Children and youth with and without disabilities

Crianças e adolescentes com e sem deficiência

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The issue addressed by Cavalcante and Goldson is extremely relevant for understanding the background in which many Brazilian children and youth have grown up. Physical and mental limitations in childhood and adolescence are poorly appreciated in our country nowadays, and there are just a few public services to serve this population with special healthcare needs. Furthermore, we still have little scientific knowledge as how to deal with certain kinds of disabilities. So, when adding the scenario of limitations associated with poverty, the effects of social inequalities (such as the extreme lack of specialized services) and several forms of violence, it is obvious that the difficulties for special children and their families are multiplied.

Although I have been working for eighteen years with children and adolescents affected by violence, our research team did not invest time in the study of the life of people with disabilities. In my research experience I have seen blind and autistic adolescents, children with mental and physical disabilities but only peripherally.

The amount of emotional and material privation observed in the lives of Brazilian children and adolescents we investigated was always so great that we never had the extra energy to deal with the challenges of disability. Combined with our lack of energy, there was also an emotional resistance to entering into this new, painful and challenging universe. For this reason, the discussion of Cavalcante and Goldson's article is going to be a delicate task for me.

We have looked at the statistical analyses and the reports about children and adolescents suffering from lack of food and comfort in their homes, lack of privacy and impossibility of achieving success related to the child's imagination because of the extremely poor conditions of the family. We also observed the day-to-day effects of the poor relationship between children and their families, schools and communities and the violence associated with

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the adverse effect on their lives and development.

Cavalcante & Goldson's article presents old questions that we are now going to discuss on the basis of some data from an investigation we are currently engaged in. We are studying the development of 500 children starting with the first grade of elementary school (2005) until the fourth grade (2008). These children are from a statistical sample drawn from the public education system in the municipal district of São Gonçalo, close to the city of Rio de Janeiro/Brazil[1].

Expanding the above data to include 6-12 year old in the public school population using an abbreviated version of the Wechsler Intelligence Scale for Children (WISC-III), we found that 4% of these children had intelligence quotients (IQs) less than 70. They were intellectually impaired. Another study conducted in Brazil found a prevalence of 1.9 % in 801 children and adolescents from public and private schools in Pelotas, a city in the State of Rio Grande do Sul, Brazil, who also had IQ scores below 70.

The results of our study[1] showed that the children with low IQs were predominantly males (65 per cent) and that they were below their school grade level: 34.9 per cent among the 6-8 year old, 40 per cent among the 9-10 year old and 25.1 per cent among the group aged 11 years or more are still in the first grade of elementary school. In addition, 73.7% of these children had repeated a school year and 15.7% are in special classes or attending a specialized school. All children in this study come from families with low socio-economic level.

There are no differences in terms of skin color or family structure between children with high or low IQs. There are also similarities in terms of the quality of maternal care and the emotional situation during pregnancy, as well as in terms of the care given to the babies, their health problems, and the baby's temperament after birth (difficult or calm). There are similarities in both groups with respect to social support (religion, community, education, health).

We noted however a difference in the relationships between the group with the lower IQs compared to children with higher IQs. We observed problems in the quality of relationships between the intellectually impaired children and their friends. It was found that 40% of the low IQ children had regular or bad relationships with their friends in comparison to 16 % of children with higher intellectual level; p=.004. When we examined the relationship with teachers and fathers we found that 35% of children with low IQs and 14.3% of children with normal IQs had poor relationships with their teachers (p=.004) and 25% of children with low IQs and 14.9% of children with normal IQs had poor relationships with their fathers.

Although most parents felt satisfied with their children, there were more feelings of dissatisfaction among the care takers of intellectually impaired children (5,6 per cent) then among those responsible for children with higher IQs (0. 9%, p=0.25).

No differences were observed in the amount of psychological or physical violence experienced by the children from the public schools of São Gonçalo, independently of their higher o lower IQ. Children who are intellectually impaired are humiliated and criticized because of what they do or say, being called "crazy," "idiot" or "dumb" by family members. They are also victims of severe violence attributed to the father and the mother, and also witness the father's violence against the mother, and the mother's violence against the father. The existence of sexual abuse by an older person is shown to be similar among children independently from their intellectual level.

With respect to behavioral problems, their level and clinical aspects, using the Child Behavior Checklist/ CBCL[2] we noticed similar levels of internalizing behaviors such as anxiety, withdrawn behavior and somatic disorders between children with different intellectual levels. Social problems however are greater among children with intellectual impairments (25 percent compared to 8,6 percent with normal IQs; p=.029). The first group has more difficulty in establishing contact and relating to other people. We also observed more aggressive behaviors in the intellectually impaired children than in those with normal IQs (25.6 % compared to 9.6%; p=.043)

I would like to dedicate special consideration to three aspects of our research results.

First, there is an increased prevalence (4 percent) of children with intellectual impairment according to the abbreviated version of the WISC. These children are staying at school, going through their education without any kind of special education, not repeating school grades or leaving school due to the lack of opportunity to really learn. These data reveal the severity of the problems in the public education system in São Gonçalo. Some aspects need to be considered.

. Although, the prevalence of intellectual impairment associated with biological factors is similar between children from different socio-economic levels, some non-biological etiological factors are more prevalent among individuals with a lower socio-economic status (poor maternal support during pregnancy and childbirth, poor maternal

nutrition). When it is not possible to identify specific biological causes, the poorer class is over-represented[3].

. The prevalence of mental disorders in people with intellectual impairments is estimated to be 3-4 times greater than in the population in general. There is a greater occurrence of attention deficit hyperactivity disorder and dysthymia. In São Gonçalo there is a lack of mental health services for these children.

. Intelligence tests such as the WISC are just a current estimate of cognitive functioning. IQ scores are not necessarily stable or unchanging entities. On the contrary, they may change in response to the environment or to psychopathological factors that affect the cognitive functioning. In addition, other variables that can influence the performance of the tasks of the test include the comprehension of the instructions, motivation, and effort to give a better impression[4]. Also, the intellectual capacity, calculated by the intelligence tests, is just one aspect of intelligence. A low IQ is a score reflecting one aspect of intellectual functioning. It is not necessarily the same as being mentally retarded. This is why we conclude in our study that we know very little about children with special care needs.

. Low IQs may not always be related to a low level of intellectual functioning. They may reflect cultural and linguistic differences depending on the tasks presented to the individual, to distraction or anxiety during the examination, and/or the refusal or inability to cooperate in the task, as may occur in autism or deafness[5].

. Considering that children from São Gonçalo belong to a social-economic population lacking material resources and human capital, it is important to read carefully the results that were presented. The differences observed in two different cities, Pelotas/RS and São Gonçalo/RJ, show a more delicate situation in the latter city.

Second, there are significant inequalities among the children and adolescents of São Gonçalo. In the city of Rio de Janeiro, this district is an example of social inequality and the lack of access to social and cultural resources. It should be noted that many countries in Latin America have populations living in conditions of severe social exclusion.

In the beginning of the XXI Century, Brazil still has increased rates of absolute poverty, with 33 million people and 6 million children living in misery. In Haiti, in the same year, there were 56.6 % and in Peru 35.4 % children living in a miserable state. Data for 2001 indicated that 31.6 %t of the world's urban population was living under poor housing conditions, as can be observed in the favelas[6]. In Europe, the prevalence of poor housing was 6 %, in Africa it was 71.9 %, in Central Asia, 58 % and in countries of Latin America and the Caribbean it was 31.9 %.

The process of social exclusion affects people in different ways. At macro level, people do not participate in the formal or informal labor market and have less access to education or to learning a profession and less employment opportunities. At micro level, people have poor incomes, less well-paying occupations, and fewer social networks and religious affiliations. Excluded people suffer from structural violence, are victims of preventable diseases, experience the lack of access to health services, have poor sexual orientation, and suffer maltreatment in the family and in the community. Factors such as family and community violence and poverty affect and influence each other. At the worldwide economic, social and cultural levels, the excluded population is estimated in one billion people, having poor health and a poor quality of life related to poor living and housing conditions[6].

Third, no association was found between family violence and intellectual impairment. Several studies state the opposite. One of the arguments is that violence is underestimated[7]. Studies show that disabled people are at 4 to 10 times at greater risk of being victims of violence than people without disability[8]. Reiter ***et al***.[9] found that mentally disabled students and those with other disabilities suffered more from physical, sexual and emotional abuse than students without disabilities.

These data show how little we know about the situation of Brazilian children and adolescents with disabilities. To present this debate so important for the Brazilian Society and to stimulate the discussion about these issues is one of the important contributions of Cavalcante and Goldson's article.

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