

Violence in the school environment: The perspective of students with mental disorders

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The problem under investigation is violence experienced in schools by students with mental disorders during primary and secondary education. The article is based on an analysis of interviews conducted among 20 adults with mental disorders aged 23-53. It discusses the types of violent behaviours these people encountered in the school environment and focuses on those who committed this violence, namely peers and adults. The method applied was the qualitative in-depth interview with elements of biographical narrative. The basic findings are that regardless of the stage of education, there are students with mental disorders who are subjected to violence in the school environment. The research also shows that schools, and especially teachers, lack up to date knowledge on how to work in the regular classroom with children that have mental disorders. The conclusions are that schools need to keep pace with policy changes and teachers require support. Disability studies need to be introduced into the curriculum of teacher education.

KEYWORDS: educational environment, students with mental disorders, school community relationships, violence.

Introduction

The World Health Organization (WHO, 2002) defines violence as the “intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A.B., and Lozano, R., p. 5). An act can be qualified as violent according to who commits it – be it self-directed violence,

interpersonal violence or collective violence, or according to the nature of the violence i.e.: physical, sexual, psychological, deprivation and neglect¹. These criteria, espe-

¹ These categories encompass the whole range of particular acts committed against human dignity and safety. They are: a) physical violence: striking, hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, burning, unwarranted administration of drugs and physical restraints, force-feeding, and physical punishment; b) sexual violence: illicit sexual contact and unwanted touching and all types of sexual assault, such as rape, sodomy, coerced nudity and sexually explicit photographing, c) emotional and/or psychological violence includes inflicting anguish, emotional pain, distress as a result of verbal assaults, insults, threats, intimidation, humiliation, bullying, teasing, harassment, and imposed physical and social isolation; d) neglect includes the refusal or failure by a caregiver to fulfil any part of their obligation or duty to the child; neglect typically refers to the failure or refusal to provide such necessities for life as food, water, clothing,

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cially when illustrated by specific examples of unacceptable behaviour (see footnote 1), draw a straight line between what is and what is not an act of violence. Nevertheless, when it comes to research results, it is still difficult to report on violence and especially violence against disabled children. There are many reasons for this: violence and disability are operationalized differently by different researchers; research samples and methods vary and so the results may differ as well. There is almost no data on victimization – especially concerning children and youth with disabilities – many acts of violence in general do not come to the attention of authorities – they are not reported, and those that are contain insufficient information, so exploring the problem is difficult (Krug et al., 2002). Violence towards students with mental disorders is hardly mentioned. What is, however, slowly gaining attention is violence towards disabled persons in the school environment. According to The World Report on Disability 2011:

Violence against students with disabilities, exercised by teachers, other staff, and fellow students – is common in educational settings. Students with disabilities often become the target of violent acts including physical threats and abuse, verbal abuse, and social isolation. The fear of bullying can be as great an issue for children with disabilities as actual bullying. (WHO, 2011, p. 216)

There is hardly any research data available concerning how students with mental disorders function in the school environment as well as on the cases of violence

exercised against them². For this reason, this article provides the context by cross references to the research on the single problems of: violence against disabled adults, violence against disabled children (WHO, 2011; Merge, 2003), the education of children with disabilities (Shah, Tsitsou and Woodin, 2016), the education of students with mental disorders and their functioning in the school environment (Namysłowska, 2010; Goodley and Runswick-Cole, 2011), the education of teachers, (Santos, G., Sardinha, S. and Reis, S., 2016) as well as general concepts of mental disorder (Gulliver, Griffiths and Christensen, 2010) and violence.

Among the most important reasons for such a scarcity of knowledge on the subject is the fact that children and adolescents with mental disorders are difficult to diagnose. First of all, researchers explain that the early symptoms of many mental disorders emerge during adolescence and young adulthood, with around half beginning by the mid-teens. Using the example of students with schizophrenia, the symptoms may be: changes in behaviour – a good learner suddenly has problems concentrating and remembering information and his/her learning results are poor; a calm student has mood swings or prefers to spend time alone rather than with peers; it may be difficult to understand his/her speech. In the case of diagnosed students, medication can also cause specific, embarrassing side effects contributing to

shelter, personal hygiene, medicine, comfort, personal safety, and other essentials of life; e) abandonment refers to the desertion of the child by the caregiver and differs in the degree of severity of the violence because it could result in life-threatening situations leading to death; at the least, it generally results in the neglect of the necessities for life as well as emotional and psychological abuse. (Merge, 2003, pp. 43–44)

² There is also not much data on disabled people in Poland, especially those with mental disorders. The Office of the Government Plenipotentiary for Disabled People (Health Conditions, 2015) quotes the data on disability collected in the National Census of Population and Housing conducted in 2011 by Statistics Poland as the most recent. The data indicate that there are 4.7 million disabled people in Poland, constituting 12.2% of its population; people with disabilities constitute 11.42% of Białystok's population. No distinction is made in the census among types of disabilities and there is no information about disabled children under 16 years of age, not to mention those affected by mental disorders.

the student's isolation (Namysłowska, 2010). However, adolescent emotional and behavioural problems can easily be mistaken for misbehaviour or accepted as very common in this age group. Therefore, they are probably assumed to have little clinical significance and are typically untreated. This may be the explanation of why adolescents have traditionally been overlooked in clinical and public health responses to mental disorders (Borschmann and Patton, 2018; Auerbach et al., 2016).

Second, in the Polish education system, children with visible symptoms of some disabilities are first consulted in Psychological and Pedagogical Counselling Centres. These provide help and guidance for both teachers and parents of children with intellectual disabilities, autism, impairments of movement, vision and hearing, but they do not diagnose mental disorders because this

is the mandate of health units or the Municipal Disability Evaluation Board. What is more, only parents can file an application to the Board for a diagnosis and disability certificate for their child and few parents do so. This may be another explanation of why the percentage of children diagnosed with a mental disorder is low. Undiagnosed children stay within mainstream education and are treated the same as any other pupil in the school. Neither the parents nor the educators know that these children need special treatment and not because their sometimes strange behaviour is a call for attention, but because the mental disorder they are developing is the basis for this behaviour. The data presented in Table 1 show that the number of young children who have undergone psychiatric diagnosis every year in Białystok County is low.

Table 1 *Children and adults with diagnosed mental disabilities in Białystok County, in numbers, 2014-2017*

Year	Age						
	0-3	4-7	8-16	16-25	26-40	41-60	60 or over
2014	6	4	19	80	266	378	116
2015	4	8	16	67	197	326	108
2016	0	2	9	66	235	363	138
2017	0	0	13	78	220	337	132

Source: Author's own work on the basis of the data obtained from the Department of Human Services of the Municipal Office in Białystok.

The role of adults is crucial for young people's proper functioning. The first to notice changes and take the right steps should be the parents, but the teacher's role is central as well. Support, positive reinforcement, adaptation of educational requirements to the student's individual abilities, protection against violence and stigmatization from

other students, as well as motivating the class to support their peers in overcoming difficulties at school is what a teacher should do (Namysłowska, 2010). But reality is usually far from the ideal. The lack of knowledge on the part of parents and teachers leads to the situation in which students with mental disorders remain within mainstream education

and, by the same token, gain the experience of inclusive education. By definition, inclusive education encompasses mainstream schooling in which the school curriculum accommodates every child, irrespective of his/her disability (Civitillo, et al., 2016). Only a few of the respondents were diagnosed as early as in secondary school, but regardless of this knowledge, they remained within mainstream education.

The main aim of the analysis presented in the text is to describe the violence suffered in the school environment by children and adolescents with mental disorders, including the characteristics of the acts of violence and the perpetrators as well as the environment itself. All the events are presented just the way the respondents – who are adults today – remembered and told them. The questions to be answered are: What kinds of violence take place in school? Who are the perpetrators? Is school violence related to the stage of education? The text is organised as follows: first, information about the research method, the subjects and the research procedures is provided, then, the research results are presented and discussed.

1. Method

1.1. Research participants

The presented research³ included 20 adult residents of the city of Białystok, all with valid certificates confirming their mental disorder with the 02-P symbol and degree of disability. There were five participants classified as having a significant degree of disability and 15 persons classified with a

moderate degree; none of the participants were certified as having a mild degree of disability. The certificates were issued by the Disability Assessment Board in accordance with the legal model of disability in Poland. The group consisted of 13 women and 7 men. Ten individuals were in their twenties, five in their thirties, three in their forties and two persons were older than 50 years of age. The youngest participant was 23 years old and the oldest was 53.

Eleven of the interviewed adults went to school about 20 or even 30 years ago, so they were in the education system before the education reform of 1999⁴, and nine of them went through the new scheme with lower secondary school as part of their secondary education. In the Polish education system, special education is also provided, offering specially organised teaching and learning processes, as well as working methods tailored for children with special needs, but none of the interviewed adults attended such schools. They reported that this was the case because they had not been diagnosed early enough.

Out of the twenty persons interviewed, only two held a Master's degree and one a

³ The main research project involved 120 participants representing six types of disabilities: intellectual disability, mental disorders, autism, impairment of movement, blindness and deafness. Each group was represented by 20 individuals. This article only discusses the group of persons with mental disorders, as it was this group that mentioned violence in the school context more frequently than any other group – slightly more than by every other person (12 out of 20 people).

⁴ Polish education underwent several changes in the past 20 years. The most significant one – education reform – took place in 1999. Aside from changes to the curriculum, the school system was also restructured. Before the reform, the school system was based on a two-step model. Primary education started at the age of seven, and after eight years, pupils could choose to continue their education at four-year general secondary schools, five-year technical vocational schools, or three-year basic vocational schools. The reform introduced one more step between primary and secondary school – lower secondary school. In the new system, primary education lasted six years, gymnasium, which was the next mandatory level, lasted another three years and pupils could then choose to continue learning in general upper secondary schools, vocational upper secondary schools or basic vocational schools. In each case, their education was shortened by one year than before the reform was introduced. Some of the interviewed adults went to school about 20 or even 30 years ago, so they were in the system before the reform. Some of the younger respondents attended school under this new scheme.

Bachelor's degree – obtained after they were diagnosed. Three persons managed to complete tertiary education before they developed the disorder.

The following is a list of the mental disorders that were diagnosed among the respondents: schizophrenia, bipolar disorder, obsessive-compulsive disorder, personality disorder, phobia, depression.

1.2. The research

The research was conducted in a community centre for people with mental disorders – provided by the only non-governmental organisation in the city of Białystok offering support to city inhabitants affected by mental disorders. This place was chosen as the research site to ensure a feeling of safety and to lower the stress connected with participating in the study.

The method applied was the in-depth interview with elements of biography. The method itself seeks to understand the changing experiences and outlooks of individuals in their daily lives, what they see as important, and how they interpret the accounts they give of their past, present and future (Roberts, 2002). In the course of the interview, the respondents frequently answered the questions by telling their own stories, reflecting on their lives within the social context, showing the meaning they attached to their lives, and how they acted in accordance with this meaning.

The research tool was an interview questionnaire composed of six sections addressing the following areas: general socio-economic situation, educational attainment, rehabilitation needs, labour market participation, social contacts, and violence. The questionnaire consisted of 55 open-ended questions, additional questions were asked as needed. The section on violence had 10 open-ended questions regarding: general knowledge about violence, violence experienced by disabled people, the respondent's

own experience of violence, the perpetrators, the consequences of violence, knowledge of available help and how to access it, protection against violence, barriers to accessing support, the social reception of people with disabilities experiencing violence. Because the section on violence (section 6) was very sensitive, it was placed at the end of the questionnaire. In the course of the interview, it soon became apparent that the question about one's educational experience (section 2) unexpectedly opened this "black box" of bad memories. In many cases, the respondents' facial expression changed, they started to hesitate or changed the tone of their voice. Further inquiry about any difficulties they remembered in reference to their education was too often answered with details of experiences as a victim of many types of violence. When the interview entered its last stage – devoted to violence – the respondents referred back to their school experience, some also added more examples of violence experienced in other spheres of their lives⁵.

It was not simple to encourage 20 people to talk about their lives, especially with a person they had never seen before, but they all agreed to participate in the research. As the interview progressed, they were visibly less stressed and gradually opened up with their stories. Some of the people admitted that they really liked the interview – a few of them even thanked me for the opportunity to take part in the research. The majority of them felt very well at the time of the interview, however, in some cases, participants' health condition was influenced by the phase of their particular disorder and the side effects of their medication.

⁵ For more details on violence experienced by people with disabilities, see M. Zemło, A. Sakowicz-Boboryko, M. Bilewicz, et al. (2018). *W kierunku inkluzji społecznej. Potrzeby osób z niepełnosprawnością w mieście Białystok*. Białystok-Gdańska: Wydawnictwo Naukowe Katedra.

2. Results

The analysis showed that out of the entire group of 20 people, 13 had experienced violence in their lives and 12 of them mentioned school as the place where it had happened. The reported cases related to acts of violence committed at every stage of education, although they were slightly more common during the secondary stage. Ten of the 12 people experienced violence in secondary school and seven of the 12 experienced it in primary school. In the text, the whole spectrum of these acts is introduced with respect to the stage of education being discussed, i.e. first referring to primary and then to secondary education. Within each section, the results are presented by the types of violence experienced by the students and the people who committed these acts. The analysis also shows that the experiences of the men and women are similar.

2.1. Primary education

Experiencing violence starts as early as in primary school. The interviewed adults remember the most vivid and, at the same time, the most embarrassing and difficult situations quite clearly even after all these years. Most of the time, these refer to relations with their peers, ranging from a lack of communication or understanding: "They stopped contacting me, talking to me, and then they started laughing at me", (I9) to bullying or physical attacks. A forty-three year old man brings up the following memories:

In primary school, I was often threatened that I would be beaten up ... after school. It was like this, in primary school, they hid my winter shoes somewhere in the locker room and I could not find them at all, and I also got sick too ... Because I came home from school in my slippers.... . and I would surely become ill then. ... and they laughed ... (I16)

These types of school problems naturally raise questions about the role of the adults in such situations – namely the teachers, and whether they took any steps to prevent or resolve them; whether they had any knowledge of them. All of the respondents admitted that they did not report these situations to the teachers because – as they explain it today – most of the time, the teachers did not pay attention to anything that was out of the ordinary at school, and such situations were definitely out of the ordinary. This means that the teachers did not want to be aware of difficult situations, or – if they were – they did not know what to do about them. The children felt that they were right in assuming that help would not come. In their memories, some of the teachers may have even have tried to help, but in the end, they did not. As a result, those children – the victims of peer violence – did not even consider turning to adults for help. They often stated: "Well, what about the teachers? Come on ... Well, nothing. Actually, I did not say anything at all either." (I9)

The most disturbing, however, is the fact that some teachers not only did not help (neglect) but also, consciously or sub-consciously, inspired the class to treat such a child badly by their own example. They obviously forgot that the crucial role they play in the school environment is that of a role model. A thirty-nine year old woman recalled:

If someone was so different and, she was a teacher, and she did not know what this person was talking about, and she immediately judged this child as stupid, and she laughed at this child in front of the class, as if she did not think anyone could have problems or that the kid may not understand something (...) maybe it was related to the disease that I could not really say what I meant ... and then the teacher was irritated and angry and she sometimes said: "I do not even have anything to say to you." (I3)

Interestingly, even today, when these adults realize what the situations actually were and can name them, and talk about them openly, they still provide a justification or explanation for the behaviour of the perpetrators. The woman quoted above says: "Such were the teachers in my time, especially in my school ... But later it was good ... so, I had my baptism of fire in primary school." (I3) They try to convince the interviewer that it is all over now: "It is all water under the bridge now," (I 10) as one of them calls it, but these memories are obviously vivid and painful still today, so it is not – contrary to what they say – gone now.

2.2. Secondary education

Memories of violence experienced in secondary school were among the strongest threads in the research. Those children who presented symptoms of their disorder very early developed a specific kind of attitude towards the school environment – they did not take any action, which implied tacit consent to the violence; they even blamed themselves rather than the perpetrators. In secondary school, there were many reasons why students with a mental disorder could experience violence, namely: problems with learning, relations with peers, relations with teachers and other adults.

Among the triggers of stress in children with mental disorders is the tension associated with school work, such as studying for tests, doing homework, passing exams. Some of the interviewed adults already knew at that time that their limitations in learning stemmed from their disorder, so they accepted them, thought of them as natural given their condition. They also believed that good grades were almost beyond their reach and that what was difficult for them was probably easy for the majority of their classmates. Some respondents experienced physical symptoms of stress when facing the need to complete school work, such as: bedwetting,

sleeplessness, vomiting, nervousness, etc. For some students, these problems were enough to quit further learning. All of the persons interviewed completed secondary education – not all of them took the final exams, but in many cases, this took more time and energy than they had expected.

Another important source of violence in secondary school was interpersonal relationships. Most of the time, violence was inflicted on students with mental disorders by their peers – more often than in primary school. This took many forms, ranging from neglect to physical violence – the examples given were: spitting in the face, pushing, pulling hair, throwing apple cores at the person, putting a bucket on his/her head, hiding personal belongings, not allowing them to leave the classroom or blocking the way to the toilet, offending the person and his/her family.

The noteworthy part of the stories told is that all of these people formulated their sentences stressing the first person singular. They justified "they" as the agent: "Because they did not understand my disorder, they did not accept my disorder"(I7) and blamed the "I": "In school, I had difficulties of this type that I could not find my place among my peers (...) but it was related a little to my disorder, but not only, because also with my personality" (I18) or "I did not fit in with the group, just like that... there was something about me that they didn't like and there were always fights." (I19) The interviewed adults explained that they themselves built these barriers because they took medication, whose side effects were especially visible in social situations (shaking hands, drowsiness, slow or difficult speech, weakness of the arms, etc.). These were the reasons, they say, why it was difficult for them to make contact or develop relationships with other students or simply to talk to them. They would stay away, distant from the crowd and as a result, their peers started pushing them away. But "pushing away" was among the mildest of

behaviours. The acts of violence towards students with mental disorders also enumerated were: verbal aggression, physical aggression, laughing, neglect, lack of action, lack of help.

Secondary school teachers also played their part in the violence perpetrated against students with mental disorders. Apart from turning a blind eye to some situations – just like the primary school teachers – secondary school teachers represented the whole spectrum of behaviour which is contrary to what a teacher is expected to embody. These included: lack of empathy or understanding, unfair treatment, giving poor grades, deriding, making judgements, discouraging, demotivating, verbally expressing their frustration, losing patience.

Among the most frequently recalled discriminatory acts mentioned by the interviewees was grading. They had the impression that the teachers never believed that their good results were actually achieved because they had worked hard. A male respondent believes today that if teachers knew that students had a history of stays in a mental hospital, just as he did, or a diagnosed mental disorder, they would give them poor grades, as if they were incapable of accomplishing the assigned tasks by themselves. In addition to this, teachers believed that these students cheated on tests, they did not believe that other students could copy from them, but only that they copied test answers from the others. They would also say exactly what they meant, and did not mince their words. These are only two of such situations:

Some said that I was treated preferentially or “Sir, you’d better sit down. You have nothing intelligent to say, after all” – that’s what he said, the teacher said this. (I16) (. . .) for example a Polish teacher did not want to give me an A at the end of lower secondary school when she learned from a school counsellor that I attended therapy sessions. She also did not recommend me to the more prestigious high school. (I2)

This resulted in failing aspirations, weakening or loss of self-confidence and faith in achieving success, and, finally, abandoning further educational plans.

When asked how they responded to all these situations, the interviewees often said that they did not respond, and that they were left alone. They thought about looking to other adults, such as the school counsellor, psychologist, or a tutor for help, but then they stopped themselves from doing so for fear of being called a snitch. The way out they found was to pretend that it was nothing, that it did not hurt. From today’s perspective, they say that the adults noticed everything, provided that they wanted to, and that what happened to them was impossible to miss:

I mean, I think [a very long pause here] ... well, you have to want to notice it ... because this is also something that, after all, everyone – colleagues, teachers – everyone has seen it ... only, well, there is something that ... makes it difficult to oppose. (I18)

School as an institution also leaves much to be desired in the matter under discussion. First and foremost, support was expected to come from the school counsellor, who was actually not there for students with mental disorders. The respondents reported that there was no psychologist in their schools, or, if there was, he/she was usually too busy to intervene in ongoing situations. Students could talk to them about such situations, but not when they were actually taking place – they had to make an appointment and wait. Many times, the school psychologist or counsellor did not know that students had mental disorders, and/or did not react to this. The students felt left on their own and this impression has remained to the present.

There were also cases in which the problems encountered by students with mental disorders were solved in another way – they were simply silenced. The schools attended by some of the respondents were entirely

focused on educational achievements, and such students were obviously lagging behind. Students, or their parents, were then told that they lowered the school's average, and therefore, it would be advisable for them to change schools.

Some interviewed adults had good memories of their school days and the people around them. Several remembered schoolmates acting kindly towards them, as well as the school taking actions in their favour. They mostly mentioned adults whom they described as: helpful, caring, supportive, open, attentive and the fact that they were respected by those adults – just like any other student. Some schools tried to help by using the tools that were at their disposal, such as school counselling and individual lessons organised by the school for those who qualified. The respondents still appreciate that today.

There were eight people who did not experience violence at school. Seven of them were affected by mental disorders after completing secondary education. Those who continued their education faced problems associated with their health condition: poor concentration, problems with acquiring knowledge and remembering information, difficulties with joining and staying in the student group. They all stated that they were accepted by their peers and that it was entirely their own decision to give up further education.

3. Discussion and conclusion

The analysis yielded several important results. The key findings are that despite considerable age differences in the group of respondents, as well as the different time periods of the reported events taking place, children and adolescents with mental disorders were at risk of experiencing violence in the school environment. The acts of violence ranged from neglect through verbal to physical ones, and the perpetrators were

both peers and adults. One of the strongest reasons for becoming the victims of violence was the students' health condition. This is consistent with previous research analysing violence towards disabled people, including individuals with mental disorders (WHO, 2011).

The essential results of the analysis refer to the two stages of education. In the studied group, violence happened slightly more often in secondary school than in primary school, which could be due to the fact that mental disorders more often start in adolescence and early adulthood (aged 16–24) than in childhood (Gulliver, Griffiths and Christensen, 2010). The data also indicate that regardless of the stage of education, some adults “failed their exam”: first, when they did not stop the peer violence, and second, when they inflicted violence themselves. A possible explanation for this is that being part of the education system, students must meet the system's requirements. In light of performance indicators, school rankings, etc., the learners who score low affect the school's effectiveness. So, in a way, this is a system that imposes violence on those learners (Goodley and Runswick-Cole, 2011). This was openly stated by a few respondents who could not meet the school's standards and were advised to quit. But these cases also prove that schools need to concentrate on factors that go beyond only the teaching-learning process, and to accomplish the school's primary mission – that of education in its full meaning. In the school environment, it is the responsibility of adults to acknowledge any differences and to act professionally in relationship to this situation, as well as to keep the school environment safe, value-oriented and fair. The research findings confirm that the opposite has been taking place for decades. Therefore, these results, and many others (Cosier – Pearson, 2016; Meyers – Lester, 2016; Ferguson, 2006) call for a holistic approach to teacher education,

not only in terms of knowledge about special education needs (SEN) or disability studies (DS), but also in terms of teachers' attitudes. It is also crucial that teachers are ensured support along the way. For now, the lack of time, limited experience and knowledge of SEN, along with limited opportunities to work with specialists have been effectively standing in their way.

These results, interpreted in the context of inclusive education, are just one more voice in the ongoing discussion of this issue, which join those of Hyatt and Hornby (2017), Civitillo, Moor and Vervloed (2016), Santos, Sardinha and Reis (2016), Waitoller and Thorius (2015) and Valle and Connor (2011), who show the practical outcomes for this type of approach. Aside from the desperate need for teachers' support (Hyatt et al., 2017; Civitillo, et al., 2016; Golder et al., 2005; Naukkariinen, 2010), there is also the argument of the consequences of inclusion for SEN students. In the research, due to lack of information and diagnosis, children with mental disorders naturally fell into mainstream education and were treated in accordance with the tenets of this assumption. One of the immediate results was stigmatization (Mehta and Thornicroft, 2010). All that, combined with the lack of confidence, a loss in self-esteem and low social interactive skills (Hyatt et al., 2017), left such students vulnerable to aggression from their peers. The respondents even believed that whatever critical situation happened to them was because they provoked or deserved it. Much research proves that experiencing victimization as a young child increases the risk of victimization in later childhood and adulthood (Widom, Czaja and Dutton, 2008; WHO, 2007; Shah, Tsitsou and Woodin, 2016).

The analyses are not without limitations. First, the research group was small. The fact that the majority reported having experienced violence in the course of their education makes their opinions powerful, but

children and adolescents with mental disorders are a rare sight in schools, therefore the greatest power of the results is in proving that the problem exists. Second, regardless of the fact that a certain effort was made to compare the research data with any data on violence towards children and youth with mental disorders in the school environment, not much cross-national data was identified to rely on. To the author's knowledge, no data is available on violence towards students with mental disorders in this context, especially not in Poland. Third, there is the issue of applying qualitative research methods to a group of people with mental disorders. This is because their own interpretation of their words, memories, and comments may be influenced by their disorders. Nevertheless, it has already been shown that qualitative methods provide a great spectrum of possibilities to carefully describe and understand the experiences of people with disabilities (Zawiślak, 2002). What is more, people with mental disorders are already treated in unethical ways because their disorder is often not as visible as in other disabled groups (Mehta and Thornicroft, 2010). This also leads to their victimization because the perpetrator can question the credibility of the accuser (Marge, 2003) – and similarly, researchers could question the credibility of the respondents' stories. But studies are needed in which their memories and interpretations of their lives are the focal point and should not be questioned or undermined. Otherwise, it will still concentrate more on the disability as the dimension of human difference (Mertens, 2003) and the voice of these people will not be heard.

Violence towards mentally disabled children and adolescents, especially in the school environment, is a sensitive issue. Due to the above mentioned conditions, it is very difficult to identify and investigate. However, the discussed cases, although not many, indicate that the problem has existed for decades. It

definitely requires more attention in further research on disabilities, mental disorders and the school environment.

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Acknowledgements

This article was developed from the qualitative research conducted within the project entitled The Diagnosis of Needs of Disabled Residents of the City of Białystok (2018). I am grateful to The Research Studio of the Continuing Continuing Education Centre in Białystok for the opportunity to analyse the data obtained from the group of persons with mental disorders on their experiences of violence at school.

I would like to extend my gratitude to the entire research team for their advice and valuable experience.

I would like to include a special note of thanks to the research participants for their courage and willingness to share their most painful experiences with me.