

BULLYING AND ABSENTEEISM AMONG CHILDREN WITH SPECIAL NEEDS

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Abstract

In this paper we analyse the situation of children with mental and/or physical disabilities who suffer discrimination due to their disabilities by their peers at school. We use a sample of 459 children between 6 and 15 years who suffer some type of disability from the Survey of Dependency, Autonomy and Situations of Dependency (2008). We hypothesize that children with special needs who suffer bullying might develop a less favourable attitude towards schooling and consequently increase periods of absenteeism, which in turn, would reduce their possibilities of successful integration in the society when being adults. Results indicate that there exists a significant correlation between both events, and what is quite worrying, ordinary schools with inclusion programs for children with special need show a significant increase in the probability of bullying and of absenteeism. On the other hand, if the child has learnt to use Braille, uses an earpiece or has received speech rehabilitation, the probabilities of both events reduce.

Keywords: bullying, absenteeism, disability, special education

JEL Codes: I21, I31

1 INTRODUCTION

During the last decade there has been an increasing sense of worry related to bullying among children and adolescents. Evidence from several studies have suggested that bullying can have a overwhelming effect over the developmental outcomes of students ([1],[2]). Although there are differences in the terminology used across international literature, in this study we will apply the definition of “bullying” provided by [3] as “the use of physical, psychological or direct verbal means either individually or in a group to cause physical or psychological distress to others”. Among studies that have explored bullying, there is a growing body of research which indicates that students with special needs may be at greater risk of bullying than “typical” peers. For example, [4],[5] and [6] have shown a connection between characteristic of children who have special developmental, emotional/behavioral, physical or healthcare needs and those victimized

by bullying. [7] pointed that children with learning difficulties were identified as victims of bullying significantly more than children without learning disabilities.

According to certain authors, the integration of students with special needs with peers who have no disabilities provides certain advantages in the form of increased communication skills and social skills as well as higher self-esteem and self-confidence and they have also stated that the type of interactions (academic and social) that a student creates with his peers are significant for his educational performance and academic success. ([8], [9]). However, if students without disabilities do not perceive their peer with a disability as a valuable classmate or friend, the student with a disability may have fewer opportunities to engage in peer interactions. With the purpose of explaining attitudes and intentions, two important theories have been developed: Theory of Reasoned Action (TRA, [10]) and the Theory of Planned Behaviour (TPB, [11]). The TPB was developed from the TRA and considers that students' behaviours are the result of the combination of three types of beliefs: behavioural, normative and control.

Behavioral beliefs reflect the positive or negative feeling and the desirability of its consequences; normative beliefs refers to what the student believes that other will believe if he behaves in a certain way. For example, [12] provided evidence that middle school-aged student's intention to play with a peer with physical disability were heavily influenced by the student's feelings about the norms of others. Finally, control beliefs refer to the degree of difficulty derived from the action to be performed. For example, a student may consider that if interacting with a peer with disability only refers to talking to, that is easy to perform, but if interacting is applied to other circumstances such as helping or playing with him, then he considers that this behaviour implies much effort and resources.

Turning to the issue of absenteeism, [13] defines school absenteeism as the absence without permission from school that is linked to environmental, social or psychiatric conditions. [14] and [15] argue that children or adolescents who refuse attending to school often show anxiety disorders, symptoms of depression, disruptive disorders, insufficient social skills (i.e, insufficient abilities for solving conflicts), dysfunctions in achievement (i.e, learning disabilities or deficits in organizational skills. In the setting proposed in this paper we hypothesize that there is link between peer-victimization and absenteeism among children with special needs. Prolonged school absenteeism is associated with a higher probability for the development of school dropout and a broad range of economic, psychiatric, social and partnership problems in adulthood ([13]). In particular, adolescents showing school absenteeism and comorbid mental health problems, such as depressive episodes, social phobia or conduct disorders are at greater risk of adverse development ([15]). To avoid the emergence of these problems, [16] were the first to apply the cognitive-behavioural therapy to a sample of adolescents with extended school absenteeism, and their results showed a significant increase in school attendance and a parallel decrease in comorbid symptoms of anxiety, depression and disruptive disorders.

In this paper we hypothesize that there might be a significant relationship between suffering bullying and being absent from school. As we will see in the next section, the Spanish legislation has moved towards the inclusion of children with disabilities and the qualification of specific professionals to attend them during their schooling. However, if they feel discriminated the probabilities of successful integration might be seriously damaged. Children who suffer bullying will probably have a less favourable attitude towards going to school, which can lead to an increase in absenteeism. If this constitutes a repeated behaviour the probabilities of getting a degree will be very reduced. The structure of the paper is as follows. In section 2 we review how special education has been designed in Spain. In section 3 we describe the survey used and the characteristics of the sample. In section 4 we estimate the probability of suffering bullying and the relationship between bullying and absenteeism. Finally, section 5 concludes.

2 SPECIAL EDUCATION IN SPAIN

To make a review of the situation of children with disabilities in Spain with respect to education, we should start mentioning the General Law of Education of 1970 which made a great difference because it recognized the schooling right of children with disabilities. Later on, the General Plan of Special Education of 1978 introduced the term “integration” and it supposed the disruption of two types of un-connected centres (ordinary centres and specific centres). This important change was materialised with the General Plan of Education of 1982 which recognized the existence of ordinary centres with special education programs. Moreover, this regulation acknowledges the importance of early diagnosis and the requirement of qualified professionals, both for diagnosing, giving advice and teaching.

More recently, the Law of General Ordering of Educational System (1990) was the first in using the expression “special educational needs” and introduced the “principle of attention to diversity in abilities, interests and motivations”. As an educational solution, this law articulated the possibility of adapting the curricular design to meet the specific needs of the students. In 2006, the Law of Quality in Education substituted the term “integration” by “inclusion” considering that it was the logical step for accomplishing the levelling between all students. This inclusion concentrates on the motivation of qualities and the attention to needs, so that everybody reaches success. In summary, Spain has been witness of a deep transformation. From an old-fashioned model which categorized children in normal and not-normal to a model that looks for the inclusion and the normalization, from an educational and social point of view.

Table 1 shows that the number of centres that undertake Special Education has increased from 868 in 2001-02 to 1,340 in 2007-08. This growth is due to the increase in the number of public centres (with an annual growth rate of 10.49%), while private centres have only increased by 1.38%. On the other hand, following the integration trend that started during the eighties the

increase in public centres that undertake Special Education has been totally concentrated in ordinary centres.

Table 1. Number of centres who undertake Special Education

	Total	Public centre	Private centre	
			Total	Concerted
Year 2001/2002				
Total	868	542	326	311
Specific centres	478	191	287	274
Ordinary centres	390	351	39	37
Year 2007/2008				
Total	1,340	986	354	345
Specific centres	476	191	285	279
Ordinary centres	864	795	69	66
Annual growth rate (%)				
Total	7.51	10.49	1.38	1.74
Specific centres	-0.07	0.00	-0.12	0.30
Ordinary centres	14.18	14.60	9.98	10.13

Source: Statistic of Education from the Ministry of Education
(<http://www.educacion.es/mecd/jsp/plantilla.jsp?id=31&area=estadisticas>)

According to Table 2, the number of students enrolled in Special Education courses has increased from 27,090 in 2001-02 to 29,427 in 2007-08. The percentage who attend to public centres has increase from 48.83% to 54.58% (annual growth rate of 3.29%). The number of students who attended to ordinary centres has increased by 10.20% (9.68% for public centres, 12.38% for private centres).

Table 2. Students enrolled in Specific Education by type of centre

	Total	Public centre	Private centre
Year 2001/2002			
Total	27,090	1,323	1,386
Specific centres	24,479	11,032	13,447
Ordinary centres	2,611	2,198	413
Year 2007/2008			
Total	29,427	16,062	13,365
Specific centres	24,768	12,235	12,533
Ordinary centres	4,659	3,827	832
Annual growth rate (%)			
Total	1.39	3.29	-0.60
Specific centres	0.20	1.74	-1.17
Ordinary centres	10.13	9.68	12.38

Source: Statistic of Education from the Ministry of Education
(<http://www.educacion.es/mecd/jsp/plantilla.jsp?id=31&area=estadisticas>)

3 DATA

The data that we are going to use come from the Survey of Disabilities, Autonomy and Situations of Dependency (SDASD) carried out by the National Institute of Statistics in 2008. The purpose of this survey was to update information regarding the incidence of disabilities among the Spanish population, because the last available survey had been performed in 1999. The SDASD is a representative national survey which gathered population from individuals

living in the community and in residential centres. In this paper, we focus on children living in households (we do not consider those who are in hospitals or other type of institutions for disabled people). For people living in households, the survey was composed of two questionnaires. The first questionnaire, named Household Questionnaire, gathered socio-economic information from all the members of the household, whereas the second questionnaire, named Disabilities Questionnaire, only gathered information of those individuals who reported having a disability. The concept of disability used is a limitation for doing daily living activities that is expected to last at least one year. In the Disabilities Questionnaire, individuals were questioned about the type of disabilities, the deficiencies of origin, chronic illness, age at the onset of the disability, use of social services for dependent people and incidence of the disability over his labour situation or the level of education.

The SDADS collected information from 258,187 individuals living in the community from which 26,792 were between 6 and 15 years old. However, we only have information concerning discrimination for those children who have some disability (459 children). That is, we are only able to compare situations of bullying among children who suffer some type of disability, but we cannot compare situations of bullying among children with and without disability. It is true that children without any type of disability might suffer bullying due to other circumstances but the survey does not include any question regarding these issues, because it has not been designed to study social behaviours in general, but the integration in the society of adults and children who suffer some type of disability.

From the sample of 459 children, 21.82% reported that they have suffered some type of discrimination due to their disabilities. Table 3 offers the sample means for both subsamples of children. Approximately 60% of children with disabilities are male and slightly more than the half are between 6 and 10 years. Among children who have suffered discrimination due to their disabilities, we observe that there is a high concentration of certain disabilities (blind or only able to differentiate between light and darkness, difficulty for reading print newspaper, difficulty for recognizing somebody across the street, other significant visual disability, significant difficulty for hearing an alarm, difficulty for hearing what is being said in a conversation, difficulty for changing posture unaided, difficulty for keeping the body in the same position, difficulty for walking or moving around home). Regarding chronic illness, the percentage with Down's syndrome and autism is higher among those who have not suffered bullying (5.7% vs. 3% and 8.3% vs. 6.9%, respectively). On the other hand, the incidence of other types of dementia, cerebrovascular illness and rare illness is higher among those who have suffered bullying (1% vs. 4.5%, 2.5% vs. 5.1% and 11.3% vs. 14.2%, respectively).

Children who have suffered discrimination have been mostly schooled in ordinary centres with specialized aid. On the other, 19.80% of children who have not suffered bullying are attending a special centre as opposed to only 8.70% in the case of children who have suffered bullying.

Most of children, independently of their relationships with other children are attending public schools (58.5% and 64.4%, respectively). With respect to absenteeism, the percentage who have been left from school less than one week or between one week and one month is higher among children who have suffered absenteeism (59.5% vs. 48.9% and 26.3% vs. 17.3%).

Table 3. Descriptive statistics (using sample weights)

	Has not suffered bullying	Has suffered bullying
Male	0.660	0.613
Female	0.340	0.387
Age		
Between 6 and 10 years	0.531	0.519
Between 11 and 15 years	0.469	0.481
Size of municipality		
Capital of province	0.456	0.452
Between 50.000 and 100.000 inhabitants	0.120	0.113
Between 20.000 and 50.000 inhabitants	0.181	0.212
Between 10.000 and 20.000 inhabitants	0.118	0.090
Less than 10.000 inhabitants	0.126	0.134
Disability for:		
Blind or only able to differentiate between light/darkness	0.097	1.000
Difficulty for reading print newspaper	0.358	1.000
Difficulty for recognizing somebody across the street	0.470	1.000
Other significant visual disability	0.269	1.000
Completely deaf	0.147	0.670
Significant difficulty for hearing an alarm	0.374	1.000
Difficulty hearing what is being said in a conversation	0.591	1.000
Difficulty for speaking intelligibly or uttering coherent phrases	0.845	0.964
Difficulty understanding what other persons say	0.789	0.969
Difficulty understanding a written text	0.929	1.000
Difficulty understanding gestures, symbols	0.715	0.934
Difficulty holding a conversation through speech	0.839	1.000
Difficulty paying attention when listening	0.805	1.000
Difficulty learning to perform simple tasks	0.661	1.000
Difficulty learning to perform complex tasks	0.837	1.000
Difficulty changing posture unaided	0.572	1.000
Difficulty keeping the body in the same position	0.572	1.000
Difficulty walking and moving around the home	0.566	1.000
Difficulty moving or walking outside home	0.735	1.000
Difficulty lifting or carrying objects with hands (i.e. glass)	0.625	1.000
Difficulty handling or moving objects (i.e., ball)	0.596	1.000
Difficulty handling/moving small objects (i.e, writing with a pen)	0.645	1.000
Difficulty transmitting feelings	0.523	1.000
Difficulty relating to strangers	0.744	1.000
Difficulty starting relations of friendship	0.593	1.000
Use of technical aids:		
Uses Braille	0.013	0.018
Use earpiece or other type of technical device	0.055	0.030
Use sign language	0.006	0.014
Has been diagnosed with:		
Spinal cord injury	0.007	0.007
Lateral sclerosis	0.004	0.007
Amputations	0.016	0.002
Laryngectomy	0.010	0.014
Arthritis	0.016	0.000
Rheumatoid arthritis	0.007	0.004

Muscular dystrophy	0.065	0.060
Spina bifida	0.011	0.025
Myocardial infarction	0.030	0.004
Cerebrovascular accidents	0.025	0.051
Down's syndrome	0.057	0.030
Autism	0.083	0.069
Cerebral paralysis	0.100	0.037
Acquired brain damage	0.119	0.120
Other types of dementia	0.010	0.045
Schizophrenia	0.007	0.003
Depression	0.021	0.037
Bipolar disorder	0.001	0.007
Pigmentary retinosis	0.007	0.000
Myopia magna	0.026	0.021
Macular degeneration	0.003	0.000
Glaucoma	0.005	0.000
Cataract	0.019	0.014
Rare illness	0.113	0.142
Renal failure	0.017	0.018
In relation to school integration, which was the situation last week?		
Unschooling	0.032	0.005
Educated in special centre	0.198	0.087
Educated in ordinary centre with specialized aid	0.334	0.600
Educated in ordinary centre without specialized aid	0.278	0.299
Do not know	0.054	0.008
Which type of educational centre do you attend?		
Public centre	0.585	0.644
Subsidized private centre	0.209	0.322
Non subsidized private centre	0.016	0.021
How often did you miss school?		
Unschooling	0.021	0.000
Less than one week	0.489	0.595
More than one week, but less than one month	0.173	0.263
Between 1 and 3 months	0.097	0.062
Between 3 and 6 months	0.020	0.025
Six months or more	0.019	0.006
Do not know	0.077	0.049
N	329	130

Source: Own elaboration using data from de SDASD (2008).

4 ESTIMATION OF THE MODEL

First of all, we would like to analyse which factors increase the probability of suffering bullying. Table 4 offers the odd-ratios after estimating a logit model for the probability of suffering discrimination due to disability where we have included as explanatory variables age, gender, disabilities, use of technical aids, type of education and type of centre. We have not included the incidence of chronic illness due to their strong correlation with the disabilities.

Regarding the impact of different disabilities the probability of suffering discrimination increases if the child suffers difficulty for understanding what is being said, for changing posture without help, for starting relations of friendship or for handling small objects with hands and fingers. On the other hand, the probability of suffering bullying decreases if the child has other visual disabilities (not blind), other hearing disabilities (not deaf) or has difficulty for holding a conversation through speech. In this sense, it should be interpreted as a positive sign

the result that having learnt Braille or using an earpiece or other type of technical aid reduces the probability of suffering bullying by 33% and 47%, respectively, because this implies that if the student has the tools for following better the rhythm of the class, the probabilities of successful inclusion also increases.

With respect to attending to a specific centre, the probability of suffering bullying increases by 246.3% and 385.5% and if the child attends to an ordinary school. However, the probability of being bullying increases even more if the child attends to an ordinary centre without specialized aid. Finally, concerning the type of centre we have not found significant difference between public centres and private ones (subsidized or not).

Table 4. Odd-ratios for the probability of suffering bullying

	Odd-ratio	z
Male	1.111	0.42
Age 11 to 15	1.267	1.00
Disabilities		
Blind or unable to differentiate between light and darkness	0.660	-0.26
Other visual disabilities	0.599	-2.41
Completely deaf	0.412	-1.01
Other hearing disability	0.166	-2.33
Difficulty for speaking intelligibly or uttering coherent phrases	0.779	-0.74
Difficulty understanding what other persons say	3.314	2.98
Difficulty understanding a written text	0.720	-0.90
Difficulty understanding gestures, symbols	0.743	-0.68
Difficulty holding a conversation through speech	0.431	-2.04
Difficulty paying attention when listening	1.030	0.09
Difficulty learning to perform simple tasks	0.449	-1.43
Difficulty learning to perform complex tasks	1.561	1.09
Difficulty changing posture unaided	2.829	2.62
Difficulty keeping the body in the same position	0.643	-0.71
Difficulty walking and moving around the home	0.561	-0.99
Difficulty moving or walking outside home	1.107	0.26
Difficulty lifting or carrying objects with hands (i.e. glass)	0.507	-1.30
Difficulty handling or moving objects (i.e., ball)	0.849	-0.28
Difficulty handling/ moving small objects (i.e, writing with a pen)	2.304	2.77
Difficulty relating to strangers	0.712	-0.74
Difficulty starting relations of friendship	2.827	2.06
Use of technical aids		
Uses Braille	0.770	-2.02
Use sign language	1.887	0.45
Uses earpiece or other type of technical aid	0.523	-2.04
In relation to school integration, which was the situation last week?		
Unschooling	0.814	-0.18
Educated in ordinary centre with specialized aid	3.463	2.53
Educated in ordinary centre without specialized aid	4.855	3.61
Do not know	0.427	-0.68
Which type of educational centre do you attend?		
Subsidized private centre	1.238	0.73
Non subsidized private centre	1.372	0.31
Log pseudolikelihood	-230.32518	
Wald chi2(34)	56.18	
Prob > chi2	0.0172	
Pseudo R2	0.1341	
N	459	

Omitted variables: female, age 6 to 10 years, public centre, educated in a special centre, living in a municipality with less than 10.000 inhabitants. Robust standard errors.

The next step is to analyse the relationship between bullying and absenteeism. We propose to estimate a two simultaneous probit-equation model. The first equation refers to the probability of being discriminated because of suffering a disability, and we use the same binary variable that we had defined for the logit model in previous section. The second equation refers to the probability of experiencing absenteeism and in this case we have defined a new binary variable that takes the value one if the child has been absent from school more than one month and zero in other case (that is, the child has been absent from school less than one week or more than one week, but less than one month).

With respect to the explanatory variables in the equation for suffering bullying we have included the same explanatory variables as in the logit model, and in the equation for the probability of absenteeism we have included age, sex, size of municipality, type of education, type of centre and having received certain services for disabled children. In particular, we would like to study the benefits derived from rehabilitation of speech, psychological assistance (mental health care), participation in leisure and cultural activities and psychosocial attention for relatives. For each of these four services we have defined two dummy variables. The first one takes the value one if the parents applied for the service and they received it. The second one takes the value one if the parents applied for the service but they did not receive it. Therefore, in this case there would be an unmet needs problem. We have estimated the model by simulated maximum likelihood using sample weights. After estimating the model we have computed the predicted probabilities in two particular circumstances: $\Pr[A=1|B=0]$ which measures the probability of being absent from school more than one month conditioned to not suffering bullying, and $\Pr[A=1|B=1]$ which refers to the probability of being absent from school more than one month conditioned on having suffered bullying.

First of all, the correlation coefficient is significant and positive ($\rho=0.278$, $\text{std. dev}=0.085$) indicating that unobservable variables which make some children more prone of suffering bullying are positively correlated with unobservable variables which increase the probability of absenteeism. Conditional on suffering bullying, male children experience an increase of 17.72% in the probability of being absent from school more than one month, as compared to a decrease of 3.51% of the same probability in the case of female children. With respect to the size of municipality, living in small municipalities (less than 20.0000 inhabitants) decreases the probability of absenteeism conditioned on bullying, and on the other hand, it increases by 32% in the case of municipalities sized between 50.000 and 100.000 inhabitants. Disabilities that increase the most the probability of absenteeism are difficulty relating to strangers, for speaking intelligibly, for handling or moving objects, for understanding what other people say and being completely deaf. However, the probability of absenteeism conditioned on bullying decreases by 24.45% in the child has learnt Braille and by 18.99% if he uses an earpiece or other technical

device. The probability of absenteeism increases by 16% if the child attends to an ordinary centre with specialized aid and even more, it increases by 27.61% if he attends to an ordinary centre without specialized aid. Finally, the provision of formal services is quite relevant for the integration of children with disabilities. We appreciate that the probability of absenteeism conditioned on bullying decreases if the child receives the service which has been applied for (significant evidence in favour of all services considered). However, when there are unmet needs, (specially cultural and leisure activities and rehabilitation speech) the probability of absenteeism conditioned on bullying increases considerably (107% and 71%, respectively).

Table 5. Predicted probabilities after estimating a simultaneous equation two-probit model for “suffering bullying” and “having absenteeism”

	Pr[A=1 B=1]	Pr[A=1 B=0]
Male	0.671	0.570
Female	0.549	0.569
Age		
Between 6 and 10 years	0.569	0.516
Between 11 and 15 years	0.684	0.630
Size of municipality		
Capital of province	0.626	0.560
Between 50.000 and 100.000 inhabitants	0.726	0.550
Between 20.000 and 50.000 inhabitants	0.656	0.586
Between 10.000 and 20.000 inhabitants	0.515	0.537
Less than 10.000 inhabitants	0.554	0.627
Disability for:		
Blind or only able to differentiate between light/darkness	0.537	0.491
Other visual disabilities	0.501	0.475
Completely deaf	0.841	0.683
Other hearing disabilities	0.719	0.607
Difficulty for speaking intelligibly or uttering coherent phrases	0.712	0.564
Difficulty understanding what other persons say	0.648	0.522
Difficulty understanding a written text	0.647	0.532
Difficulty understanding gestures, symbols	0.591	0.539
Difficulty holding a conversation through speech	0.691	0.563
Difficulty paying attention when listening	0.686	0.583
Difficulty learning to perform simple tasks	0.488	0.465
Difficulty learning to perform complex tasks	0.605	0.499
Difficulty changing posture unaided	0.334	0.277
Difficulty keeping the body in the same position	0.379	0.346
Difficulty walking and moving around the home	0.402	0.362
Difficulty moving or walking outside home	0.451	0.44
Difficulty lifting or carrying objects with hands (i.e. glass)	0.397	0.375
Difficulty handling or moving objects (i.e., ball)	0.39	0.313
Difficulty handling/moving small objects (i.e, writing with a pen)	0.496	0.407
Difficulty transmitting feelings	0.624	0.567
Difficulty relating to strangers	0.73	0.512
Difficulty starting relations of friendship	0.777	0.583
Use of technical aids:		
Uses Braille	0.377	0.499
Use sign language	0.887	0.927
Use earpiece or other type of technical device	0.725	0.895
In relation to school integration, which was the situation last week?		
Unschoolled	0.648	0.407
Educated in special centre	0.557	0.571
Educated in ordinary centre with specialized aid	0.605	0.521
Educated in ordinary centre without specialized aid	0.698	0.547

Which type of educational centre do you attend?		
Public centre	0.617	0.608
Subsidized private centre	0.630	0.599
Non subsidized private centre	0.983	0.832
Has received		
Rehabilitation speech/Therapy	0.567	0.695
Psychological assistance /mental health care	0.556	0.642
Cultural and leisure / free time activities	0.545	0.733
Psychosocial care for relatives	0.697	0.701
Applied for but not received:		
Rehabilitation speech/Therapy	0.373	0.218
Psychological assistance /mental health care	0.805	0.670
Cultural and leisure / free time activities	0.412	0.199
Psychosocial care for relatives	0.664	0.657

$\Pr[A=1|B=1]$ = probability of being absent from school conditional on suffering bullying

$\Pr[A=1|B=0]$ = probability of being absent from school conditional on not suffering bullying

5 CONCLUSIONS

Several authors ([17], [18]) have ascertained that there exists a significant relationship between educational failure and social exclusion. For example, [18] indicates that people with disabilities are in principle more prone of suffering social exclusion because given their limitations they usually receive a more restricted education that might reduce the opportunities of obtaining a stable employment and the access to economic independency. If additionally, people with disabilities suffer the effects of discrimination or feel rejected during their educational life, the quality of their schooling may be seriously damaged, which in turn, will reduce the probabilities of getting knowledge and learning a profession.

Inclusive education has two main purposes. First, to the inclusion of children with disabilities in an environment (class, school) where most of the children do not have disabilities. Second, make the student body aware that everybody has the same rights to achieve education from a common framework ([19]). A very controverted result from this paper is the fact that children who have been schooled in an ordinary centre with specific programs have reported a significant increase in the probability of being bullying. To a certain extend, these children have lived this integration experience not as an academic opportunity, but rather they have experienced pain and segregation. In consequence, we could be living an apparent paradox: the segregation character of some ordinary centres who promote the integration of children with disabilities might lead them (and their families) to prefer specific centres because their level of self-stem improves and they feel supported by their classmates. This same conclusion has been commented by Gibson (2006), Connor y Ferry (2007), and Shah (2007).

Several limitations should be acknowledged for this study. First of all, the survey used was not designed specifically to study bullying but the characteristics of the Spanish population with disabilities. Controlled studies with random assignment and with a questionnaire including more aspects of peer victimization (when did it started, if parents have put in contact with the teachers, if the child has at least a group of friends in spite of being bullied by others) could be

very useful. Meanwhile, working in collaboration with family, schools and community levels may move us close to the ultimate objective of all students feeling safe and happy in their included schools.

To our knowledge, until now there are not regular lessons at schools concerning the social attitude towards people with disabilities. However, it would be very fruitful that medical and educational professionals talked to pupils in their classes about children with special needs. This kind of social education should be regularly introduced in class during all years of school attendance, starting even from kindergarten. Additionally, the Ministries of Education, Health and Social Issues should design guidance programs so that teachers would receive updated information concerning these topics. Teachers should constitute a positive model in which other pupils look at and learn to be more tolerant and have more patience. In the future, tolerant and understanding behaviours towards people with disabilities will increase the level of cohesion in the society.

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