# Addressing Violence Among Students with Disabilities in Schools

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**Abstract**

The following will discuss school violence and address the relationship among students with special needs. Further research is needed on the effects of violence among special needs student populations. Efforts require observation and concrete data in order to understand how to address the increase in violence if we are to create safer schools. School violence is increasing the responsibilities of administrators, teachers and school personnel. Student related deaths from school shootings and other acts of violence perpetrated by students diagnosed as having a mental disability, as defined by the American Psychological Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5), were examined across all 50 states, including 19 states where the use of corporal punishment exists. In states where corporal punishment remains legal, students with special needs are frequently punished, while acts of school violence and school shooting related deaths are proportionately higher. Safety is an increasing concern for administration and faculty, as they are required to follow Federal, State, and Local mandated laws to protect students with and without special needs.

**Introduction**

Globally, administrators, teachers, school personnel and students and their parents recognize the increasing need for school security and the similarities in the acts of violence. There are, however, no significant differences in the need for protection from potential threats, especially when considering security issues and proactive prevention measures. Increasingly, special needs students fall victim to acts of violence that often go unreported. In contrast, special needs students, intermittently, commit acts of school violence. Major transportation accidents, incidents of aggression, assault, threats, active shooter incidents and acts of terror are the most common events reported in public and private schools. Administrators, their teachers and personnel work collectively to prevent school violence. Statistically, schools are considered to be predominantly safe places. However, administrators, personnel, students, and parents have important roles to perform when creating and promoting safe schools. Adults can mentor students by exhibiting civility and excellence in character while providing appropriate leadership through the modeling of prosocial behavior, reassuring students, reinforcing and instilling safe habits within the students under their care.

In 2013, a UNICEF study indicated that students who fall within the definition of special needs; and who present as having a disability or psychological disorder are becoming, more often, vulnerable targets of school violence. It is also clear that students with special needs, whether clinically diagnosed or undiagnosed, are committing acts of violence in increasing numbers. In 1975, Congress passed the (EAHCA) Education for All Handicapped Children Act, sometimes referred to as EHA, or Public Law (PL 94-142) for the protection of special needs students. This Act of the United States Congress made special education programs mandatory. The enactment was created in response to discriminatory treatment by public educational agencies against students with disabilities. The EAHCA was later modified to strengthen protections for students with disabilities. The Act was renamed in 1990 as the Individuals with Disabilities Act (IDEA). Amendments to the IDEA were passed in 1997 and 2004.

On July 22, 2004, President George W. Bush signed Executive Order 13347, to provide additional protection for Individuals with Disabilities in U.S. Emergency Preparedness related statutes, regulations, and orders. The addition to existing legislation was put in place to ensure that the safety and security of individuals with disabilities are appropriately supported. The law also requires public services to provide accommodations for the unique needs of individuals with disabilities in their emergency

preparedness planning. “A key risk factor and consequence of social exclusion and vulnerability among students with disabilities is violence. Evidence from a recent systematic review indicates that children with disabilities are three to four times more likely to be victims of violence than their peers who are considered to be without limitations.” (Devries, et al., 2014)

**Economic Considerations**

The costs of juvenile justice programs, institutions and "youth violence alone costs the United States more than $158 billion each year. Violent crime peaks in the late teenage years, despite spending nearly 15% of the gross domestic product on the upbringing and education of children." (Burr et al., 2018) Juvenile violence remains a serious societal issue with a significant financial burden. Perhaps it is necessary to reallocate resources and readjust attitudes to combat, prevent, and treat youth violence and delinquency in a sustainable, efficient manner.

In 2012, the Texas Council for Developmental Disabilities, completed a World Health Organization (WHO) study which indicated a child’s development is influenced by a wide range of biological and environmental factors, some of which protect and enhance their development while others compromise developmental outcomes. "Children who experience disability early in life can be disproportionately exposed to risk factors such as poverty; stigma and discrimination; poor caregiver interaction; institutionalization; violence, abuse and neglect; and limited access to programs and services, all of which can have a significant effect on their survival and development." (Ramos 2018)

In June 2010, The Economic Impact of School Violence: A Report For Plan International Project Score researched questions sought to ascertain the extent to which school violence affects both human and social capital; to what extent school violence jeopardizes the future of school children; what impact school violence has on a country's long-term development and economic growth; and finally, to estimate the cost of preventing school violence. Various studies have attempted to estimate the health costs of other forms of violence through data collection from hospitals and health services to assess the prevalence, the number of cases, in order to register the types of injuries that result from acts of violence, and thus to estimate unit costs of treatment. It is difficult, however, to determine the health costs of school violence based on these studies. “The research does not break down costs according to where the incident occurred (for example at home, on the street, in a public place, at school, on the way to or from school) because the records used as a source of data fail to record this." (Pereznieto, et al., 2010)

**The Impact of Exposure**

In November 2014, the United States Department of Justice released a report on children exposed to violence and issued recommendations. The report stated, when youth become the victims or witnesses of domestic and gang violence, sexual assault or bullying, such exposure can lead to altered neurological development, poor physical health, mental health, poor school performance, substance abuse and overrepresentation in the juvenile justice system. Exposure to violence for all students, including students with special needs can lead young people to attempt suicide and commit other acts of violence. When students, experience a traumatic event, the act may cause PTSD, ongoing feelings of concern for personal safety and the safety of others. Sometimes, students may become preoccupied with thoughts about their actions during the event. Additionally, students may express guilt or shame due to what they did or did not do during the time the event took place. Some students might engage in a constant retelling of the traumatic event or describe being overwhelmed by feelings of fear or sadness. Special needs students who are non-verbal may express the impact through physical violence or other means as a way to communicate the experience.

Preschool students may lose recently acquired developmental milestones; increase behaviors such as bedwetting, thumb sucking, and regress to immature speech patterns. They may become more dependent, attached to their parent or guardian and worry about their parent or guardian’s safety or return from daily obligations and places of employment. Young students may become more irritable, exhibit excessive temper tantrums and have more difficulty calming down. A student may show reverse behavior and become withdrawn, subdued, or mute after a traumatic event, while other students may experience problems falling asleep, staying asleep or have nightmares and dreams about the episode. Typically these students will process the event through post-traumatic play. Elementary school-aged students may show signs of distress through physical complaints such as stomach maladies, headaches, and pains. Students may have a change in behavior, exhibit increased irritability, aggression, and anger. The behavior may be inconsistent, exhibit a difference in school

performance; have impaired attention, concentration, and school absences. Students may talk excessively and ask persistent questions about the event.

When older students experience traumatic events, the effects may create feelings of self-consciousness about their emotional responses to the event. These students may experience feelings of shame and guilt about the traumatic event and express desires to regain control through revenge and retribution. "A traumatic event for adolescents may foster a radical shift in the way the student thinks about the world. Some adolescents may engage in self-destructive, accident-prone and reckless behaviors. There may be a shift in a student's interpersonal relationships with family members, teachers, and classmates. Attendance may be affected unless efforts are made to reach out to students and faculty with additional information and services." (White 2018)

Studies on violence (e.g., domestic violence) survey victims who have reported being victims of violence (e.g., to the police) and inquire about the consequences of acts of violence for their physical health and wellbeing. However, datasets that register the occurrence of school violence fail to include data on whether victims of physical abuse in school need to seek medical attention and of what nature. This information is necessary to establish the health and economic costs of school violence. Experts share their knowledge and ideas about the problems special needs student populations experience (school violence, health and education impacts, violence, cost analysis methodology, entry points for advocacy) while providing leads to pursue future research. Inclusive social protection entails using instruments that explicitly promote social inclusion and equity while ensuring that program design and implementation are sensitive to the added vulnerabilities that stem from social exclusion. This implies moving away from targeting particular groups and looking at the underlying causes of exclusion and vulnerabilities shared by the groups: discrimination and stigma; traditional social norms preventing the use of services; limited assets and visibility.

**Protecting Special Needs Students and School Climate**

A prudent approach to school safety measures is paramount when working to ensure that schools and educational centers remain safe, wholesome, learning environments where all students will thrive. Increasingly, school administrators and faculty are required to meet extensive school safety obligations, while providing the established educational programs. School personnel are required to address new security challenges in an arena where prosocial behaviors are undermined, diminished and compromised. The compromises are revealed through statistical models that indicate an increase of deviance and violence that impact the school and community at large.

To protect students and the school climate, twenty-eight states, allow educators, who legally own firearms, to carry them in public schools from kindergarten classrooms to high school hallways. Seven of the twenty-eight states specifically cite teachers and other school faculty as being allowed to carry guns in school. "According to the National Center for Education Statistics, there were 3.6 million elementary and secondary school full-time teachers in 2015. If the United States armed 20 percent of the educators, that would be more than 700,000 educators carrying firearms to school." (White 2018)

Positive relationships between students and their peers, teachers, and families can be critical assets in promoting well-being and preventing school violence. Several strategies enhance these relationships and have been found to be effective in reducing violence. According to the Centers For Disease Control, "many universal, school-based violence prevention programs improve students' social skills and problem-solving abilities, which can result in more favorable peer and student, teacher relationships throughout the school. Some school-based programs also help students to safely intervene and stop an escalating violent episode between peers. On a national level, students, parents, educators, stakeholders and others are joining together to create a voice that will resonate a global message stating that school violence will not be tolerated." (CDC 2017)

According to the National Institutes of Health (NIH), a variety of school-based programs and policies prove to be useful in helping teachers build healthy relationships, model non-violent behavior and contribute to a broader favorable school climate, which will, in turn, lower the risk for school violence. These approaches are intended to teach educators effective ways to manage a classroom, resolve conflicts nonviolently, promote positive relationships between all students, regardless of ability and encourage positive student-teacher relationships to help create a safe and comfortable environment where students feel comfortable talking with teachers about violence-related issues.

**Do Students with Disabilities Face More Punishment?**

When children are victimized, generally, the people who violate them require both access and secrecy to commit their crimes. As a result, children are typically victimized by someone they know. For children who have special needs, the unique needs create opportunities for abuse; in other words, access. Consequently, the disability often facilitates secrecy due to communication and cognitive barriers. Parents and educators sometimes fail to inform children with special needs about abuse and how to recognize abuse. "Children with special needs face higher risks for victimization, and they also face a system that fails to prevent and respond to victims with special needs."(Cunningham, 2013)

Two systematic reviews recently published in The Lancet, indicated "children and adults with disabilities are at a higher risk of violence than their non-disabled peers." Additionally, studies carried out by the Liverpool John Moores University's Centre for Public Health, a World Health Organization (WHO) Collaborating Centre for Violence Prevention, and the World Health Organization Department of Violence, Injury Prevention and Disability provide the most reliable evidence on violence against children and adults with disabilities. The studies also highlight the lack of data on the topic from low-income and middle-income countries."(Krug 2013)

The review on the prevalence and risk of violence against children with disabilities, published in July 2012, found that overall, children with disabilities are nearly four times more likely to experience violence and abuse than non-disabled children. "The review indicated that "children with disabilities are 3.7 times more likely than non-disabled children to be victims of any violence, 3.6 times more likely to be victims of physical abuse, and 2.9 times more likely to be victims of sexual violence. Children with mental or intellectual impairments appear to be among the most vulnerable, with 4.6 times the risk of sexual abuse than their non-disabled peers."(Krug 2013)

As special needs youth reach adulthood, the Systematic Review On Violence Against Adults With Disabilities, published in February 2012, found overall that they are 1.5 times more likely to be victims of violence than those without a disability, while those with mental health conditions are at nearly four times the risk of experiencing violence. The results of these reviews prove that people with disabilities are disproportionately vulnerable to abuse. When students experience violence at home, in school or elsewhere, the consequences of violence on physical health are more severe. If the abuse is repeated, particularly severe or if victims are not given adequate support following incidents, the effects will be compounded, particularly for students with special needs. Students who are non-verbal or who have processing disorders will find it challenging to express fears and concerns. For example, correlations are recognized between more significant ill health and the regularity of bullying. Physical symptoms include 'headaches, stomach ailments, backaches, and dizziness.' Psychological symptoms include violent tempers, nervousness, loneliness, and feelings of helplessness.

**CASE STUDY: United States**

During the 2016 -2017 academic year, a thirteen-year-old student diagnosed with Autism Spectrum Disorder (ASD) and ADHD has been accomplishing prosocial behavioral goals through applied behavior analysis, therapy, and other modalities. In November 2017, the student began exhibiting new escape and avoidance behaviors at home in the morning and after school. The new behaviors were using profanity and miming violent behaviors, eye gouging, and physical self-harm before leaving the family home when the school bus was about to arrive.

After nearly six months of off-task behaviors, it was determined that the youth was trying to express a problem on the school bus. The teen was trying to reveal that while on the school bus, a younger non-verbal child had become a victim of repeat abuses. Additionally, other children on the school bus were physically violated, hit with seatbelts, a broom, and other items, not wearing seatbelts, humiliated and scorned in front of their peers by an adult school bus aide. Another non-verbal student passenger, anonymously, videotaped several of the incidents with a parent's cell phone to reveal to the parents the abuses that were taking place. The incriminating videos were shared amongst the parents of the adolescent victims involved. The videos uncovered the inhumane treatment of a non-verbal, autistic, middle school-aged youth by two school bus aides. Although the young passengers witnessed the repeated abuse of their classmate and were forced against their will to be spectators of acts of violence, they were unable to do verbalize or protect their peer from what they had experienced over the several months that the incidents were taking place.

Finally, the parent with the cell phone decided to drive her car behind the school bus to the homes of the other children because she did not have the telephone numbers or addresses of the other parents. She decided to park her car momentarily, wait for the school bus to leave, and then ring the doorbell of each home to inform each parent, on different days, in order to share the video that her child took on the school bus. When the parents collaborated, they each stated that their children were exhibiting unusual behaviors especially when they were preparing for school in the morning before the school bus arrived or when they returned home on the bus after school. Through collaborative efforts, several parents viewed the videos and turned the images into the local authorities. Child Protective Services and the Board of Education were informed as well as the school where the children attended. The organizations requested that the parents not share the videos on social media to avoid further exploitation while maintaining the town and school districts reputation. Public exposure was reduced, while the situation was under investigation. The school bus driver and aides were fired. Unfortunately, because the parent of the child who was violated refused to press criminal charges, the incident was dismissed.

**Why Students With Disabilities Perpetrate Acts Of Violence**

According to Dr. Edward Newman Brandt Jr., former Surgeon General of the United States 1981-1982 and Andrew M. Pope, Ph.D., Director of the Health Sciences Policy Program at the Institute of Medicine, "the onset of a disabling condition is often followed by a loss or a potential loss of control. What is most critical for adaptive functioning is how a person responds and what efforts the person puts forth to regain control." (Brandt & Pope, 1997). Perceptions of control will influence whether a disabling condition is seen as stressful and whether it becomes disabling. Individuals with disabling conditions who perceive that they have control over the management of their health, rehabilitation, and related outcomes will fare better. During conditions of perceived lack of control, people with disabling conditions are not likely to engage in behaviors (e.g., attend therapy or advocate for civil rights) to reduce disabling conditions and improve functional outcomes. Under these circumstances, the relationship between impairment and disability becomes circular. Once a disability increases, so may the level of impairment and functional limitation as a result of failure to pursue rehabilitation therapy. Conversely, under conditions of perceived control, a person is likely to engage in behaviors that will subsequently reduce disability. Once disability is reduced, one's level of impairment may subsequently be reduced. Furthermore, under conditions of perceived loss of control, the individual may actively cope to restore control through primary control efforts (e.g., engaging in behaviors directed at changing the external environment to fit the needs of the person) and secondary control efforts (e.g., engaging in thoughts and actions directed at improving one's view of self through mechanisms such as setting goals and adjusting expectations). An example of primary control would be a person with decreased mobility moving from a building with no elevators to a building with elevators. An example of secondary control would be when the individual changed his or her beliefs about the importance of mobility. What is relevant in this case is not whether the individual has actual control but whether the person perceives that he or she has control. (Brandt & Pope 1997)

Several coping strategies may be used when a person confronts a stressful situation. The strategies may include the following: seeking information, cognitive restructuring, emotional expression, catastrophizing, wish-fulfilling fantasizing, threat minimization, relaxation, distraction, and self-blame. Dr. John Grohol defines Catastrophizing as "the irrational thought of believing that something is far worse than it is. Catastrophizing can take on two different forms: making a catastrophe out of a current situation and imagining making a catastrophe out of a future situation." To protect a school or teacher's reputation, decrease the level of responsibility, potential danger, lawsuits and harmful public exposure, it is recognized that some educators prefer not to have disabled students included or mainstreamed in their classroom. Although students with disabilities represent only about 12 percent of the K-12 student population, they account for 25 percent of students arrested and referred to law enforcement. In an era when zero-tolerance school discipline policies can result in suspension for a range of offenses. According to 2011–2012 data from the Office for Civil Rights at the Department of Education, it is recognized as a part of an ongoing survey, that students with disabilities are likely to be suspended from school two to three times more than their peers. Approximately 13 percent of these students are sent home for misbehaving. Students of color are penalized disproportionately. One in four male students and one in five female students of color who have disabilities are expelled. Students of color include all non-white ethnic groups except Latino and Asian Americans. (Huffington Post 2014)

**Zero-Tolerance**

According to Daniel Losen, Director of the Center for Civil Rights Remedies at UCLA, a research center for civil rights and equal opportunity for minority groups in the United States. "Long before the creation of zero-tolerance policies, students with disabilities were treated differently than their peers and were often denied schooling. Some educators didn't want students with disabilities in their classroom. Federal law, however, requires Public Schools to provide special education services to students with disabilities since 1975, while providing protection from frequent suspensions. Zero-tolerance school discipline policies, widely implemented in the 1990s, originally required suspension and expulsion for incidents involving weapons, drugs or violence.

Over time, however, zero-tolerance policies have evolved to demand the same strict punishments for a wide variety of misconduct, including minor infringements, such as violating the dress code. Today, suspensions are often given for offenses such as truancy or disobedience. "There's no question that students with disabilities are disproportionately punished under zero-tolerance," says Losen. "Students with disabilities that affect their behavior usually receive behavior assessments and behavioral improvement plans." For instance, before a student can be suspended for more than ten days, school officials are obligated to hold a hearing to determine whether the behavior in question had to do with the student's disability or with the school not providing adequate support. For example, if a disabled student with emotional disturbances is supposed to see a counselor every Wednesday and the student "flips out" after the counselor misses an appointment that could be considered a failure of the school system. So the question should be asked, 'Was the failure to provide counseling contributing to the behavior?' Rarely are these questions addressed.

Research shows disparities between the type of disability and the likelihood that a student will be suspended or expelled. In 2011, examining how school discipline relates to student success and juvenile detention, found that nearly 75 percent of special education students were expelled at least once between the 7th and 12th grades. The punishment varied significantly depending on the type of educational disability, according to a study, conducted by the Council of State Governments Justice Center, a national nonprofit organization focusing on public safety, and the Public Policy Research Institute (PPRI) at Texas A&M University. The study also revealed that students with learning disabilities and emotional disturbances were disciplined more often than students with other types of disabilities, including autism, physical disability or developmental delay.

The two primary teachers' unions, the American Federation of Teachers (AFT) and the National Education Association (NEA), are shifting away from their support of zero-tolerance policies. "It's about creating schools where our students can reach their full potential," said Harry Lawson, associate director of the NEA's Human and Civil Rights Department.

**CASE STUDY:**

Julie Landry's 8-year-old son has autism. One day in gym class, teachers and administrators said, he ran around screaming and throwing volleyballs. He flailed his arms and resisted when administrators tried to restrain him. According to the Fairfax County, Va., school system, he punched, kicked, bit and head-butted three people. For that and other incidents, the boy was suspended for 11 days and faced expulsion hearings twice within six weeks — all during a single school year. In Virginia, Landry's son avoided expulsion because a panel of school officials and special-education experts concluded that his actions were caused by his disability. "These children should not be expected to be capable of understanding [student rights] or be compliant like their non-disabled peers," said Elizabeth Schultz, a member of the Fairfax County School Board. "To hold them to the same standard is absurd."

According to data from the Fairfax school system, officials ruled that a student's actions were caused by his disability, in fewer than 20 percent of all cases involving students with disabilities who faced expulsion during the 2011–2012 school year. As for Landry's son, Fairfax administrators ruled that the public schools could not meet the eight-year-old boy's needs, so his family received state grants to cover his tuition at a private school.

**Disability and Violence**

Antisocial Personality Disorder, Attention Deficit Disorder, Trauma, Violence, Addictions, Alcohol Abuse, Autism Spectrum Disorder, Gaming Disorder and combined emotional, mental and physical disabilities have and will continue to play a role in the acts of violence in our schools. The increase in youth violence and aggression in the past 50 years has been called an epidemic. From a clinical perspective, evaluation and treatment of aggression is a primary concern. "This epidemic has a tremendous impact on

society. From an economic and public health perspective, primary prevention of youth violence is desirable. In this regard, we recognize the economic impact of youth aggression, with an emphasis on the rationale for primary prevention; the use of current knowledge to guide evaluation and treatment of aggression in the clinical setting; and recent reports on pharmacotherapy in aggressive youths." (Bastaiens, 2006)

**Providing Emotional Reinforcement**

"High profile acts of violence, particularly in schools, can confuse and frighten children who may feel endangered or worried that friends or loved-ones are at risk. Students look to adults for information and guidance on how to react. Parents and school personnel can help children feel safe by establishing a sense of security and talking with them about their fears. The following points developed by the National Association of School Psychologists are for providing emotional support for all students. NASP has made these resources available to the public in order to promote the ability of children and youth to cope with traumatic or unsettling events.

**Talking to Children About Violence: Tips for Parents and Teachers**

1. Reassure children that they are safe. Emphasize that schools are safe. Validate their feelings. Explain that all feelings are okay when a tragedy occurs. Let children talk about their feelings, help put them into perspective, and assist them in expressing these feelings appropriately.

2. Make time to talk. Let their questions be your guide as to how much information to provide. Be patient. Children and youth do not always talk about their feelings readily. Watch for clues that they may want to speak such as hovering around to begin a conversation. Some children prefer writing, playing music, or doing an art project as an outlet. Young children may need concrete activities (such as drawing, looking at picture books, or imaginative play) to help them identify and express their feelings.

3. Keep explanations developmentally appropriate. Early elementary school children need brief, simple information, balanced with reassurances that their schools and homes are safe and that adults are there to protect them. Give simple examples of school safety. Remind children about exterior doors being locked, child monitoring efforts on the playground and emergency drills practiced during the school day.

• Upper Elementary and Early Middle School children will be more vocal in asking questions about whether they indeed are safe and what is being done at their school. Children may need assistance separating reality from fantasy. Discuss efforts of school and community leaders to provide safe schools.

• Middle and High School students will have varying opinions about the causes of violence in school and society. They will share concrete suggestions about how to make school safer and how to prevent tragedies in society. Emphasize the role that students have in maintaining safe schools by following school safety guidelines (e.g., not providing building access to strangers, reporting strangers on campus, reporting threats to the school safety made by students or community members, etc.), communicating any personal safety concerns to school administrators, and accessing support for emotional needs.

4. Review safety procedures. "Include procedures and safeguards at school and home. Help children identify at least one adult at school and in the community to whom they can go to if they feel at risk." (Benedetto, 2018)

5. Observe children's emotional state. Some children may not express their concerns verbally. Changes in behavior, appetite, and sleep patterns can also indicate a child's level of anxiety or discomfort. In most children, these symptoms will ease with reassurance and time. However, some children may be at risk for more intense reactions. Children who have had a past traumatic experience or personal loss, suffer from depression or other mental illness, or with special needs may be at higher risk for severe reactions than others. Seek the help of a mental health professional if concerned.

6. Limit television viewing of these events and be aware if the television is on in common areas. Developmentally inappropriate information can cause anxiety or confusion, particularly in young children. Adults must be mindful of the content of conversations shared with each other in front of children, including teenagers and limit their exposure to vengeful, hateful, and angry comments that might be misunderstood.

7. Maintain a normal routine. Keeping a regular schedule can be reassuring and promote physical health. Ensure that children get plenty of sleep, regular meals, and exercise. Encourage them to keep up with their schoolwork and extracurricular activities, but don't push them if they seem overwhelmed."

**Educational Policy Considerations**

In closing, if we must make adjustments to our educational systems, perhaps we might consider the impact that potential acts of violence have on the development of individuals who have been diagnosed as having special needs. What shall we consider with regard to students who have been misdiagnosed or not diagnosed? Are we mainstreaming students in educational settings where they will find it difficult to cope rather than reach their potential? If our current responsibility to provide security for all students does not lead to the provision of safe schools, what steps can we agree on that will protect our students in learning environments that are becoming increasingly hostile? Are we to continue inclusion and mainstreaming efforts and making changes, for the sake of change? Perhaps the time has come for educational policy leaders to consider collective efforts through a well thought out plan and realize that school violence will continue to increase if we fail to act accordingly. By mainstreaming, are we placing our special needs students in environments where they will fail before considering the potential outcomes based on the diagnosis and the special need?

Perhaps mainstreaming may be the answer for some children, but not all, especially when the current increase in school violence indicates that students with diagnosed and undiagnosed disorders present safety and security concerns. It appears that the rates of school violence are increasing and some simply cannot achieve in the systems that have been created. When students reach the point of frustration, perhaps their inability to cope is not their problem. A process is needed that will alert us, before potential levels of risk arise. As educational leaders, let's purpose to come together and create a national plan that will insure the protection of all students - whether or not having been diagnosed with a special needs, our educators and schools in a manner that will lead to safer outcomes.

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