Prevalence of various forms of violence among school students

Prevalência das várias formas de violência entre escolares

Iglê Moura Paz Ribeiro¹ Álvaro Sebastião Teixeira Ribeiro¹ Riccardo Pratesi¹ Lenora Gandolfi¹

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Corresponding author

Iglê Moura Paz Ribeiro Campus Universitário Darcy Ribeiro, Brasília, DF, Brazil. Zip Code: 70910-900 pazigle@hotmail.com

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Abstract

Objective: Estimating the prevalence of violent events in the experience of students aged between 11 and 15 years regularly attending public schools.

Methods: A cross-sectional study with a random sample group of children from public schools. The questionnaire called *Child Abuse Screening Tool Version* (ICAST-C) was administered to 288 children aged between 11 and 15 years randomly selected. The types of violence analyzed were abuses of physical, psychological and sexual nature.

Results: The fragmentation of the nuclear family was frequent, with less than 50% of children living with both parents; frequent feelings of insecurity in schools, associated with a high prevalence of physical violence (85.4%), psychological (62.5%); and violence of a sexual nature (34.7%).

Conclusion: There was high prevalence of various forms of violence in the family and school environment of these children.

Resumo

Objetivo: Estimar a prevalência de eventos violentos na vivência de escolares entre 11 e 15 anos de idade, frequentadores de escolas públicas.

Métodos: Estudo transversal com amostra aleatória de grupo de crianças provenientes de escolas públicas. Foi aplicado o questionário *Child Abuse Screening Tool Childrens Version* (ICAST-C) a 288 crianças entre 11 e 15 anos aleatoriamente selecionadas. As modalidades de violência analisadas foram abusos físicos, psicológicos e sexuais.

Resultados: Houve frequente fragmentação do núcleo familiar, com menos de 50% das crianças morando com ambos os genitores; frequente sentimento de insegurança nas escolas, associado a alta prevalência de violência física (85,4%) e à violência psicológica (62,5%); e violência de cunho sexual (34,7%).

Conclusão: Houve prevalência alta das várias formas de violências no ambiente familiar e escolar dessas crianças.

¹Universidade de Brasília, Brasília, DF, Brazil.

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Introduction

Although child abuse has received increasing attention over the past decades for its great social importance, the prevalence of various types of violence against children and adolescents remains largely unknown in most countries. However, there is many evidence that physical and sexual abuse are increasing exponentially throughout the world. Social groups composed of children, adolescents and young people are identified as having the greatest risk of violence and abuse. The World Health Organization (WHO)⁽²⁾ describes violence as 'any act or omission that harms the well-being, the physical, psychological integrity, or the freedom and the right of full development' of children and adolescents.

The main concerns when evaluating children and adolescents subjected to violence are the immediate consequences, usually translated by an increased level of anxiety, depression, poor school performance and the possible emergence of aggressive reactions. Additionally, recent research points to the need for an even greater concern with the late deleterious effects of exposure to violence on the development and the physical and mental health of the child. An adverse environment in the childhood may be the cause of biological abnormalities in adulthood, and is proven to be associated with an increased risk of heart disease, metabolic and autoimmune diseases, strokes and even dementia. (3-5)

Despite the exposure to extremely violent episodes may be relatively low in childhood, maltreatment by parents, classmates or the social environment that the child inhabits, or even the repeated observation by the child of aggressive and violent behavior among spouses, violence in the neighborhood, at school or in the community, can have cumulative effect, both immediate and future, on the physical and mental health of the child. A recent research carried out on a sample population in the United States showed that on a regular basis, 86% of young people watch violent television shows, 65% play violent video games, 57% listen to violent music, 43% see simulated

violence on television or the internet, and 15% observe actual violence on the internet. (7) These findings, with few modifications, would probably be replicated in Brazil, supporting the conclusion that violence is omnipresent in everyday life of children and adolescents.

A form of violence to which school students are often exposed is the aggressive behavior among students known as bullying. It is characterized by repeated and intentional acts of oppression, humiliation, discrimination, tyranny, aggression and domination of people or a group over other people or groups. This behavior can be considered an important risk factor for the future adoption of more serious violent behaviors, both by the offender as the victim.⁽⁸⁾

An even more serious aspect of violence against children and adolescents that is gradually taking epidemic proportions is sexual abuse. A survey conducted in the United States in 2006 found that about 80 thousand American children have suffered sexual abuse. This number becomes even more impressive taking into account that retrospective studies in adults found that only 1 in 20 cases of sexual abuse is identified or reported to authorities. (9) Although in Brazil violence against children is by law, of compulsory notification, there are no comprehensive data at national level covering the prevalence of these events, which is, however, considered high.

Aiming to assess the prevalence of various forms violence, experts of the International Society for Prevention of Child Abuse and Neglect (ISPCAN) developed the questionnaire *ISPCAN Child Abuse and Neglect Screening Tool-Child* (ICAST-C). (10) This questionnaire has been translated into several languages, including Portuguese, has been internationally validated and used in 40 countries and allows the anonymous self-report of the exposure to different forms of violence, whether at home, by the hands of parents, relatives or caregivers, or at school. (2-11)

The present study aimed to estimate, by means of the questionnaire ICAST-C, the prevalence of violent events in the experience of stu-

dents aged between 11 and 15 years, regularly attending public schools in the city.

Methods

This is a cross-sectional study with a random sample group of children from four public schools located in the administrative region of Recanto das Emas, in Brasília (DF). This community is predominantly made up of low-income populations and characterized by strong social inequality. Both parents or guardians, and the interviewed children and adolescents were informed about the privacy, confidentiality and the voluntary nature of the survey.

Data were collected during the period between March and December 2012. The survey included a total of 288 children aged between 11 and 15 years. The ICAST-C questionnaire was used as the basis for the survey. After extensive explanation about the importance of the questions, the anonymity of responses and the importance of its complete filling, the questionnaire was distributed to children who read and responded it without demonstrating difficulties in understanding the issues. All the answers offered were considered compatible.

Data were organized from the calculation of sample size, considering the calculations of percentages and inferential statistical techniques. The inferential techniques used were the chi square test for independence and Pearson correlation, both considering the significance level of p <0.05. The presented categories were the following: physical, psychological and sexual. They were subjected to quantitative analysis, from which were named according to the content revealed.

The development of the study met national and international standards of ethics in research involving human beings.

Results

Among the 288 respondents, 159 were boys (55.2%) and the mean age among them was 14

years; among the 129 girls (44.8%), the mean age was 13.3 years. Of all students, 140 students (48.7%) lived with both parents, 126 (43.6%) lived with their mother only, 17 (6.2%) lived with relatives (uncles). The predominant religious group was Christian, composed of 118 (41%) Evangelicals and 109 (37.8%) Catholics. Regarding ethnicity, the majority of students reported to be brown (30.9%) or of African descent (25.7%). Whites constituted 20.1% of the group and other ethnic groups (American Indians or Asians) were responsible for the remaining 11.3%. The remaining 4.5% did not answer this item

Among the interviewed children, 130 (45.1%) reported they sometimes or often felt unsafe at school; 93 children (32.3%) stated that they always or eventually like to attend school; and 65 children (22.5%) left this question blank.

Tables 1 to 3 show the results obtained from the three fields of violence evaluated.

Table 1. Physical violence

Event	No n(%)	Yes n(%)
Hurt you or caused you pain	217(75.5)	71(24.5)
Slammed the hand on the face or head	234(81.2)	54(18.8)
Slammed the hand on the arm or hand	202(70.2)	86(29.8)
Pulled the ear	236(82.1)	52(17.9)
Pulled the hair	256(87.7)	35(12.3)
Hit with a fist	252(87)	36(12.6)
Kicked you	226(78.5)	62(21.5)
Crushed the fingers or the hand	278(96.7)	10(3.3)
Washed the mouth with pepper or soap	282(97.9)	6(2.1)
Kneeled down	236(82.1)	52(17.9)
Was placed in the cold or heat	284(98.5)	5(1.5)
Was burnt	283(98.2)	5(1.8)
Was placed in hot or cold water	278(96.6)	10(3.4)
Left without food	278(96.4)	10(3.6)
Forced to do something dangerous	267(92.8)	21(7.2)
Was muffled	276(95.9)	12(4.1)
Was tied with a belt or rope	282(97.8)	6(2.2)
Was cut with sharp object	279(96.7)	9(3.3)

Source: Report Prevention of Child Abuse and Neglect – International Society for Prevention of Child Abuse and Neglect. 2011.

Table 2. Psychological violence

Event	No n(%)	Yes n(%)
Threatened	227(78.8)	61(21.2)
Insulted	212(73.6)	76(26.4)
Embarrassed or humiliated cursed	194(67.4)	94(32.6)
Name calling	157(54.5)	131(45.5)
Made you feel stupid or foolish	218(75.7)	70(24.3)
Suffered racial/religious/cultural prejudice	228(79.1)	60(20.9)
Suffered prejudice because of health problems	253(78.8)	35(12.2)
Isolated	235(81.5)	53(18.5)

Source: Report Prevention of Child abuse and Neglect – International Society for Prevention of Child Abuse and Neglect, 2011.

Table 3. Sexual violence

Event	No n(%)	Yes n(%)
Sexually touched you uncomfortably	244(87.7)	33(11.3)
Showed you pornography	243(84.6)	44(15.4)
Made you undress	271(94)	17(6)
Took off your clothes	266(92.3)	22(7.7)
Had sexual intercourse	268(93.2)	20(6.8)
Touched your intimate parts	267(92.7)	21(7.3)
Touched your breasts	265(91.9)	23(8.1)
Gave you money to have sexual intercourse	271(83)	17(6.2)
Involved you in making sexual pictures or videos	258(89.7)	30(10.3)
Kissed you when you did not want to	238(82.7)	50(17.3)

Source: Report Prevention of Child Abuse and Neglect – International Society for Prevention of Child Abuse and Neglect. 2011.

The prevalence of physical violence was the most frequently detected, with 85.4%. Psychological violence also showed a high incidence in these children and adolescents, reaching 62.5%. In the case of sexual violence, the prevalence, although lower if compared to others, presented a significant quantity of 34.7%.

For the three studied blocks, when related to age or gender, the p-value calculated by statistical tests was> 5% (<0.05), with no evidence to say that as the studied people were aging, they underwent a greater degree of violence (physical, psychological and sexual). The same conclusion can be inferred for gender, i.e., according to the survey data, the sex did not influence the greater or lesser degree of violence to which they were subjected.

In relation to the perpetrators of violence against children and adolescents, among the possible answers, i.e., adult, another child and/or adolescent or both, the adults have emerged as most of the authors in the following situations: pulled

the ear, kneeled down as punishment, and threatened for getting bad grades. Adults also showed a significant presence in the following cases: slam the hand on the face or head; keep someone isolated; touched the body in a sexual way or in a way that made the child/adolescent uncomfortable; touched the breasts.

Discussion

The limitations of the results refer mainly to the small participation of adolescents aged between 16 and 18 years, because many chose not to voluntarily participate in the research. In addition, some respondents gave information about violence suffered in other spaces different from those asked. As in all questionnaires completed anonymously, there can always be some degree of bias as to the accuracy of information provided. In the analysis of self-reported data, the reliability of information is limited by the ability of participants to remember the violent events, and by their willingness to disclose these events. Additionally, the random selection of participants was made only with the children attending school at the time of the interview, not taking into account the absenteeism or the school dropout, which by themselves could be related to the factor under study.

A more systematic evaluation related to violence in its different forms against children and adolescents began in the 1990s in Brazil. At that time, the Unified Health System (SUS – Sistema Único de Saúde) received the specific mandate of the Statute of Children and Adolescents to promote the right to life and health of this population, which resulted in mandatory reporting of domestic and sexual violence, as well as other forms of violence against children and adolescents to the authorities.

Despite the undeniable benefits arising from the adoption of this policy, as it depends on notification usually performed by others, it tends to underestimate the true prevalence of cases of neglect and abuse against minors. Consequently, the scientific community is still trying to improve the methods to assess and understand the frequency and causes of abuse against children and adolescents.

In this sense, the use of the ICAST-C questionnaire in children protected by anonymity gives them more freedom to report their objective or subjective experiences of violence suffered, though not without biases, and it becomes a quite reliable tool for assessing the prevalence of abuse in our environment.

The results obtained in this study are quite significant and show an exceptionally serious situation, both in relation to the current situation as regarding the development of these children already affected by an underprivileged socioeconomic environment. A high percentage (85.4%) of these children suffered some form of physical abuse, highlighting that most, if not all of these violent acts, will never thicken the official data on the frequency of violence in our country. Nearly half of these children felt unsafe at school and 62.5% suffered psychological and emotional pressures with consequences to their own image.

In the specific case of sexual violence, despite its prevalence being lower, the results show that over a third of children suffered some form of sexual violence, which is extremely serious, given the deleterious effects that such violence can have on the development of the individual. The late effects of sexual violence can generate a sense of powerlessness and lack of control over the environment in future adults, and the ways of overcoming this situation vary between genders. In general, women tend to shut themselves, prone to suicidal ideation and eating disorders (bulimia, anorexia and obesity), whereas men tend to show greater externalizing of antisocial behavior (delinquency and alcoholism, for example). (12,13)

With the results, we can infer that the prevalence of various forms of violence was high in the environment of these children and adolescents; and that purely repressive measures, although necessary, do not solve the problem. In the short term, it is not possible to change a social system that usually coexists with violence. More studies are needed to establish preventive measures and concomitantly

establish ways to help these kids deal with this serious problem.

Conclusion

There was a considerable degree of prevalence of violence experienced by children and adolescents aged between 11 and 15 years, with physical violence as the most prevalent.

Collaborations

Ribeiro IMP contributed to the project design, execution of the research and writing of the article. Ribeiro AST collaborated with the analysis and interpretation of data and revision of the article. Pratesi R and Gandolfi L contributed to the critical revision of the important intellectual content and final approval of the version to be published.

References

- Schwartz KA, Preer G, McKeag H, Newton AW. Child maltreatment: a review of key literature in 2013. Curr Opin Pediatr. 2014; 26(3):396-404.
- World Health Organization (WHO). The world health report 2000 Health systems improving performance [Internet]. Genebra: WHO; 2000[cited 2014 Jun 26]. Available from: http://www.who.int/whr/2000/en.
- Miller GE, Chen E, Parker KJ. Psychological stress in childhood and susceptibility to the chronic diseases of aging: moving toward a model of behavioral and biological mechanisms. Psychol Bull. 2011; 137(6):959-97.
- Shonkoff JP. Leveraging the biology of adversity to address the roots of disparities in health and development. Proc Natl Acad Sci U S A. 2012; 109 Suppl 2:17302-7.
- Danese A, McEwen BS. Adverse childhood experiences, allostasis, allostatic load, and age-related disease. Physiol Behav. 2012; 106(1):29-39.
- Boxer P, Sloan-Power E. Coping with violence: comprehensive framework and implications for understanding resilience. Trauma Violence Abuse. 2013; 14(3):929-37.
- Ybarra ML, Mitchell KJ, Korchmaros JD. National trends in exposure to and experiences of violence on the Internet among children. Pediatrics. 2011: 128(6):e1376-86.
- Shetgirl R, Lin H, Avila RM, Flores G. Parental characteristics associated with bullying perpetration in US children aged 10 to 17 years. Am J Public Health. 2012; 102(12):2280-6.
- Hornor G. Child sexual abuse: consequences and implications. J Pediatr Health Care. 2010; 24(6):358-64.

- 10. Runyan DK, Dunne MP, Zolotor AJ. Introduction to the development of the ISPCAN child abuse screening tools. Child Abuse Negl. 2009; 33(11):842-5
- Zolotor AJ, Runyan DK, Dunne MP, Jain D, Péturs HR, Ramirez C, et al. ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C): Instrument development and multi-national pilot testing. Child Abuse Negl. 2009; 33:833-41.
- JM Chandy, RW Blum, MD Resnick. Gender-specific outcomes for sexually abuse adolescents. Child Abuse Negl. 1996; 20:1219-31.
- Dube SR, Anda RF, Whitfield CL, Brown DW, Felitti VJ, Dong M, et al. Long-term consequences of childhood sexual abuse by gender of victim. Am J Prev Med. 2005; 28:430-8.