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SOCIAL, FAMILY, AND SCHOOL FACTORS IN THE EXPRESSION OF AGGRESSIVE BEHAVIOR IN CHILDREN AND ADOLESCENTS WITH DISABILITIES: CONTEMPORARY APPROACHES IN SPECIAL EDUCATION AND SOCIAL INCLUSION

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Abstract:
Aggressive behavior in children and adolescents with disabilities is a complex psychosocial phenomenon which significantly affects their development, social adjustment, quality of life, educational progress, and the social inclusion process of children with disabilities. Although disability does not constitute a causal factor for aggressive behavior, the communication difficulties, the experiences of social exclusion, prejudices, and environmental limitations can contribute to the development of aggressive reactions. The purpose of this article is to theoretically investigate the factors associated with the emergence of aggression in children and adolescents with disabilities, with a particular emphasis on the role of family, school, and social interactions. Through the synthesis of Greek and international literature, the importance of inclusive education, family support, and social acceptance for the prevention and addressing of aggression is highlighted. The results indicate that developing positive social relationships and implementing holistic interventions can contribute substantially to improving the psychosocial adjustment of individuals with disabilities.

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1. Introduction

The protection of the rights of individuals with disabilities constitutes a core obligation of every modern democratic society. Access to education, social participation, and equality of opportunity is a fundamental prerequisite for the development and well-being of all citizens, regardless of functional limitations. In recent years, significant progress has been made in addressing disability, as interest has shifted from the medical model toward a more social and human rights approach to diversity.

Disability constitutes a multidimensional social, educational, and psychological phenomenon that affects millions of people worldwide. According to the World Health Organization, more than 16% of the global population deals with some form of disability (World Health Organization, 2022). A modern scientific perspective views disability not exclusively as an individual health problem but as a result of the interaction between individual characteristics and the barriers imposed by the social environment (WHO, 2022).

During the last few decades, the transition from the medical to the social model of disability has led to significant changes in educational policy and the social perception of individuals with disabilities (Oliver, 2023). The reinforcement of human rights, promoting inclusive education, and implementing equality policies have created new perspectives for the social inclusion of these individuals (UNESCO, 2020).

Despite these positive developments, children and adolescents with disabilities continue to face social adjustment difficulties, which are often linked to exhibiting aggressive behaviors. Aggression can be expressed verbally, physically, or indirectly, and it is associated with feelings of frustration, exclusion, and low self-esteem (Landrum, 2024).

Aggression should not be regarded as an inherent characteristic of children with disabilities. On the contrary, it is a product of interaction between an individual's personal experiences and the social environment within which they develop. Understanding the causes and consequences of aggression becomes essential for designing effective interventions and inclusion policies.

In Greek literature, it is highlighted that individuals with disabilities often experience social prejudices, a fact that negatively affects their psychological adjustment (Zoniou-Sideri, 2000). At the same time, Polychronopoulou (2010) states that communication difficulties and limited social acceptance can lead to angry outbursts and aggressive behavior.

In addition, the investigation of aggression in children and adolescents with disabilities requires a holistic approach that takes into account the dynamic relationship between the individual and the environment. Experiences of social exclusion, the lack of

supportive structures, and limited opportunities for meaningful participation may exacerbate negative emotions and act as risk factors for the manifestation of aggressive behaviors (WHO, 2022). Simultaneously, the school context plays a decisive role, as the quality of relationships with teachers and peers can either enhance or weaken the psychosocial adjustment of students (UNESCO, 2020). Strengthening the inclusive culture and fostering social interaction skills contribute to reducing aggression phenomena and promoting the acceptance of diversity (Landrum, 2024). Consequently, understanding these factors constitutes a key component for developing targeted interventions (Oliver, 2023).

2. Disability as a Social and Educational Issue

Disability refers to functional limitations that impede an individual's participation in daily activities. These limitations may be physical, sensory, cognitive, or psychosocial. According to contemporary perspectives, disabilities are not equated solely with impairment or dysfunction. On the contrary, it arises from an individual's interaction with barriers imposed by the physical and social environment. Accessibility, acceptance, and provision of appropriate services constitute critical factors for the participation of people with disabilities in social life.

The Greek legislative framework recognizes special education as an integral part of public education and ensures equal learning opportunities for all students with special educational needs. Special education is not limited to classroom instruction, but includes a set of supportive services aimed at enhancing the autonomy, social inclusion, and vocational integration of people with disabilities.

Furthermore, addressing disabilities as a social and educational issue requires a transition from practices of exclusion to policies of active inclusion. Creating accessible learning environments and implementing differentiated instruction and individualized education programs can contribute substantially to removing barriers that limit the participation of students with disabilities. Concurrently, the cooperation among teachers, specialists and family strengthens the holistic support of the student, promoting both their cognitive and socio-emotional development. According to contemporary approaches, education must be adapted to the students' needs rather than vice versa, adopting principles of equality and respect for diversity. In this context, developing life skills and fostering positive attitudes toward disability constitute fundamental pillars for enhancing the social inclusion and active participation of individuals with disabilities in society.

3. Theoretical Approaches of Aggression

Aggression is among the most extensively researched phenomena in psychology and it is defined as behavior intended to cause harm to another individual.

Early biological theories argued that aggression is innate and related to evolutionary survival mechanisms. On the contrary, the social learning theory of Bandura and Walters (1977) argues that aggression is learned through the observation and imitation of role models.

Freud's psychoanalytic theory argues that aggression is an innate characteristic of human nature, linked to destructive impulses that coexist with an individual's creative and vital tendencies. Similarly, Lorenz suggested that aggression serves evolutionary and adaptive functions.

Of particular importance is the frustration–aggression theory of Dollard et al. (1939), according to which the prevention of goal attainment often leads to the expression of aggressive behavior. This theory is of particular interest in the case of children with disabilities, as they frequently face multiple barriers in their daily lives.

Adler (2024) argued that feelings of inferiority can lead to compensatory behaviors. This approach is considered highly significant for understanding the psychological reactions of individuals with disabilities.

On the other hand, social learning theories suggest that aggression is learned through observation, imitation, and reinforcement. Humans learn to behave aggressively when they realize that this behavior leads to achieving desired results. Parents, peers, and social role models play a decisive role in shaping aggressive behavior.

The contemporary theories adopt a multidimensional approach, according to which aggression is the result of the interaction among biological, psychological, and social factors. In addition, modern theoretical approaches emphasize the cognitive processing of social stimuli as a critical factor in the manifestation of aggressive behavior. Children and adolescents interpret social situations through their personal experiences and cognitive schemas, a fact that can lead to misunderstandings and hostile attribution bias, particularly when they experience rejection or failure (Bandura & Walters, 1977). Furthermore, the frustration–aggression theory highlights that frequent failure to achieve goals intensifies emotional tension and increases the possibility of aggressive reactions (Dollard et al., 1939). In individuals with disabilities, environmental limitations may reinforce such experiences of frustration. Concurrently, feelings of inferiority as described by Adler (2024) can function as an internal mechanism leading to compensatory, often aggressive, behaviors, confirming the multidimensional nature of the phenomenon.

4. Disability and Aggressive Behavior

Children with disabilities face unique challenges that can increase the possibility of displaying aggressive behaviors. The feeling of being different, communication difficulties, dependence on other people and limited opportunities to participate in social activities constitute major sources of stress and frustration.

Disability by itself does not cause aggression. However, certain characteristics associated with specific types of disabilities may increase the probability of expressing aggressive behaviors (Emerson & Einfeld, 2011).

Adler's theory posits that individuals with disabilities may experience intense feelings of inferiority due to their functional limitations. These feelings can lead either to passivity or to hyper-compensation through aggressive or competitive behaviors.

Polychronopoulou (2010) highlights that hearing impairment, communication difficulties, and social interaction problems frequently lead to frustration and anger. Correspondingly, the inability to communicate effectively can contribute to the emergence of challenging behaviors.

Children with developmental disorders often face difficulties in understanding social norms and emotions, a fact that negatively affects their social relationships (Rattaz et al., 2018). Furthermore, experiences of social exclusion and victimization constitute significant risk factors. Research indicates that students with disabilities show an increased possibility of experiencing school bullying compared to typically developing peers (Rose et al., 2011).

Furthermore, the manifestation of aggressive behavior in children with disabilities is often linked to poor emotional regulation and limited development of social skills. When children find it difficult to recognize and express their emotions in socially acceptable ways, aggression can function as an alternative means of communication (Emerson & Einfeld, 2011). Furthermore, negative experiences in their school environment, such as peer rejection or the lack of supportive interventions, may reinforce feelings of isolation and deteriorate aggressive behavior (Rose et al., 2011). Cognitive difficulties observed in certain categories of disability also affect the ability to understand social situations, leading to misinterpretations of intentions and hostile reactions (Rattaz et al., 2018). Consequently, enhancing communication and socio-emotional skills constitutes a fundamental axis for the prevention and management of aggression (Polychronopoulou, 2010).

5. Aggression in Childhood

Childhood constitutes a critical period for the development of personality and social skills. Aggression often emerges in the early stages of development and can manifest either as instrumental or as hostile behavior.

In children with disabilities, aggression is frequently linked to difficulties in understanding social situations, limited communication skills and adjustment problems. The inability to express emotions or needs often leads to outbursts of anger and verbal or physical reactions.

The role of social acceptance is particularly important. Children are influenced by the attitudes of adults and mirror the prejudices they observe in their environment. When

a child with a disability becomes the target of mockery or exclusion, they are likely to develop aggressive reactions as a defense mechanism.

Moreover, aggression in childhood is significantly influenced by the quality of early experiences and attachment bonds. A child who does not receive adequate emotional support or experiences inconsistency in adult behavior may develop self-regulation difficulties and manifest more intense aggressive reactions. In the case of children with disabilities, communication difficulties reinforce this situation, as they limit the possibilities of expressing needs in socially acceptable ways. At the same time, experiences of rejection and marginalization at school may reinforce feelings of insecurity and lead to defensive forms of aggression. Understanding social norms and the emotions of others also constitutes a critical factor, as relevant difficulties increase the probability of conflicts. Consequently, early intervention and fostering of socio-emotional skills can contribute substantially to the reduction of aggressive behaviors.

6. Aggressive Behavior in Adolescence

Adolescence constitutes a period of intense biological, emotional, and social changes. For adolescents with disabilities, these challenges are often intensified due to their increased need for independence and social acceptance. Difficulties in peer group integration, low self-esteem and limited career prospects can heighten feelings of frustration. As a result, verbal conflicts, outbursts of anger and other forms of aggressive behavior are observed. Lack of support from their families or the existence of conflicts within the family may worsen the situation. This period requires particular psychological and social support in order to prevent the stabilization of maladaptive forms of behavior.

Furthermore, during adolescence, the importance of identity and self-image is heightened, elements that often negatively affect individuals with disabilities due to social stereotypes and limited opportunities for participation. The inability to achieve socially acceptable models can intensify feelings of frustration, leading to reactive or aggressive behaviors, as described in the frustration–aggression theory (Dollard et al., 1939). Concurrently, peer influence becomes decisive, as adolescents tend to adopt behaviors reinforced by the group, a fact that confirms the principles of social learning (Bandura & Walters, 1977). The limited development of social skills and the difficulty in managing complex emotions may lead to misinterpretations of social situations and conflicts. Additionally, the feelings of inferiority mentioned by Adler (2024) may be amplified during this phase, making it necessary to empower self-esteem and provide supportive frameworks for the smooth psychosocial adjustment of adolescents.

7. The Role of the Family

The family is the primary factor of socialization. The parents' attitude decisively influences the development of the child's self-esteem and social skills. The diagnosis of

disability often places a heavy psychological burden on parents. Continuous care, financial demands, and anxiety about the child's future can lead to stress, burnout or even depression. These difficulties affect family cohesion and may spill over into relationships with the child.

According to Polychronopoulou (2010), the lack of family support can lead to emotional distress and aggressive reactions. In contrast, the acceptance of disability and the development of a positive family climate can act as protective factors.

Kontopoulou (2007) argues that children's psychosocial difficulties are often linked to the relationships developed within the family. Overprotection, neglect, and high-conflict relationships can have a negative impact on children's behavior.

Additionally, the quality of parent-child interaction can play a decisive role in shaping the behavior of the child with a disability. Parents who adopt stable, supportive, and consistent practices contribute to the development of emotional security and self-regulation, reducing the likelihood of exhibiting aggressive reactions (Bronfenbrenner, 1979). Conversely, inconsistency in discipline or severe criticism can reinforce feelings of frustration and anger. At the same time, adequate information and training for parents regarding the nature of the disability and the child's needs enhance the effective management of challenging behaviors (Polychronopoulou, 2010). The existence of social support networks also acts as a protective factor, reducing parental stress and improving the overall functioning of the family. As Kontopoulou (2007) points out, a positive and supportive family environment can constitute a key factor in preventing aggression and enhancing the child's psychosocial adjustment.

8. The Role of School

School is the most important factor of socialization after the family. Inclusive education has been internationally recognized as a key mechanism for promoting social inclusion (Ainscow, 2020). Inclusive education promotes the acceptance of diversity and enhances cooperation between students with and without disabilities. Through organized activities and appropriate pedagogical practices, students develop empathy, respect, and social skills.

Zoniou-Sideri (2000) highlights that the successful inclusion of students with disabilities requires a paradigm shift in attitudes and school culture. Simultaneously, UNESCO (2020) emphasizes that inclusive schools foster the mitigation of prejudice and the development of positive social bonds. Conversely, a lack of accessibility, low teacher expectations, and negative peer attitudes are key determinants reinforcing social exclusion (Slee & Tomlinson, 2018).

Moreover, the school institution plays a critical role in the prevention and management of aggression, as it may act as either a protective shield or an aggravating factor for students with disabilities. The adoption of differentiated instructional approaches and the implementation of social-emotional learning programs enhance the

development of skills related το self-control, collaborative competencies, and conflict-mitigation skills (Ainscow, 2020). Simultaneously, teacher training in inclusive practices and classroom management is instrumental in establishing a secure and nurturing educational climate. As evidenced by UNESCO (2020), educational institutions that advance the active engagement of all learners mitigate the risk of marginalization and foster social cohesion. On the contrary, the deficit of appropriate support systems and the fragmentation of school-family partnership may exacerbate behavioral challenges (Slee & Tomlinson, 2018), thereby validating the imperative for comprehensive and structural interventions (Zoniou-Sideri, 2000).

9. Social Interactions and Social Inclusion

Interpersonal relationships are fundamental to the psychosocial development of individuals with disabilities. The presence of positive social networks fosters heightened self-worth and decreases maladaptive behaviors (Guralnick, 2011).

As highlighted in the study institutionalized by the University of Ioannina, societal biases and the misconception of disability engender exclusionary environments that can stimulate aggressive tendencies in children and adolescents with disabilities (Polychronopoulou, 2010).

Social validation plays a key role in bolstering self-worth and mitigating aggressive tendencies. On the contrary, rejection and marginalization exacerbate feelings of loneliness, anger, and frustration. Fostering a culture of respect and equality constitutes a fundamental prerequisite for preventing these phenomena, while simultaneously developing a culture of acceptance and respect for diversity is a vital imperative for the establishment of inclusive societies (Oliver, 2013).

Furthermore, the quality of social interactions directly influences the emotional stability and behavior of children and adolescents with disabilities. Engaging in positive and supportive peer relationships reinforces a sense of belonging, thereby reducing the likelihood of manifesting hostile reactions (Guralnick, 2011). On the contrary, systematic rejection or a deficit in substantial social bonds may result in the internalization of negative emotions or give rise to externalizing behavior, such as aggression (Polychronopoulou, 2010). Simultaneously, enhancing social integration via organized initiatives and cooperative frameworks fosters the development of interpersonal communication and conflict-mitigation competencies. As Oliver (2023) highlights, the dismantlement of social barriers and promotion of equitable participation constitute fundamental prerequisites for reducing inequalities and fostering psychosocial flourishing, thereby limiting the determinants that catalyze aggressive behavior.

10. Discussion

The literature review reveals that aggressive behavior among children and adolescents with disabilities is not an intrinsic component of impairment; rather, it is contingent upon socio-environmental and psychological determinants.

Social learning models, the frustration-aggression theory, and modern ecological systems frameworks provide a holistic paradigm for conceptualizing this phenomenon. Simultaneously, international literature confirms that familial, educational, and societal spheres can act as either catalysts for risk or mechanisms of protection.

Overall, the discussion highlights that aggressive behavior among children and adolescents with disabilities cannot be attributed to simplistic, linear explanations, but rather it emerges from a multifaceted interplay between individual traits and systemic environmental influences. While social learning theory (Bandura & Walters, 1977) emphasizes the critical role of behavioral modeling, the frustration-aggression paradigm (Dollard et al., 1939) provides a mechanism for understanding how chronic exposure to barriers and perceived failure precipitates aggressive outcomes. Simultaneously, ecological systems frameworks substantiate the view that behavioral patterns are constructed across proximal and distal layers of influence, encompassing the family, educational institutions and the broader social context. Within this framework, impairment is conceptualized not as an etiological determinant of hostility, but as a baseline condition which, when compounded by systemic barriers, elevates the risk of externalizing maladaptive behaviors. A deficit in social acceptance, communication difficulties and restricted access to support systems appear to reinforce feelings of frustration and isolation. Conversely, the presence of positive relationships, inclusive educational practices and adaptive familial dynamics serve as protective mechanisms that attenuate aggressive tendencies. Consequently, conceptualizing this phenomenon necessitates a multidisciplinary paradigm and tailored interventions across all socialization strata, designed to foster the integration and psychosocial flourishing of individuals with disabilities.

11. Conclusions

Aggressive behavior among children and adolescents with disabilities resists simplistic, linear interpretations and cannot be deemed an intrinsic consequence of impairment. Rather, it constitutes a complex phenomenon influenced by psychological, familial, educational, and social factors. Social rejection, prejudices, communicative barriers, and restricted opportunities for participation operate as critical risk factors.

Family, school, and society ought to operate complementarily, providing an environment characterized by acceptance, safety, and equal opportunities. Reinforcing special needs education, advancing inclusive practices, and raising social awareness are instrumental in mitigating aggressive behaviors and enhancing the well-being of

disabled individuals. Consequently, an effective response in children and adolescents with disabilities requires a holistic paradigm that integrates the family, school, and community; Enhancing inclusive education, supporting families, and the deconstruction of social stereotypes emerge as critical imperatives for improving the psychosocial adaptation of individuals with disabilities.

In conclusion, aggressive behavior in children and adolescents with disabilities represents a multifaceted phenomenon that cannot be attributed to a unidimensional causality or to the disability itself. Conversely, it emerges from the complex intersection of intrinsic individual characteristics and extrinsic environmental conditions, including familial relationships, the educational climate, and broader social perceptions. The presence of social prejudices and stereotypes, compounded by restricted opportunities for meaningful engagement in social life, appears to reinforce feelings of frustration, disappointment, and low self-esteem, which frequently manifest as externalizing hostile behaviors. *Simultaneously, communicative barriers and a deficit in* appropriate *structural support systems further* burden the psychosocial adjustment of these children.

Particular emphasis must be placed on the fostering of cooperation between the family, the school, and the wider community, given that isolated interventions fail to generate substantial outcomes. The family requires support to adequately address the student's requirements, whereas the academic environment is obligated to integrate inclusive methodologies that advance mutual acceptance and peer collaboration. Simultaneously, society as a whole must actively dismantle marginalization and stigma through systemic sensitization campaigns and public education.

Furthermore, the development of prevention and intervention curricula targeting social-emotional competencies is instrumental in mitigating hostile behavior and fostering psychological resilience among children and adolescents with disabilities. Ultimately, implementing a comprehensive and multidisciplinary approach is imperative for elevating well-being and realizing authentic social integration.

Conflict of Interest Statement
The authors declare no conflicts of interest.

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