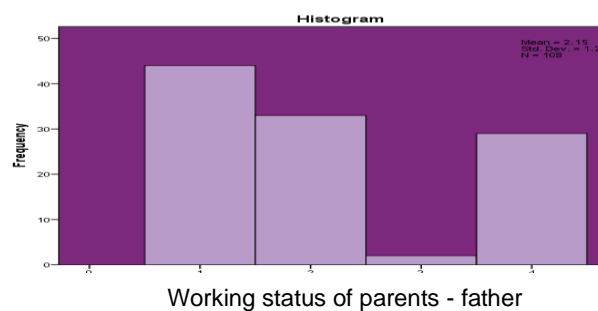


Table 14. Material status of families of children with disabilities

Material status	No.	%
Favorable	12	10.9
Average	47	42.7
Unfavorable	51	46.4
Total:	110	100

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

Table 16. Emigration of families of children with disabilities

Emigration	No.	%
Refugees	2	1.8
Not refugees	108	98.2
Total:	110	100

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.

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		
Total:	109	100	110	100	67	100	65	100

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

Table 19. Other deviant behavior 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								
Total:	110	100	110	100	110	100	110	100

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.

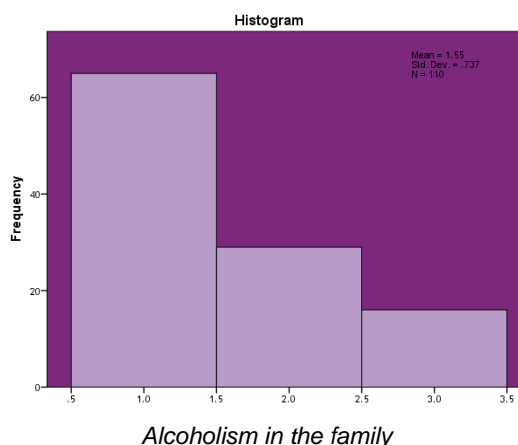
Table 20. Quarrels between parents of children with disabilities

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

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 behavioral 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 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
Total:	110	100



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

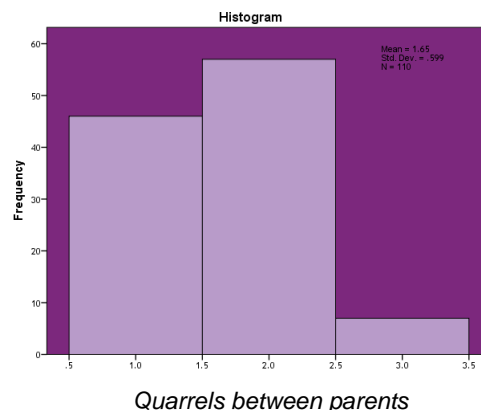
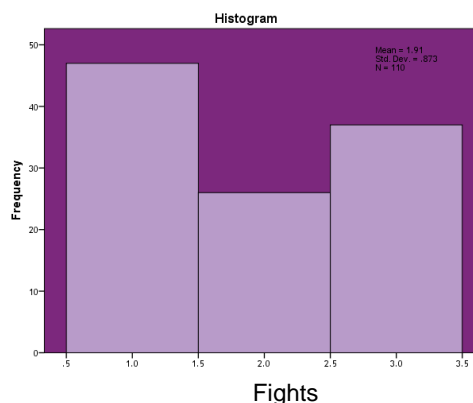


Table 21. Fights between parents of children with disabilities

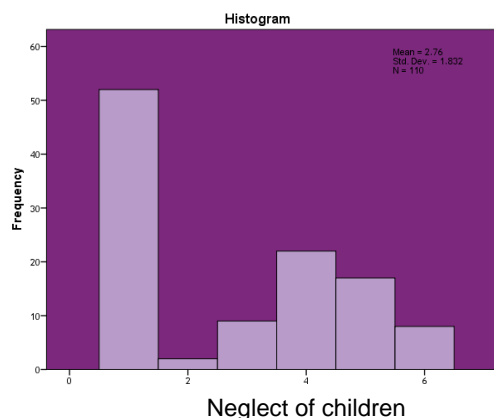
Fights	Number	%
There is no problem	47	42.7
There is problem	26	23.6
There are clues	37	33.7
Total:	110	100



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
Total:	110	100



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
Total:	110	100

In this study, under the general concept of violence against a child with disabilities, it means 'such relationships and behaviors 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 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
Total:	110	100

According to the presence of psychological violence against children with disabilities, we have come to the conclusion 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 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		
Total:	110	100

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

Table 26. General school success of children

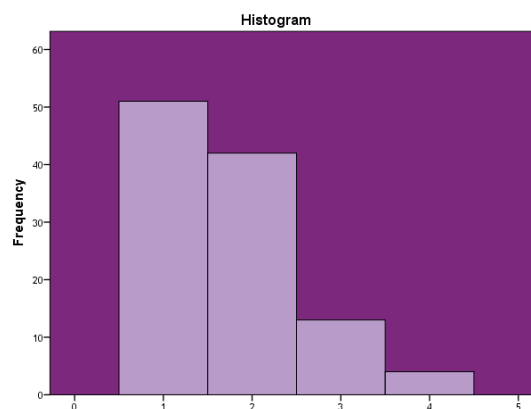
School success	No.	%
Excellent	19	17.3
Very good	26	23.6
Good	49	44.5
Satisfying	9	8.2
Bad marks	1	0.9
Repeat the class		
The first class	6	5.5
Total:	110	100

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. Behavior of children on the class failing, while there were no pupils who repeated the class.

Table 27. Behavior of children with disabilities on the class

Behavior 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
Total:	110	100

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

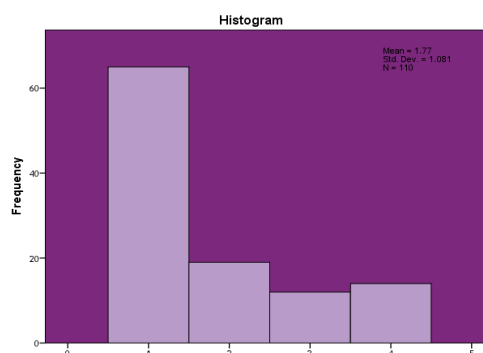


Behavior of children with disabilities on the class

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
Total:	110	100

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.



The relationship of children with

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

Description of relation towards peers	Children	
	No.	%
Popular, favorite	9	8.2
Accepted	88	80.0

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

Isolated, unaccepted	13	11.8
Total:	110	100

With the largest number of tested children, the relation towards peers was rated as adequate 80.0%, popular and favorite 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
Total:	110	100

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.

Table 33. Aggressive behaviour of children with disabilities

Forms of aggressive behavior	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
Total:	110	100

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

Table 34. Aggressive behavior of children with disabilities

Forms of auto aggressive behavior	Children	
	No.	%
No exist	83	75.5
Self-harm	27	24.5
Suicide attempt		
Total:	110	100

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

Many unjustified absences	1	0.9
Often late in school	2	1.8
Total:	110	100

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		
Total:	110	100

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 behavior.

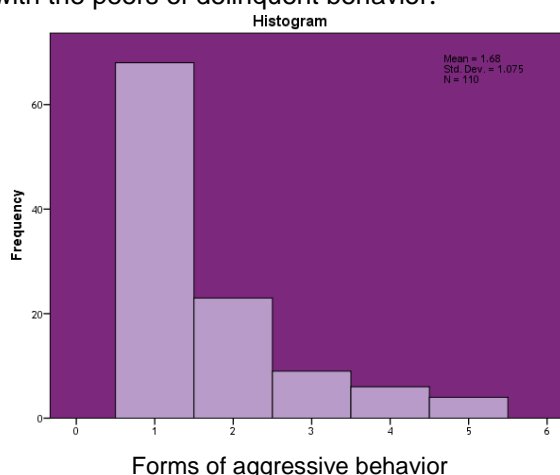


Table 35. Escaping children with disabilities from the school

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

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
Total:	110	100

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		
Total:	110	100

Theft and the commission of delicts, as well as the criminal offenses of children with disabilities, is 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
Total:	110	100	110	Total:	110	100

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.

4 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 behavior 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 behavior 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 behaviors, 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 behavior of children and young people.

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
Total:	110	

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
Total:	110	100

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