

PHYSICAL VIOLENCE AS EDUCATIONAL PRACTICE¹

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This descriptive and correlational study, carried out at a teaching hospital in 2004, aimed to get to know if, in the context of domestic violence, parents use physical violence as an educational practice. Semistructured interviews were used to characterize the population, and situations of daily family life to identify parents' attitude in the education process. Results: the most vulnerable situation to use physical punishment was disobedience to parents' predetermined orders (40%), followed by the situation when the child steals something (31.7%). The use of physical violence as a disciplinary practice was significant ($p=0.020$), associated with unemployment. Forty percent of the population reported they imposed their will on their child, and 57% mentioned they had been physically punished by their parents in limit-imposing situations. Knowledge and reflection on factors involving domestic violence are very important to consolidate prevention programs and which could generate a collective consciousness.

DESCRIPTORS: domestic violence; child abuse; pediatric nursing

VIOLENCIA FÍSICA COMO PRÁCTICA EDUCATIVA

Estudio descriptivo y correlacional realizado en un hospital de enseñanza, en 2004, con el objetivo de conocer, si dentro del contexto de violencia doméstica, los padres utilizan la violencia física como práctica educativa. Se utilizó una entrevista semi-estructurada para caracterizar la población y situaciones del cotidiano familiar para identificar la actitud de los padres en el proceso de educación. Resultados: la situación donde hubo gran vulnerabilidad para el uso de la violencia física fue la de desobediencia a órdenes preestablecidas (40%), acompañada por la situación donde el niño hurta cualquier cosa, con el 31.7% de los casos. Fue significativa ($p= 0.020$) el uso de la violencia física como práctica disciplinadora, asociada al desempleo. El 40% de la población afirmó imponer su voluntad sobre el hijo, y el 57% de haber sido físicamente punido por sus padres en situaciones para imponer límites. Es importante el conocimiento y la reflexión sobre los factores involucrados en la violencia doméstica, para consolidar programas de prevención que sean capaces de generar una conciencia colectiva.

DESCRIPTORES: violencia doméstica; maltrato a los niños; enfermería pediátrica

VIOLÊNCIA FÍSICA COMO PRÁTICA EDUCATIVA

Estudo descritivo e correlacional, realizado em um hospital de ensino, em 2004, objetivando conhecer se, dentro do contexto de violência doméstica, os pais utilizam a violência física como prática educativa. Utilizou-se entrevista semi-estruturada para caracterizar a população, e situações do cotidiano familiar para identificar a atitude dos pais no processo de educação. Resultados: A situação de maior vulnerabilidade para o uso de violência física foi a de desobediência às ordens pré-determinadas (40%), seguida pela situação na qual a criança furta algo, com 31,7% dos casos. Foi significativa ($p= 0,020$) o uso da violência física como prática disciplinadora, associado ao desemprego. Quarenta por cento da população afirma impor sua vontade sobre seu filho, e 57% ter apanhado de seus pais em situações de impor limites. Julga-se importante o conhecimento e a reflexão dos fatores que envolvem a violência doméstica, para alicerçar programas de prevenção e que sejam capazes de gerar uma consciência coletiva.

DESCRIPTORES: violência doméstica; maus-tratos infantis; enfermagem pediátrica

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INTRODUCTION

Violence against children and adolescents has always existed and, hence, is not a recent phenomenon, present in the contemporary world only. It is a fact that, in some communities, mistreating children was openly or hiddenly accepted. In some situations, this turned into filicide, raising infant mortality rates⁽¹⁾.

Nowadays, violence and accidents together are the second cause of death in the Brazilian general mortality picture⁽²⁾. The severity of this problem affects childhood and adolescence, and its consequences mark their bodies and bodies across their entire life.

Among the most frequent violent acts, those in the domestic environment are the most serious and, unfortunately, not rarely lead to the children's death. There is a consensus about their devastating effects, not only on the children's lives in terms of emotional and physical degradation, but also on their family and society⁽³⁻⁴⁾.

In Brazil, domestic violence started to be discussed more emphatically from the 1980's onwards, when the "pact of silence" surrounding this issue started to display signs of fragility, in the same way as the parents' absolute power over the child's destiny, exercised until then, was agitated. Among factors that contributed to the unchaining of this process, the advancement of Brazilian legislation on child and adolescent rights and dissemination by the written, spoken and television process were some of the mechanisms that made it possible to put this problem on the discussion agenda in our society⁽⁵⁾.

Furthermore, there was a large increase in scientific production about violence against children and adolescents, using different approaches. A large part of these publications was concentrated in the second half of the 1990's, which seems to translate the great influence of the Child and Adolescent Statute, issued in 1990⁽⁶⁾.

The complexity to understand different causes of violence, whether political, economic, cultural, religious, ethnic, gender, age, among others, turns coping with it into a big challenge. Part of this process requires research efforts for the sake of better understanding and explanation of the problem in concrete situations.

Domestic violence in this context is conceptualized as "any act or omission practiced by parents, family members or people responsible for

the child/adolescent which, being capable of causing physical, sexual, psychological damage to the victim - implies, on the one hand, turning childhood into an object, that is, denying children and adolescents' rights to be treated as subjects and people in peculiar development conditions"⁽⁷⁾.

Within this broad and complex context of domestic violence, one of the aspects that seems to be important for analysis refers to the use of physical violence.

Many studies indicate that physical violence starts with a "slap", after which intensity increases and forms get more diversified. It is important for parents and educators to believe that "limits can be imposed without turning to violence", or also that "hitting is not a form of communication", as indicated by the Study Laboratory on Children and Adolescents (LACRI), highlighting that parents' indifference can be equally harmful to the child⁽⁸⁾.

Studies carried out in other countries have shown that parents believe physical violence is a method to correct bad behavior, a way of imposing limits or, also, a way of guaranteeing absolute power over their children's attitude. In Chile, 80% of public school students' and 57% of private school students' parents admit they use physical violence. In India, 91% of men and 86% of women in higher education were physically violated in childhood. In Kuwait, 86% of parents attended at primary care clinics affirm they believe that physical violence is a method to discipline a child. The Child Protection Association in Korea carried out a study that showed that 97% of children are physically violated and very severely. In England, 75% of parents admit they hit their children of less than one year old, and 35% of the children involved in this study got hit once per week or more frequently by one parent or both. Similar attitudes are found in other countries, such as Egypt, the United States and Hong Kong⁽⁹⁾.

This shows that, nowadays, violence is a source of great concern all over the world, due to its social implications. As research is not disconnected from practice, it should also focus on studies that make it possible to discover the causes of this violence and indicate coping strategies. However, in practice, we observe distance between the applicability of the proposed interventions and the decrease of current morbidity and mortality rates.

In the attempt to acquire a better understanding of these attitudes, associated with concerns about contributing to the minimization of

these events, we ask the following question: How can health professionals, especially nurses, contribute to the development of strategies aimed at reducing physical violence against children and adolescents?

The health sector cannot remain distant from this problem, justifying the participation of these professionals in the development of and active participation in the collective process of coping with violence. Moreover, as academics, we are obliged to assume a social commitment with these children, as we are also responsible for constructing, renewing and making available knowledge that can support respectful, dignified and affective behavior⁽¹⁰⁾.

That is the premise this study is based on. This research aims to discover, in a specific population of parents and people responsible for children attended at a teaching hospital, whether they use physical violence as part of their children's education, and in what situations it occurs more frequently, to be followed by education programs.

For this study, we will use the concept of physical violence as "any violent act involving the intentional and not accidental use of physical force, practiced by parents or responsables, relatives or people close to the child or adolescent, aimed at hurting, injuring or destroying the victims, leaving evident marks on their body or not"⁽²⁾.

METHODOLOGY

We carried out a descriptive correlation study at a secondary teaching hospital of medium complexity, located in the North of São Paulo City, attending an estimated population of 240,000 inhabitants and destined at training undergraduate nursing and medical students.

To delimit the size of the study population, we consulted a statistics specialist, in order to estimate the adequate number of subjects for data analysis. We decided to carry out around 100 interviews with parents or persons responsible for children hospitalized at the pediatric units, as this figure would permit data treatment without impairing the analysis, in view of the number of study variables. A sample could not be calculated, due to the lack of earlier data about the involved population.

Data were collected between August 2003 and January 2004, after approval by the Institution's Research Ethics Committee, opinion No. 0345/03.

For this purpose, we used a form subdivided in three steps. The first, involving the identification of parents or responsables, contained data about gender, age, education, employment situation, civil status, alcohol or drugs consumption. The second included data about the family: number of children, family income, emotional reaction towards pregnancy, the child's socialization and the way the interviewee was educated by his/her parents to solve problems. In the third step, six daily family situations were constructed in order to evaluate, by means of the answers, the most vulnerable situations for parents to use physical violence. In this part of the research, we used a recorder with a view to greater reliability in analyzing the proposed situations. This resource was only used after the participants' written consent.

Data analysis was based on the nature of the examined variables. Categorical variables were presented according to absolute, relative and numerical frequencies; mean, median and standard deviation; and correlations when applied.

The answers from the recorded interviews were tabulated in two categories: 1) use of physical violence; 2) non use of physical violence, based on the interviewees' answers in six proposed situations, independently of whether they experienced each of these situations in practice or not. The situations were:

A. You tidied up the entire house. You washed and cleaned all of the clothes. After a very tiresome day, everybody goes to sleep. In the middle of the night, your child calls you because he wet his bed. What would you do?

B. The director of your child's school calls you for a meeting. During this meeting, he says that your child has been fighting in school. What would you do?

C. You and your child are walking on the street and, on the sidewalk, there's a sleeping dog. As you get close, your child takes a piece of wood and hits the dog. What would you do?

D. Next to your house, there is a sweet shop (candies, lollies, ice-cream). One day, you go there to talk to the owner, who is your friend, and your son uses the opportunity to steal a sweet. You perceive that he is stealing the sweet. What would you do?

E. Infant: your child has started to crawl. You are distracted for a moment and your son moves around the house. Suddenly, you hear some noise in the kitchen and run there to see what has happened. When you get there, you see that your son pulled the table cloth and broke the vase you liked most. What would you do?

F. Preschool and school children: You receive a vase and your son asks to see it, but you do not let him because you think he is going to break it. A few moments later, your son touches the vase hiddenly and breaks it. What would you do?

Before data collection, the form was tested on ten interviewees and the necessary changes were incorporated.

RESULTS

The study population mainly consisted of women (86%). Participants' median age was 26 years. With respect to education level, 47% had not finished basic education, 24% had finished basic education, 21% had finished secondary education, 4% had not finished secondary education, 2% had not finished higher education and 2% were illiterate. As to employment, 69% of the interviewees were unemployed at the time of data collection - we considered persons as employed if they had a formally registered job. The most frequent marital situation was consensual union (44%), with an average of 2.5 children per family. The median family income was two minimum wages, with a *per capita* income of R\$ 96. The minimum wage considered referred to the month before the interview and corresponded to R\$ 240,00 (Table 1).

A small part of the study population indicated alcohol consumption at the time of study (14%). According to the alcohol consumption standard accepted by the World Health Organization -WHO, only one of these persons was considered dependent. No reports of illicit drugs use were found.

With respect to the parents' or responsables' attitude towards imposing their will on their child, 40% of parents affirmed it, whereas 60% did not. Most parents (89%) mentioned they let their child play with other children, and the same proportion that they encouraged them to have friends.

As to the attitudes adopted by the interviewees' parents to solve daily family problems, participants responded that 57% of parents hit, 19% only talked, 15% punished, 7% used verbal reprimand through screams and inadequate words, and 2% used other forms (Figure 1).

Through the situations proposed for this research, mainly aimed at getting to know the parents' or responsables' reactions towards the attempt to

regulate their children's behavior in daily family life, we found that 40% would use physical violence in at least one of the proposed situations, while 43% use or would use other forms of violence (material or leisure deprivation, verbal threats, humiliations, among others) as "education practices".

Table 1 - Characterization of study population according to age, education level, employment situation, civil status, number of children, family income, *per capita* family income. São Paulo, 2003

Population characteristics	N	%	Parameters				
			Mean	+/-s.d.	Median	Minimum	Maximum
Age	100	f	28	8,2	26,5	16	57
Education level							
Finished basic education	24	24,0					
Unfinished basic education	47	47,0					
Finished secondary education	21	21,0					
Unfinished secondary educ.	4	4,0					
Unfinished higher education	2	2,0					
Illiterate	2	2,0					
Employment situation							
Employed	31	31,0					
Unemployed	69	69,0					
Civil Status							
Married	26	26,0					
Divorced	2	2,0					
Living together	44	44,0					
Single	27	27,0					
Widowed	1	1,0					
Number of children	243	100	2,5	1,5		1	7
Family income			2,4	1,6	2	0,5	7
<i>Per capita</i> family income	100	100	0,59	0,5	0,40	0,05	2,33

*For the sake of calculations, cases with family income < 1 minimum wage were considered as 0.5 wage

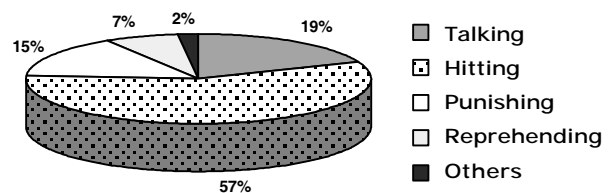


Figure 1 - Attitudes used by interviewees' parents to solve daily family problems. São Paulo, 2003

With respect to the proposed situations, we decided to separately analyze cases in which physical violence was or would be used. In situation A, none of the participants used physical violence. Situation F, in turn, was the most vulnerable to the use of physical violence, followed by situation D, in which 31.7% of

parents used this practice in the process of educating their children. Situation C represented 16.7% of physical violence use, followed by situation E (8.3% of cases) and situation B (3.3%).

We found a significant relation ($p = 0.020$) between the parents' employment situation and the use of physical violence. In the group that used or would use violence in at least one of the research situations, 81% was unemployed.

The analysis of the association between parents' age and use of physical violence showed no statistically significant difference in situations C ($p = 0.713$), E ($p = 0.163$) and F ($p = 0.257$). In situation D ($p = 0.017$), however, we found a positive association, in which the mean age of parents who used physical violence was significantly lower than the mean age of parents who did not.

As to parents' education and the use of physical violence, we found no significant difference in situations C ($p = 0.956$), D ($p = 0.290$), E ($p = 0.734$) and F ($p = 0.910$). The same was true for the relation between parents' civil status and the use of physical violence in situations C ($p = 0.506$), D ($p = 0.688$), E ($p = 0.814$) and F ($p = 0.832$).

The results also revealed no positive association between the couple's number of children and the use of physical violence in situations C ($p = 0.713$), D ($p = 0.571$), E ($p = 0.156$) and F ($p = 0.402$).

We could not apply any statistical test to verify the association between situation B and the other parameters described above, as only two parents gave an affirmative response about the use of physical violence.

DISCUSSION

In the health sector, one factor that has contributed to the distancing between the theory and practice of coping with violence against children and adolescents is the way violence is interpreted by professionals in this area. Moreover, this violence is seen as an essentially political problem, that is, a problem whose solution depends on public bodies like the Tutelary Council and the Child and Youth Court. Consequently, coping actions remain restricted to care for the physical damage caused by these actions. Although these actions are considered important, there is a need for a more in-depth treatment of issues involved in this theme.

In the particular case of physical violence against children and adolescents, this view is associated with cultural acceptance, present in all social classes, in which the use of physical violence is perceived as an effective method to regulate children's behavior.

Data indicate the importance of health professionals' actions to inform parents and responsables about adopting non-violent forms of educating children and adolescents as health education actions. For example, these parents need to be informed that saying "no" to their children in a specific situation is important to impose limits and for children to verify that they are loved. However, if these impositions are unnecessary and merely serve to demonstrate power, children can become revolted because they cannot know what motivated the prohibition.

Some parents reported that, when they prohibited their children to play with other children, they were distancing them from bad company and urban violence. The same motive was indicated in a study on social representations about physical aggression against children and adolescents in the family context, in a population with similar characteristics⁽⁵⁾. Thus, parents saw this prohibition as a way of protecting their children, given high criminality rates in their community.

With respect to the use of physical violence by the interviewees' parents as a disciplinary practice, data confirm literature findings, indicating previous experiences as an important component in the continuity of the violence cycle⁽⁴⁾. Interrupting this cycle is a challenge for society nowadays.

In this sense, it is essential for health professionals to develop collective education work, starting with population identification measures, followed by their referral to services specialized in this type of care and/or family accompaniment.

In this study, we also identified risk factors for domestic violence practices, such as: low socioeconomic level, young parents, divorced parents, low education level, unplanned and unwanted pregnancies, unemployment, among others⁽¹¹⁾. These factors are not determinant, but favor the unchaining of this act.

However, we found a positive association between these characteristics, use of physical violence and the employment situation variable ($p = 0.020$). Unemployment is considered to be related with the

stress created in these situations, due to financial instability and family charges. In combination with the fact that they spend more time with the child, this makes them more frequently experience vulnerable situations.

As to the participants' age and the use of physical violence, we found no significant association. However, it is believed that young mothers end up frequently using this practice because they blame their child for taking away their freedom, for the new responsibilities and for the charge they put on the family⁽¹¹⁾.

Another risk factor that deserves to be discussed is the relation between unwanted or unplanned pregnancies and the use of physical punishment. In this study, we found no positive association between these variables. However, although not significant, this fact is important, to the extent that health professionals should start their interventions already during pregnancy. In this sense, we highlight nurses' participation in the process of developing and implementing programs that favor the child's bonding with the family, in activities during prenatal care, rooming in, kangaroo mother and participant fathers⁽¹⁰⁾.

However, with respect to the other situations addressed in this study, we highlight that all interviewed parents or responsables denied they used physical violence when the child had no full control of the urinary sphincter (situation A). This shows that the study population possessed knowledge about this peculiarity in child development.

However, a large part of participants showed they were not prepared to deal with the situation of disobedience to predetermined orders (situation F). Studies show that, in daily life, parents try to guide their children's behavior to follow certain moral principles of the community they are inserted in. On the other hand, they also try to suppress or reduce behaviors they consider inadequate. The use of this practice can often aggravate children's inadequate behavioral standard, as this behavior may be the only way of attracting their parents' attention. Some authors divide the strategies parents use in two categories: inductive strategies and coercive force strategies⁽¹²⁾.

The use of physical punishment would be considered a coercive strategy. And, according to these authors, this practice solves the problem in the short term, as the children will control their attitudes through their parents' punishments. These situations can also produce feelings like anger, fear and anxiety,

which can decrease understanding about the situations. Other studies, cited by these authors, demonstrate that this practice can create problems like aggressive behaviors, hyperactivity, delinquent behavior, among others.

When children start the process of understanding, dialogue must be used to provide clarifications about what is allowed or not, that is, attempts should be made to have the children reflect on their attitudes. Thus, they will manage to acquire an understanding of the social dynamics they are inserted in⁽¹³⁾.

The second most vulnerable situation for the use of physical violence was related to theft (situation D). We found a positive association with parents or responsables under 24 years old. They indicated they believed that, this way, they would prevent their children from turning into young criminals, and also affirmed they would feel ashamed in the exposed situation, as illustrated by the following statement: *Oh dear, how embarrassing! What would I do? I would have to talk to the owner of the sweet, pay for the sweet and, when I arrived home, I would hit him.*

In childhood, children do not understand the meaning of acts like theft yet, and can practice them for different reasons: to fulfill their need for affection, attract attention to themselves, show themselves to be more daring than their colleagues (showing they are able), confusion between "found" and "stolen", or to imitate behaviors observed inside their home and/or from close persons⁽¹⁴⁾. Thus, professionals who take care of children should pay attention to the need to explain these attitudes to parents, making them understand the need to dialogue with their children, with a view to understanding what unchained this behavior.

With respect to situation C, in which the child mistreated an animal, it was observed that 16.7% of children would be punished by their parents. According to some studies, when adults, children who practice violence against pets display greater tendencies to commit violent acts against human beings⁽¹⁵⁾. Hence, although we perceive that parents are correct in their intent to impede the child, or to show that they are wrong in attacking the animal, we disagree with the way this issue is being dealt with among parents and children.

With respect to situation E, we believe that the fact that parents practice physical violence could be avoided, if they were advised to make the physical environment more secure for children to develop activities characteristic of their age, such as exploring

the space they live in, without forgetting about the importance of supervision during children's daily activities, with a view to preventing unintentional injuries.

A small percentage of parents indicated they used physical violence against their children when they behave badly in school (situation B). It should be emphasized that the way this situation was approached made parents doubt about whether their children participated in conflicts at school or not, which could justify the school summoning them for a meeting. The obtained answers should be understood with reservations, as most interviewees indicated they went to the school to know what had happened, and would take measures afterwards, like in the following example: *I was going to investigate whether it's true or not. Knowing what is happening with my child and whom he is fighting with. I'm gonna investigate. I won't take any attitude without investigating.*

In view of these results, we believe that health professionals' participation is essential in coping with child violence, to start with a broader reflection on the factors involving this phenomenon. We agree with the premise that **"prevention requires an exercise of great patience, perseverance and, mainly, collaboration and integration among professionals from different areas and the community"**⁽⁴⁾. Thus, as health team members, nurses cannot remain distant from this problem. They should mainly contribute in prevention, through activities that promote education, mainly focusing on encouraging responsible attitudes in affective and family relations, as well as reflections on beliefs, taboos and cultural values that involve power relations between parents and children. This practice can and must be developed in daily care practice at kindergartens, hospitals, health units and schools, with the same importance as other nursing actions during the care process.

CONCLUSIONS

- 40% of the parents affirm they impose their will on their child;
- most (89%) of the parents/responsibles mentioned

they allowed their child to play with other children and the same proportion that they encouraged them to have friends;

- 57% of the interviewees revealed they were victims of physical violence, practiced by their parents;
- we found no positive association between gender, age, education level, number of children, civil status and family income and the practice of punishing, i.e. physical violence;
- the use of physical violence as a disciplinary practice was significant ($p= 0.020$) in relation to unemployment;
- the most vulnerable situation to the use of punishment or physical violence as an educative practice was disobedience to predetermined orders (40%), followed by the situation in which the child steals something (31.7%); mistreatment of pets (16.7%); exploration of the environment, in which the child breaks a favorite object (8.3%) and bad behavior in the school environment (3.3%).

FINAL CONSIDERATIONS

In the category of non use of physical violence, we observed that some of the interviewees indicated using other types of violence, such as psychological violence for example. These were left out of consideration as they did not combine with the initially proposed objective. However, we will return to these issues in a future study, with a view to clarification.

Other aspects to be looked at in future studies include: the research remained limited to some daily situations. Hence, it cannot be affirmed that parents would use the same disciplinary practices in other situations; clarifications about the possibility of parents not providing very precise and reliable information in interviews, mainly when they are asked about the relation between parents and their children; and if parents are afraid of providing some information to people who work directly with children, mainly when the institution is known for its practice of notifying cases of violence, which was the case for the study institution.

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