

VIOLENCE AND ABUSE

SURVEY ON AWARENESS OF VIOLENCE AGAINST CHILDREN AND THE USE OF THE GUIDE “VIOLENCE AGAINST CHILDREN AND YOUNG PEOPLE” BY PAEDIATRICIANS IN BRANDENBURG (55)

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INTRODUCTION: Brandenburg has developed a guide entitled “Violence Against Children and Young People” for use by paediatricians. This guide has two objectives: to help doctors detect the use of violence against children at an early stage, and to improve interdisciplinary case management. In order to assess whether the guide has proved its worth in practice, the Public Health Institute of Brandenburg conducted a survey among users.

METHOD: A structured questionnaire on the following topics was used: estimated incidence rate of acts of violence (proven and suspected cases), cooperation with other agencies, design of the guide, practical utility of the information provided and requirements in terms of support (response rate: 33.3% or 92 out of a total of 285).

RESULTS: 82 (89.1%) of the paediatricians questioned had dealt with at least one case of violence against children in 2003. A total of 904 proven and 945 suspected cases were registered. One striking result of the survey was the great variation in the number of cases registered by individual doctors: between 0 and 179 proven cases, and between 0 and 120 suspected cases. 12 doctors stated that they had treated proven or suspected cases in all four categories (physical abuse, physical neglect, emotional abuse, sexual abuse). Other doctors registered no proven, only suspected cases. Evaluation of the guide’s design and content produced an overall “good”. 38.8% of the doctors questioned stated that the guide had caused them to change their approach when treating cases of violence against children. 64.1% said there was a need for case-related support, particularly from the youth welfare offices.

CONCLUSION: Paediatricians in Brandenburg testify to cases of violence against children. The guide “Violence Against Children and Young People” offers them useful information on the practical handling of such cases. A support programme is being set up: training for paediatricians as well as cross-disciplinary training measures.

Key words: violence against children, estimated incidence rate, evaluation of guide, paediatricians’ need for support

SCHOOLCHILDREN WHO ARE VICTIMS OF BULLYING REPORT BENEFIT FROM HEALTH DIALOGUES WITH THE SCHOOL HEALTH NURSE (143)

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BACKGROUND: School health services are important tools for health promotion among schoolchildren, but little is known about their effects. This paper addresses the effects of dialogues with school health nurses among schoolchildren who were victims of bullying.

STUDY POPULATION AND METHODS: Cross-sectional and school-based survey, the Danish contribution to the international Health Behaviour in School-aged Children (HBSC) study. The study included all students in the fifth, seventh, and ninth grade (11-, 13-, and 15-year-olds) in a random sample of schools. The participation rate was 98% of the students present on the day of data collection and 88% of the enrolled students, n=5,205.

MEASUREMENTS: Bullying was measured as recommended by Olweus. Outcome of the dialogue with the school health nurse was measured as self-reports of five responses, 1) reflected on the dialogue, 2) discussed the content with parents, 3) followed the advice from the school health nurse, 4) did what he (she) himself (herself) thought was best, and 5) visited the school health nurse again.

RESULTS: All outcome measures were more prevalent among students who were victims of bullying. The most pronounced association was that the odds ratio for visiting the school health nurse again was 1.8 (95% CI 1.3-2.5) for students who were bullied at least weekly.

CONCLUSION: Schoolchildren who are victims of bullying benefit from health dialogues with the school health nurse.

Key words: adolescent, bullying, children, school health nurse, school-survey, HBSC

ANALYSIS OF OFFENSE LEVELS WITH RESPECT TO CHILD AGE AND TOWN SIZE (65)

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INTRODUCTION: Researches on bullying in schools in Croatia have just been started, so every study connected to school bullying represent great contribution to better understanding of bullying and its consequences on physical, psychological and social child development. Results of these researches could help creating bullying prevention programs.

The main goal of this research was to find differences in children's offence levels with respect to child age and size of town in which school was placed.

SUBJECTS: The research was conducted on sample of 4768 students old from 10 to 15, one class from every generation in one school (fourth to eighth grade). The research included 15 towns from every part of Croatia, and they are: Zagreb, Osijek, Vukovar, Varaždin, Dubrovnik, Split, Zadar, Šibenik, Knin, Dniš, Rijeka, Poreč, Petrinja, Sisak and Bregana.

METHODS: Bullying Questionnaire (2003), constructed according to Bully/victim questionnaire (Dan Olweus, 1996), was used in the study. The offence level scale was consisted of 11 behavioural items that present different forms of bullying. Factor analysis was performed on all statements. One-factor solution was obtained by scree-plot analysis ($\lambda = 0.86$). The total score range was 11 to 33. Variable town size was divided in four groups: Zagreb, big town, middle size town and small town. One-way ANOVA was used to compare the average total score between groups and Scheffe test for post hoc analysis. Correlations between variables were also calculated. All statistical values were considered significant at the p level of 0.05. Statistical analysis of data was performed using SPSS version 11.01 (SPSS Inc., Chicago, IL, USA).

RESULTS: The results showed that there was significant difference among subjects in offence levels with respect to child age ($F=26.12$; $p<.01$) – older subjects were more violent than the younger ones.

With respect to the size of town where pupils lived, there was no statistically significant difference in offence levels ($F=.743$, $p>.05$).

DISCUSSION: Here we discussed possible reasons why older children were more violent and that bullying in schools is just as big problem in small towns as in the big ones. We compared our results with results of other researches.

CONCLUSION: Older respondents were more violent than the younger ones. Bullying in schools is equally presented in different sized towns.

Key words: bullying, school, age, town size

LIFE SATISFACTION AND ASSERTIVENESS IN ADOLESCENCE: DIMENSIONAL STRUCTURE AND DIFFERENCES ACROSS GENDER, AGE AND INVOLVEMENT IN BULLYING (119)

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OBJECTIVES: To investigate dimensional structure in life satisfaction and assertiveness in adolescents and to examine the variation across groups (gender, age and involvement in bullying).

METHODOLOGY: A sample of 6131 Portuguese students (aged 11, 13 and 15 years) completed anonymously the Health Behaviour in School-aged Children 2001/2002 questionnaire. Life satisfaction was measured by six items of the Huebner's students' life satisfaction scale. Assertiveness was measured by six items of the Portuguese HBSC assertiveness checklist. Involvement in bullying was measured by two items of the Olweus' questionnaire.

RESULTS: A confirmatory factor analysis revealed that a model of two correlated factors (life satisfaction and assertiveness) fitted the data very well (CFI=0.98). This model was also applied across sub-samples defined by gender, age and bullying (non-involved, victims, bullies, bully-victims).

CONCLUSION: Because girls report a worse perception of life satisfaction than boys, because the assertiveness of young people increase and the life satisfaction decrease over age, and because bullies report best assertiveness than the non-involved or the victim or the bully-victim group and the students involved in bullying behaviours as victims report worse perception of life satisfaction than the other groups, it is important addressed this issue in interventions in all schools.

Key words: bullying, life satisfaction, assertiveness, gender, age, adolescents

TITLE OF THE STUDY: LEVEL OF SATISFACTION OF PSYCHO-SOCIAL NEEDS OF THE ABUSED CHILDREN IN THE OUT-OF-INSTITUTION CARE (FAMILY TYPE) (175)

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The objective of this study is to demonstrate the results of the scientific research of the psychosocial needs of the „Nuevo Futuro“ residents (concepts of out-of-institution care: family type homes) and the evaluation of their level of satisfaction. The results portray the characteristics of the psycho-social functioning of the children residents of the „Nuevo Futuro“ homes (N=60) and their comparison with an adequate sample of children who live in state institutions (N=263), as well as with the children placed in foster care in families (N=112) and a control sample of children from functional biological families (N=200). In the study have been included children of both gender at the age rank from 10 – 18 years.

A multivariant analysis was performed comparing the results thus obtained with the results of the previous research by the same group of authors in comparative and control group. The results proved that the children in “Nuevo Futuro” were exposed to a greater number of traumatising experiences prior to their placement in “Nuevo Futuro” homes, which represented a risk factor for their mental health and further development. Those children more often origin from families with significant presence of alcoholism (77,6 %), violence among parents (36,2%), poverty (63,3%), abuse and maltreatment (21,7 %). Nevertheless, despite the risk factor, the comparison of the current psychosocial status measured by internationally accepted instrument - Youth Self Report, Achenbach, 1991. proved that they do not statistically significantly differ from the children from biological families, and moreover, that they show better psycho-social functioning then the children who live in state institutions according to almost all parameters studied, like somatic illnesses, anxiety, depression, aggressive behaviour, problems of attention etc. Also results have shown that Tutors / monitors or so-called educators in Nuevo futuro are the best estimators of internalised ($r=0,32$) and total child problems($r=0,40$). Therefore we can conclude that «Nuevo futuro» represents an out-of-institution concept of children’s foster care which fulfils in a highly satisfactory manner the intricate psycho-social children’s needs, and as such provides a successful alternative to the classic concept of state institutions and is therefore an irreplaceable form of alternative foster care for the children with high risk traumatic experiences, who, for their special status and needs, cannot be satisfied in the regular foster care system.

Key words: out-of-institution care, abused and neglected children

GUIDELINE FOR SECONDARY PREVENTION OF CHILD ABUSE (78)

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The purpose of this guideline is to detect child abuse or severe educational problems and to stop the abuse. A national guideline is needed to streamline the secondary prevention of child abuse.

In the Dutch youth healthcare (YHC) system 95% of the parents and the children visit the offices of the youth health care system. So the youth health care should be able to detect the cases of child abuse. The problems of detecting child abuse are well known: The symptoms of child abuse are not specific; the nurse or doctor may feel embarrassed to talk about the presumed abuse or neglect; it is feared that legal obstructions prevent actions to protect the child; the parent or the child can be angry or upset.

Parents who abuse their children do so most of the times not out of wickedness but because they are not able to handle their problems. Although some causes of the abuse may reside in the child such as disability or being a foster child, the child is never to blame. There are also some causal factors residing in the parents such as an unhappy childhood or in the environment such as poverty or bad housing. These and other risk factors need to be investigated by the YHC worker in every interview. The result must be registered in the child's medical file.

There is also one controversial topic. In Dutch law female genital mutilation (FGM) is considered child abuse, masculine genital mutilation, circumcision, is not considered abuse. The government wants to stop the FGM and so it proposes physical examination including inspection of the genitals for all girls and boys at the age of 5, 10 en 13 years. YHC doctors should report cases of FGM to a special office which will bring parents of a genital mutilated girl to court. In the view of YHC doctors' information to the parents about the medical consequences of FGM will be a better prevention than bringing people to court after the fact is done. In the spring of 2005 this discussion is still going on.

If child maltreatment is detected the following considerations are important:

What kind of maltreatment is it? Is the child in immediate danger? Is it possible to treat the abuser? Where to refer to for the best help for the child and for the family?

Even after referral the YHC stays in contact with the family and the child for support and to check if the help is sufficient.

Estimation of risk factors for child abuse and the best intervention for the YHC to stop child abuse will be discussed.

Key words: child abuse, secondary preventy, youth health care

BULLYING IN THE ELEMENTARY SCHOOLS IN THE AREA OF ZAGREB (235)

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The aim of this article is to investigate bullying among students in the elementary schools in the area of Zagreb County.

SUBJECTS: Students of fifths to eights classes in six elementary schools of Zagreb County. Numbers of examinees was 2094.

METHODS: Bully / Victim Questionnaire E01-Senior authored by Norwegian professor Dan Olweus

RESULTS: The results of examination are: 22 % victims and 20 % bullies.

Most frequently ways of victimization are: calling nasty names, ridicule on hurting way, bad comments about origin, neglect, gossip, social exclusion, physical abuse, taking money and threatening someone or forcing someone to do something he or she doesn't like to do. In the most cases victims are bullied by the one or 2-3 pupils from the same class or from higher classes. Many cases of bullying ends for 1-2 weeks, but 7% examinees were bullied longer than 6 months, even for several years. Most common places where bullying is happened is schoolyards, classroom (without teacher), school gallery, classroom (with presence of teacher), school dining room, toilets, school bus station, way to school or school bus. Victims mostly ask for help their friends, parents, brothers and sisters, and teachers. Examinees estimate that teachers intervene in the case of bullying more frequently (22% - 37%) than peers to stop the violence (2.8% - 7.4%). When the pupils testify some case of bullying the most of children will help the victim (35% - 38%). Small numbers of pupils do nothing but think they should help (27.6% - 35%). Although, there is the smallest group of children which think that victim deserve this torture (0.7% - 1.7%). Small part of children is frightened of being bullied in their schools (2.7% - 4.7%). Pupils estimate that their teachers intervene in 3/4 cases of bullying, and in 1/4 they don't intervene. All other numerical results will be presented at the Congress.

CONCLUSION: There is need for an education of pupils, parents, teachers and non teacher staff in the schools through the quality anti-bullying program. The aim of program should be reduction of violence in the schools and prevention bad consequences on the youngster's physical and mental health.

Key words: bullying school, children

INTEGRATION OF PUPILS WITH CEREBRAL PALSY IN PUBLIC EDUCATION SYSTEM (254)

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In elementary school "Horvati" in Zagreb in school year 2002/2003, 6 pupils with diagnosed cerebral palsy have been included in regular classes. This action, initiated by parents was supported by the school principal, Ministry of education and sport and City council for education and sport.

In September 2002, integration of pupils with cerebral palsy was a bold action. Until this time, most of the pupils with cerebral palsy have been educated in special institutions, or in isolated cases involved in regular schooling. For education of pupils with special needs regular schools are the most stimulating environment, and therefore this process has to be developed further. Positive effects of integration are obvious in development of social skills of all the participants of the educational process, in acceptance and respect of differences and personalities of others, in development of self esteem, stimulus of self-possession and development of positive self-image.

The surrounding of pupils with special needs decreases prejudices accepts differences and consequently develops numerous forms of support and consideration. Everybody around the pupil with special needs develops stimulative empathy and matures in emotional and social means.

Elementary school "Horvati" made adjustments essential for the beginning of process of integration. Severe spatial barriers have been removed and a part of furniture for the pupils with cerebral palsy has been acquired. Teachers have shown high professional level and sincere willingness to accept pupils with cerebral palsy. The pupils feel accepted and secure. Communication between school doctor, special teacher, regular teachers, school pedagogue and the parents are prompt and regular. Even though teachers mostly use classical, frontal teaching method, various forms of cooperation learning are commonly applied.

This learning method is most appropriate for pupils with special needs. It develops the capability of critical opinion, self-criticism, self-evaluation. The child takes responsibility for his actions, communication with other pupils is encouraged and self-confidence is strengthened. Teachers are taking care of specificities related to movement, verbal and written expression, adoption of knowledge, skills and habits, as well as learning of arithmetics of pupils with cerebral palsy.

After regular hours, professional care is provided, lead by the special teacher. Physical therapy, necessary for rehabilitation, can be also performed at school. Teachers are helped by soldiers on civil service, which help the pupils with cerebral palsy to walk, perform physical exercise, go to excursions etc.

Our experiences show that with a good organization, professional work, constant education and cooperation with expert institutions, NGOs and parents, very good results can be achieved in education, social integration, and rehabilitation of pupils with cerebral palsy.

Our main problem is lack of space. Construction of a new school building, which we have been promised a couple of years ago, will enable us to provide our pupils with the best possible education and rehabilitation and social integration of our pupils with cerebral palsy, and help us help them to become healthy, productive and content people.

Key words: elementary school, integration, pupils with cerebral palsy, acceptance, integration, empathy.

IMPACT OF UNICEF PROGRAM STOP VIOLENCE IN THE SCHOOL ON VIOLENCE REPORTING AND PROFESSIONAL'S CAPABILITY TO DEAL WITH VIOLENCE (192)

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INTRODUCTION: Outgrowths of school violence is better recognition of the problem of bullying in schools. Today necessity to making school safer places is higher than ever. Following recent research and national strategy, we implemented UNICEF program «Stop violence in the school» in the primary school Stjepan Radić in Metković.

SUBJECTS: We compare violence reporting and professionals' capability to deal with violence/bullying before and after the implementation of the Program.

METHODS: We used questionnaire for teachers that participated education in the Primary school in Metković, with questions about bullying report by children and teacher behaviour before and seven months after education. Questionnaire consists of questions: reporting violence in the classroom (never - few times a week); type of violence (verbal, emotional, physical, economical, sexual, cultural); teachers capability to independently solve the problem (always, often, sometimes, rare, never); how often ask for professional help by psychologist or other special educator in the school...(always, often, sometimes, rare, never).

RESULTS: Seven months after education, for violence reporting we found increased number of those who answered never, but also those with answer every week. The number of reported physical and verbal violence was decreased, but sexual and cultural was increased. Percentage of teachers who never or rare succeeded to solve violence problem in the classroom was decreased from 35% to 12%, while percentage of those who could independently solve problems increased from 65% to 88%. We found changes and in asking some other professional help.

DISCUSSION: Obtained results show presence of active teachers participation in bullying prevention and reduction. Changes in children and teachers behaviour after the implemented education suggests strong impact that education could have on bullying appearance and reduction in school. Such findings are same as results in some UK, US and Belgium studies where is found strong relation between special programs for teachers and their preparedness for bullying reduction. Some other researches present teachers demand for more education about bullying and better shaped educational programs for prevention and reduction.

CONCLUSION: Specially education for teachers and children is essential precondition for bullying prevention and reduction.

Key words: bullying reduction, teacher, education, impact