

São Paulo Project for the social development of children and adolescents SP-PROSO

Violence, bullying and repercussions on health





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Presentation

By means of research and intervention, the São Paulo project for the social development of children and adolescents – SP-PROSO aims to contribute to the improvement of children and adolescents' lives in the city of São Paulo, particularly concerning bullying and other types of violence.

During the first phase, SP-PROSO, which is developed at the Department of Preventive Medicine at the University of São Paulo Medical School, aimed to diagnose the situation of bullying and other types of violence among adolescents attending the 9th year of the elementary school in the municipality. A pilot intervention and parallel evaluation are planned for the next phase of the project, among other actions involving inter-institutional coordination and mobilization.

The main purpose of the research was to estimate the prevalence of bullying victimization and perpetration and other types of violence, and to identify factors associated with the occurrence of such situations. Risk factors related to individuals, families, friend groups and school context were investigated. Data were collected over the second semester of 2017.

The SP-PROSO is the result of a partnership between the Department of Preventive Medicine of the University of São Paulo Medical School and the Violence Research Centre of Cambridge University. From a comparative perspective, it is connected to other two projects: the Z-PROSO and the M-PROSO, developed in the cities of Zurich, Switzerland, and Montevideo, Uruguay, respectively. In this sense, we are part of a more comprehensive initiative that increases the knowledge about adolescents in different contexts. SP-PROSO was designed to allow innumerable comparisons between results from the research in the three cities.

The financing institutions that enabled this research were: The British Academy/Newton Foundation and Fundação de Amparo à Pesquisa do Estado de São Paulo – FAPESP (The Foundation for Research Support of the State of São Paulo) (Process Nr. 2016/222594).

The present executive summary offers, in brief, the main findings, as well as information on how the data were collected, along with the ethics involved. The full report is available on-line and may be obtained at: sites.usp.br/sp-proso.

Enjoy the reading.

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1. The involvement of adolescents in bullying and violence

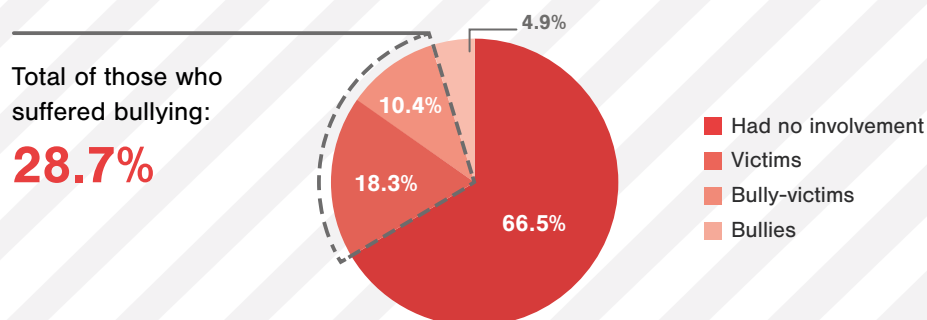
The World Health Organization (WHO) defines violence as “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”¹. Violence can manifest itself in different forms – physical, psychological, patrimonial or sexual. When it occurs among people who are 10 to 29 years old, WHO defines the phenomenon as juvenile violence. Bullying is a type of juvenile violence that has specific characteristics: the individuals (victims, aggressor and witnesses) know each other and relate – at school, for instance. It is recurrent and based on a power unbalance between the victim and the aggressor, which may be related to social status, physical characteristics, such as skin color, or other factors. Bullying is dynamic – that is, the victim and the aggressor may change positions, and both situations may even overlap and occur in different forms: physical, psychological, verbal, social, patrimonial or sexual.

How do we measure bullying

For measuring the occurrence of bullying, we used a questionnaire including ten items (five on victimization and five on perpetration), developed by Alsaker (2012)². Responses varied from never having suffered/perpetrated to having suffered/perpetrated every day. Bullying was considered to have occurred when the respondent stated having suffered/perpetrated at least one type of bullying for at least once a month over the previous 12 months.

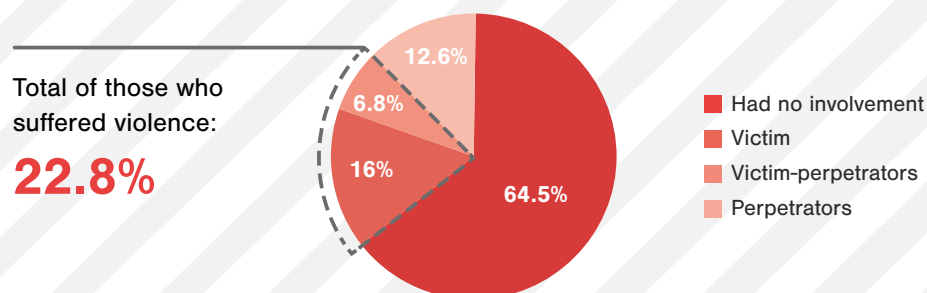
Involvement of adolescents in bullying

over the 12 months preceding the research (at least once a month)



Involvement of adolescents in violence

over the 12 months preceding the research



1. KRUG, Etienne G. et al. *The world report on violence and health*. *The Lancet*, v. 360, n. 9339, p. 1083-1088, 2002. Page 1084

2. ALSAKER, Françoise. *Mutig gegen mobbing in kindergarten und schule*, 2012.

Types of bullying: victimization over last 12 months



Laughter, mockery, offense:

17.5%



Beating, biting, hair pulling:

3.7%



Items taken away, hidden, destroyed:

11.5%



Ostracism, exclusion:

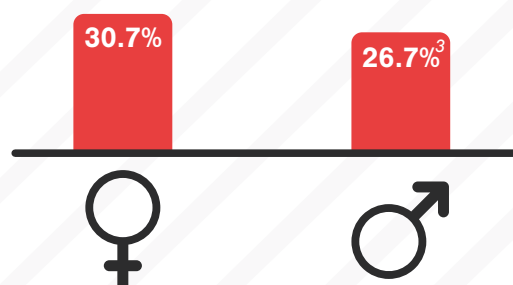
9.7%



Sexual harassment:

6%

Total: 28.7%



Types of violence: victimization over last 12 months



Robbery (with violence):

15.3%



Sexual violence:

1.7%



Physical violence without weapon:

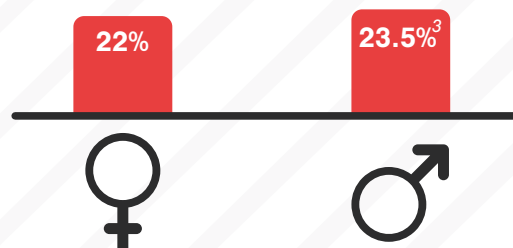
7.6%



Physical violence with weapon:

5.5%

Total 22.7%



3. This difference was not significant for statistical purposes.

Types of bullying: perpetration over last 12 months



Laughter, mockery, offense:

10.1%



Sexual harassment:

1.8%



Items taken away, hidden, destroyed:

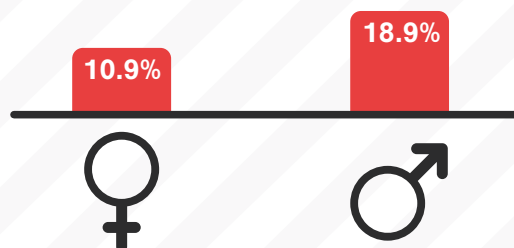
5.6%

Total 15.3%



Ostracism, exclusion:

4.4%



Beating, biting, hair pulling:

3.2%

Types of violence: perpetration over last 12 months



Physical violence:

12.7%



Sexual violence:

1.1%



Carrying a weapon:

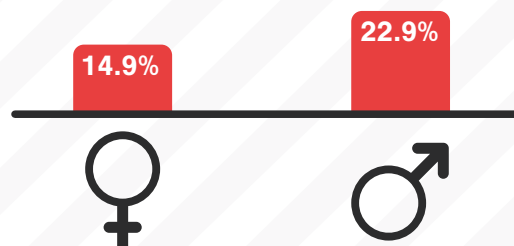
7.8%

Total 19.4%



Robbery (with violence):

1.7%

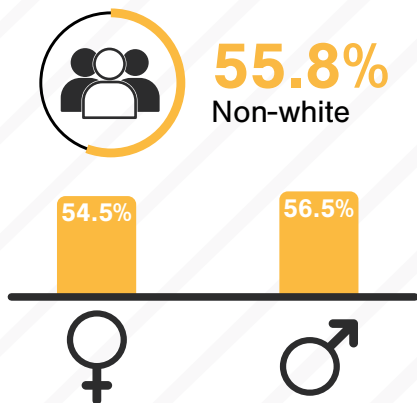


2. Social markers of the difference, bullying and violence

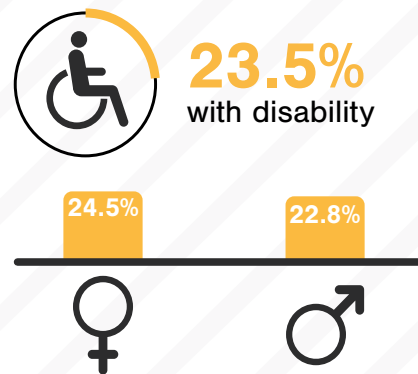
The social markers of the difference are characteristics of the individuals (either innate or acquired) that weigh as a social mark, that is, are used in social situations to stress identities and to organize the way the society relates with persons who carry them. Being white, heterosexual, thin and not disabled is different from being black, not heterosexual (gay, lesbian or bi-sexual, for instance), obese and living with a disability (being blind, for instance). Life opportunities are offered to individuals based on their characteristics. In this chapter we describe our sample considering some of those markers, and then we check if having some of those characteristics is associated with a higher risk of bullying and violence victimization.

About the adolescents

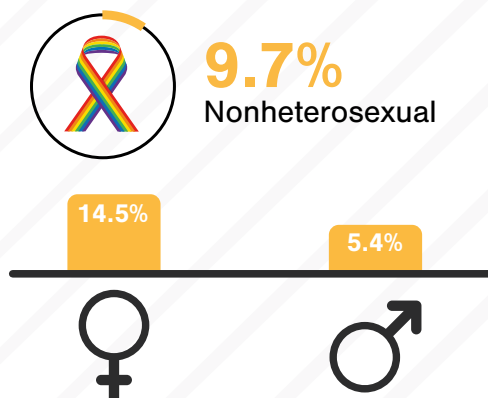
Race/color



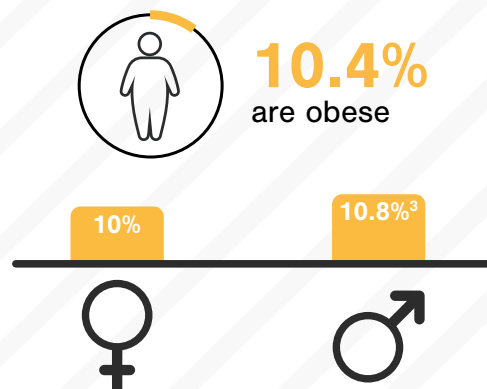
Disability



Declared sexual orientation⁴



Obesity

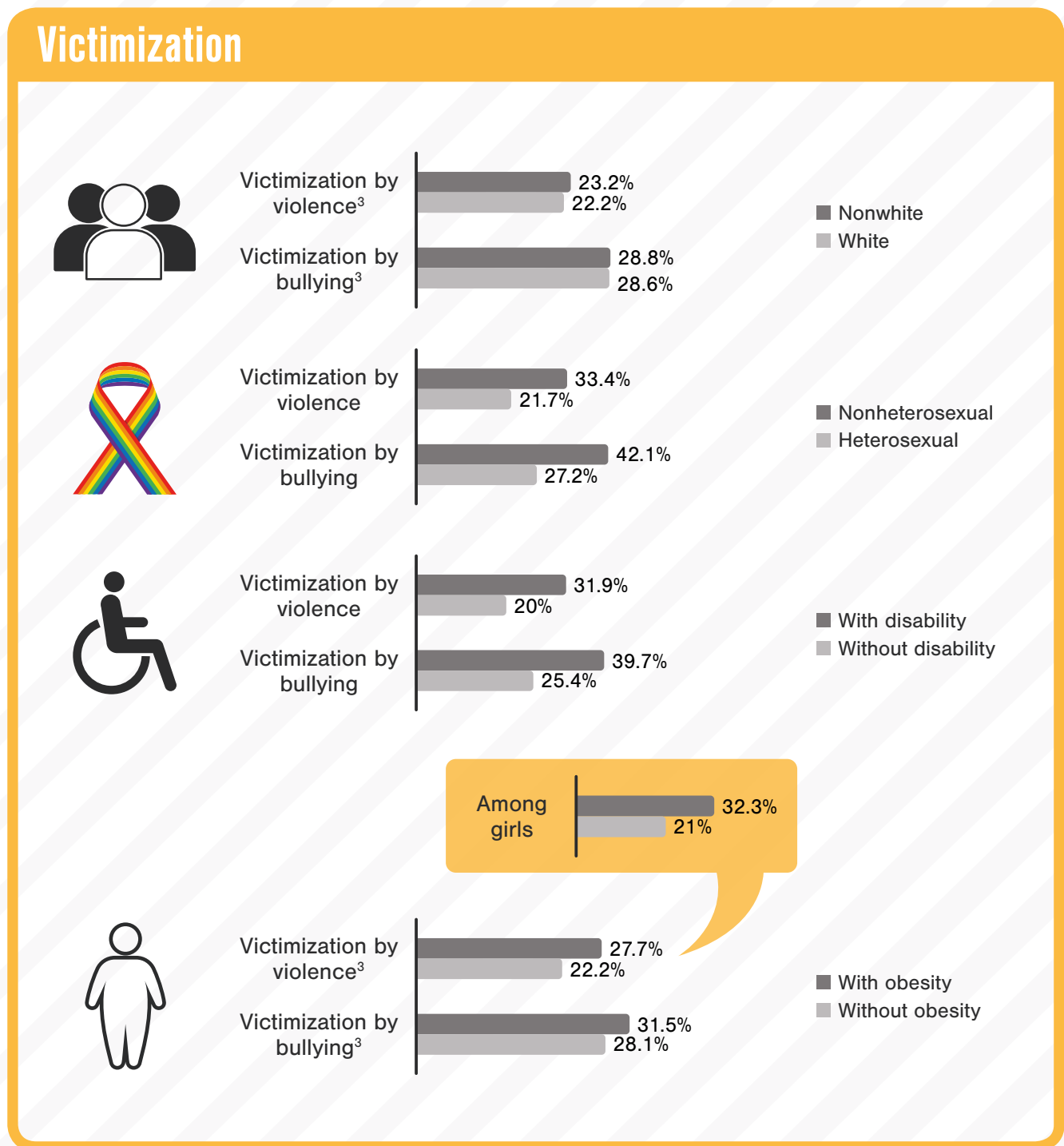


3. This difference was not significant for statistical purposes.

4. Human sexuality is dynamic and, especially during childhood and adolescence, desires and feelings are in the period of maturation, experimentation and discovery, which means that, in this phase of life, sexuality might not yet be defined. Based on this understanding, we asked participants who they were attracted to (men, women or both). Participants were allowed to answer freely and anonymously. Nevertheless, sexual orientations different from the mainstream (heterosexual) are still stigmatized, and it is possible that some of them may have avoided expressing their real desire, fearing the stigma.

The association between social markers of the difference, violence and bullying: victimization

The differences in the frequency of bullying and violence among whites and non-whites were not significant statistically. Nevertheless a larger prevalence of victimization by bullying and by violence was found among adolescents who declared nonheterosexual orientation and among those who mentioned having some disability. As to adolescents with obesity, despite the more frequent occurrence of bullying and violence recorded in this group, results were not statistically significant.



3. This difference was not significant for statistical purposes.

3. Parental practices, bullying and violence

Family relations are fundamental for structuring the identity, for sharing values and norms, creating a repertoire of social skills and building autonomy. Thus, mothers, fathers and caregivers play an important role in this process. The research tried to understand the parental styles perceived by the adolescents, and to verify if and how they are linked to victimization and perpetration of bullying and violence. We explain next, each measure used to understand parental practices. Each of those measures was built on a number of questions whose answers varied between never and frequently, and all answers were considered in whole as one measure that expresses how often each practice occurs, categorized into “almost never”, “sometimes” and “almost always”.



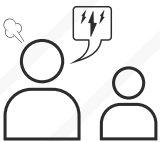
Monitoring of free time: We investigated parental monitoring and supervision using questions about how often parents ask about their sons’ and daughters’ friends, what they do, who they meet and the places they go in their free time; and if parents establish a curfew for their sons and daughters.



Parental involvement: We asked adolescents how often their parents were caring, using questions such as “Your mother or father hugs you to comfort you when you are sad?” or “When you have a problem you can talk to your parents about it?”.



Frequent conflict between parents: We explored the presence of conflict between parents using three questions concerning fights and offenses.



Use of violent disciplinary practices: This measure investigated face slapping, the use of a belt to hit the adolescent, slapping the bum and other harsh punishments.

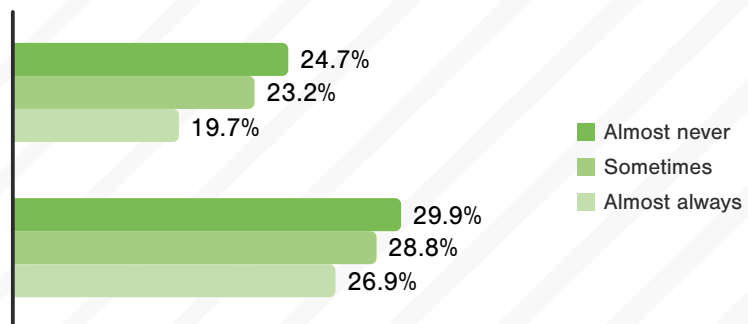
Association between parental practices, bullying and violence: victimization

Victimization

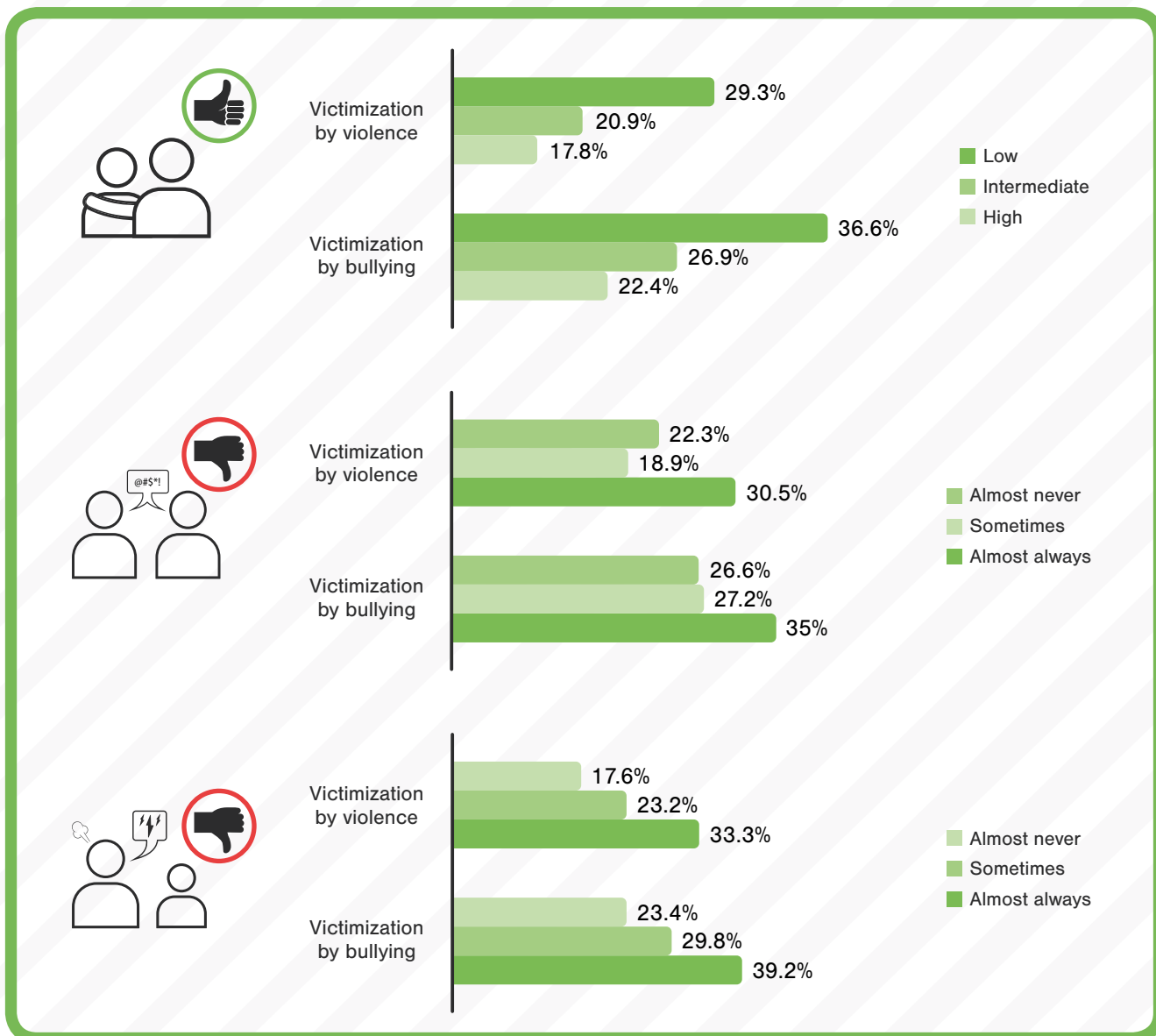


Victimization by violence³

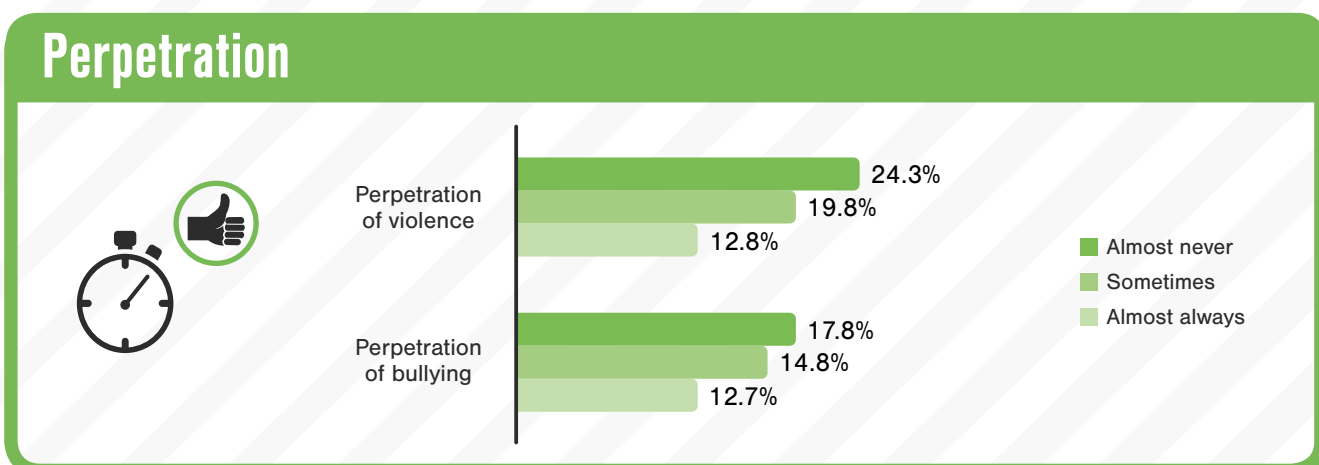
Victimization by bullying³



³ This difference was not significant for statistic purposes.

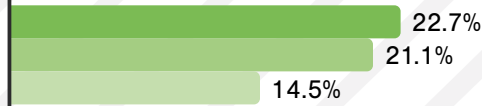


Association between parental practices, bullying and violence: perpetration



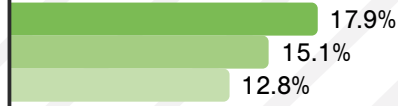


Perpetration of violence



Low
Intermediate
High

Perpetration of bullying

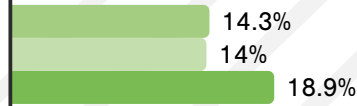


Perpetration of violence

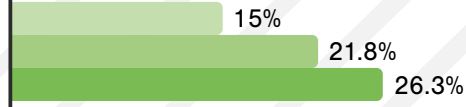


Almost never
Sometimes
Almost always

Perpetration of bullying

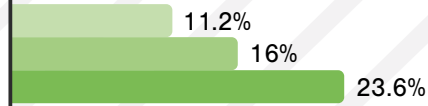


Perpetration of violence



Almost never
Sometimes
Almost always

Perpetration of bullying



4. Friendship, nighttime leisure activities, bullying and violence

As adolescents grow older, they engage less with parents and relatives and become more and more exposed to public spaces with friends, far from adults' supervision. In these spaces, they meet new acquaintances and enlarge their social circle with people who have different habits, values and beliefs. This movement is plenty of wrongs and rights, frustrations and joy, confrontations with risk and protection situations.

The influence of peer groups when sharing values, transgressive attitudes and illegal activities is a well-known risk factor for the involvement in violence and bullying. On the other hand, friendship relations may play a protective role, it can be stable and intimate, and may reflect the ability of empathy and affective connection, leading to emotional support, protecting adolescents from situations such as bullying and exposure to risky situations of violence.

In this chapter, we explore those aspects of adolescents' life, that is, we characterize their peers and their leisure activities, aiming at checking if, and to what extent, those aspects are connected to higher risk of victimization and perpetration of violence or bullying.

Adolescents' habits:

Nighttime leisure activities

Night leisure habits	Percentage of adolescents who reported practicing the activities more than monthly
Meet peers at night to do something together	28.2%
Spend time in park, street, shopping mall with friends at night	25.8%
Go to a party at night with friends	22.8%
Go to a bar or club with friends at night	10.7%
Percentage of adolescents classified with high frequency of night leisure	29.5%

Social support from friends

On people whom you can count on	Percentage of adolescents who answered that they agree or totally agree
I have one or more good friends	89.8%
I have friends whom I can trust	84.2%
I get along with my friends	93.8%
Percentage of adolescents classified as counting with high support from their friends	82.7%

70.9% of the adolescents reported being part of a group of friends. Those were asked if:

Does your group of friends practice these activities?	Percentage of adolescents who answered "yes"
Uses alcohol or drugs	41%
Threatens, fights or beats	26.9%
Damages or destroys property, writes graffiti	15.4%
Sells drugs	8.1%
Asks for money in exchange for protection	6.7%
Steals things, breaks into and enters houses (burglary)	6.4%
Carries weapons	6.1%
Robs other people	4.4%
Others	4.7%
Percentage of adolescents who reported that any member of the group of friends practices one or more deviant activities (only among those who are part of a group)	52.3%

Association of friendship and nighttime leisure activities with violence and bullying: victimization

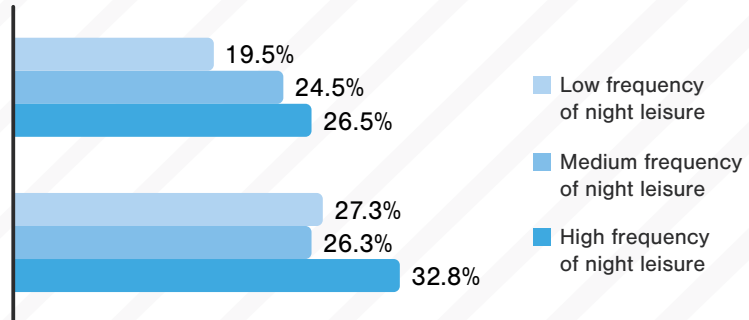
Victimization

Nighttime leisure activities



Victimization
by violence

Victimization
by bullying

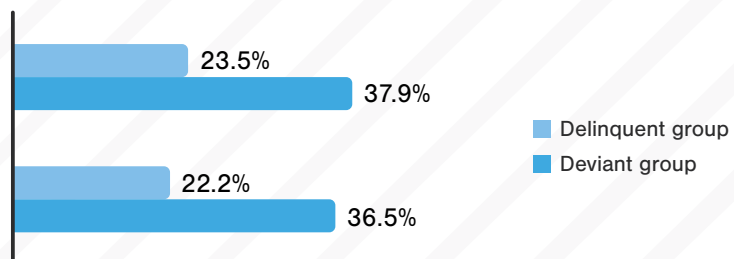


Transgressive activities by members of the group of friends



Victimization
by violence

Victimization
by bullying

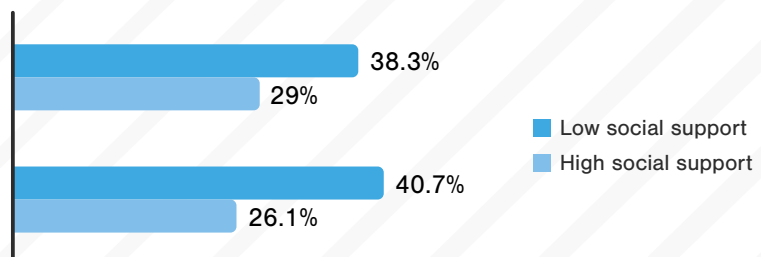


Social support from friends



Victimization
by violence

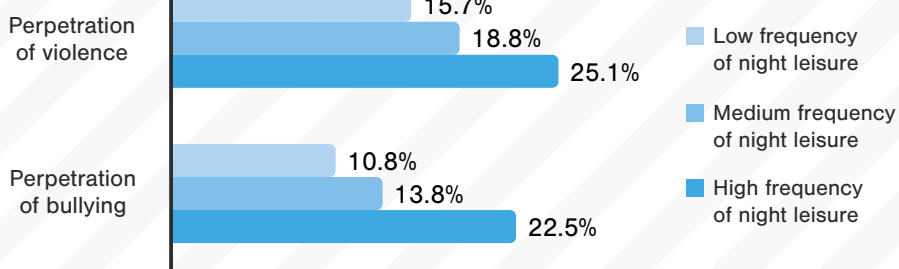
Victimization
by bullying



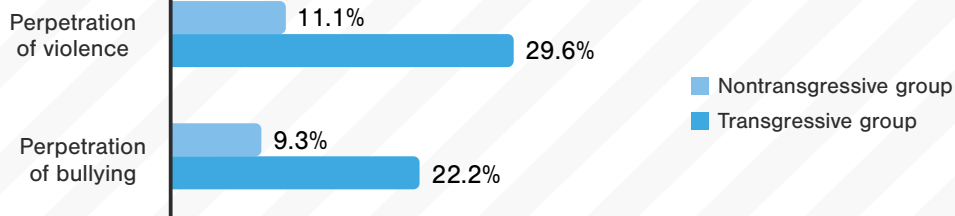
Association of friendship and nighttime leisure activities with violence and bullying: perpetration

Perpetration

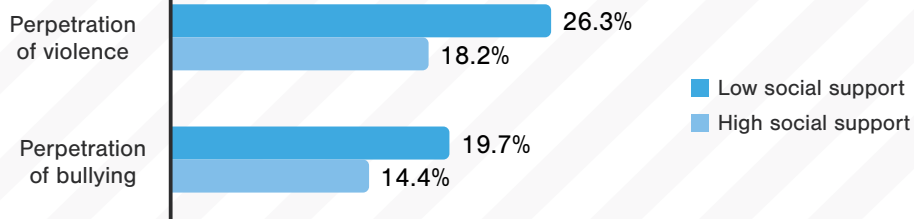
Nighttime leisure activities



Transgressive activities by members of the group of friends



Social support from friends



5. Perception on school and school environment

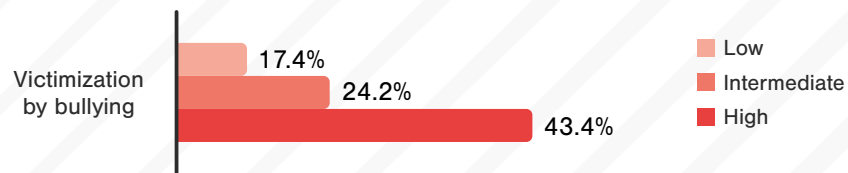
School is where children and adolescents learn not only curricular content, but also how to relate with other children, adolescents and adults, to respect rules and norms, to learn to live with those who are different and to deal with frustrations and conflicts and to know their limits and other peoples limits.

A number of studies have shown that characteristics of the school environment are associated with violence and bullying levels. We present some of the associations found in the research. All associations described here are statistically significant.

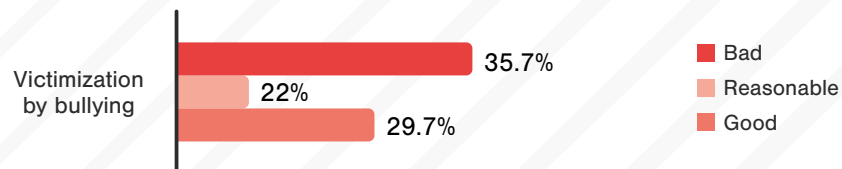
Association of perceptions on the school with violence and bullying

Victimization

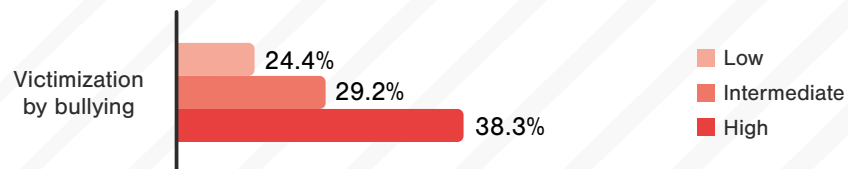
Perception on disorder and violence in school environment



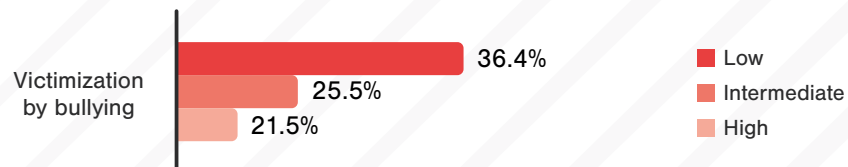
Relations with teachers



School difficulties

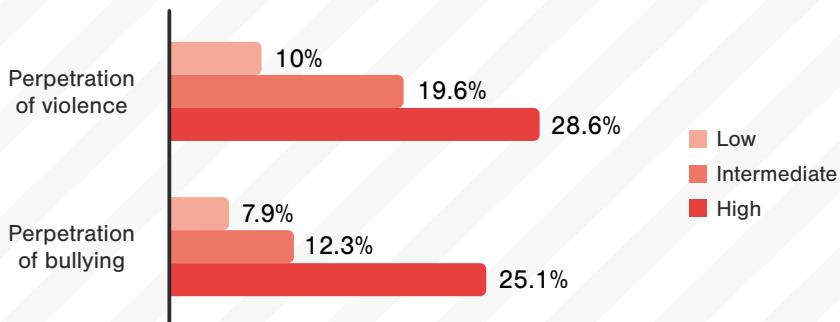


Legitimacy assigned to the school

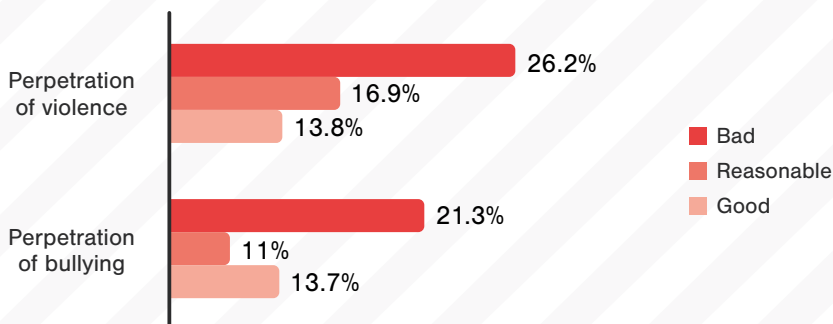


Perpetration

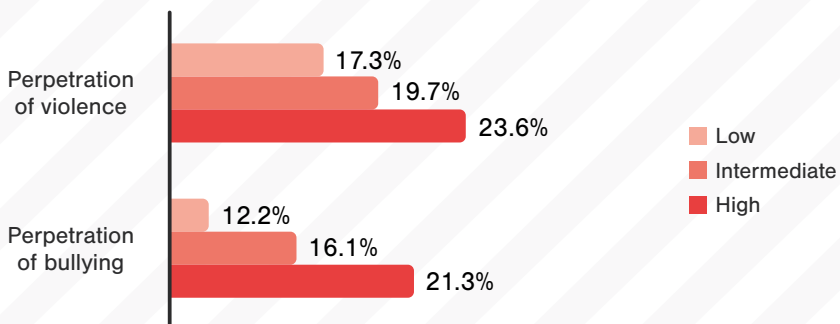
Perception on disorder and violence in school environment



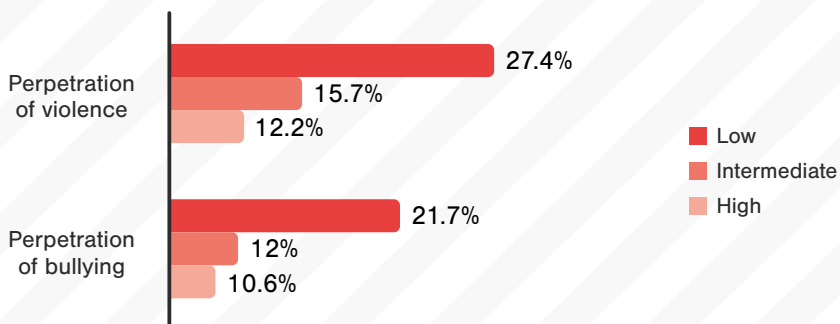
Relations with teachers



School difficulties



Legitimacy assigned to the school



6. Values, attitudes, norms and social skills⁵

One important aspect of development occurs through teaching social contact rules and by sharing values and attitudes, which are gradually incorporated by the individuals, and come to build the adolescents' individual and specific framework of values, attitudes and norms. Acknowledging limits and what is prohibited, which at first is transmitted by parents, caregivers and teachers, are gradually incorporated and eventually come to modulate behaviors as an internal control.



Moral values: Moral values are associated with daily practices. To understand the adolescents' moral values, they were asked how serious they consider attitudes such as lying, beating/hurting, stealing, skipping class, using weapons or offending other people.



Moral neutralization: Moral values may be temporarily "turned off". This mechanism is known as moral neutralization, and is present in all of us, and even in our justice system (in case of legitimate defense, for instance). Nevertheless, those who tend to use this mechanism recurrently are prone to perpetrate bullying and violence more often.



Legal cynicism: This is an attitude that relativizes, ignores or minimizes the importance of laws and justice institutions, and appraises transgression, deviations and violence. Individuals with high levels of legal cynicism believe, that obeying rules would place people in disadvantage, and that one must break rules to achieve goals and objectives.



Police legitimacy: Expresses the way adolescents perceive the police performance as legitimate, and acknowledge it as fair, correct and effective. Adolescents who see institutions and laws as being defective and unfair are more likely to be involved in violence.



Masculinity values: Defining one single masculinity ethos is not possible, but characteristics like virility and aggressivity are often associated with masculinity, as well as the role of family protector. When this vision is linked to a feeling of superiority over women, it may lead to violence against women. There is large literature pointing to the importance of values when it comes to the idea of virile masculinity, which is associated with greater chance of involvement in situations of conflict and violence.

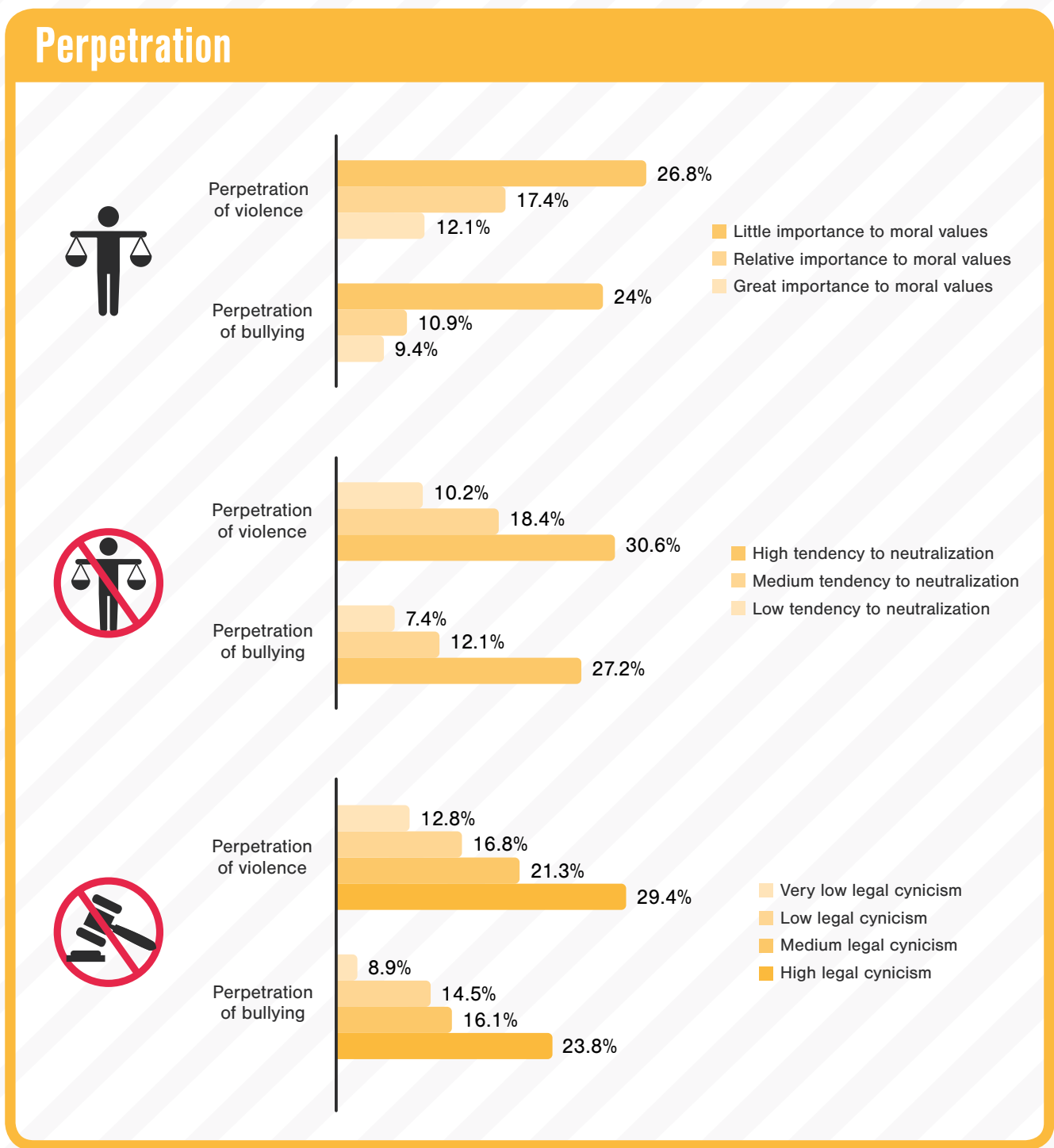


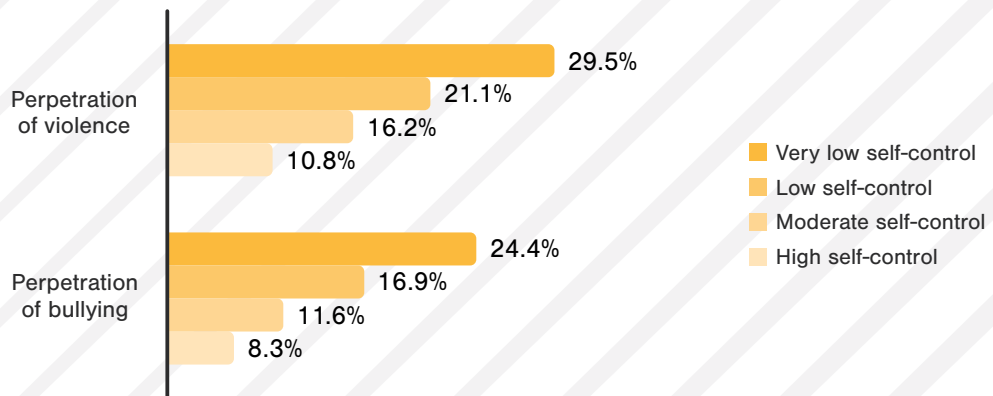
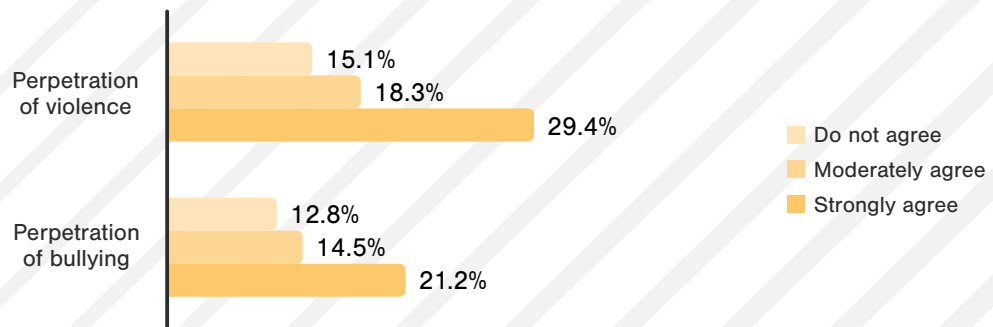
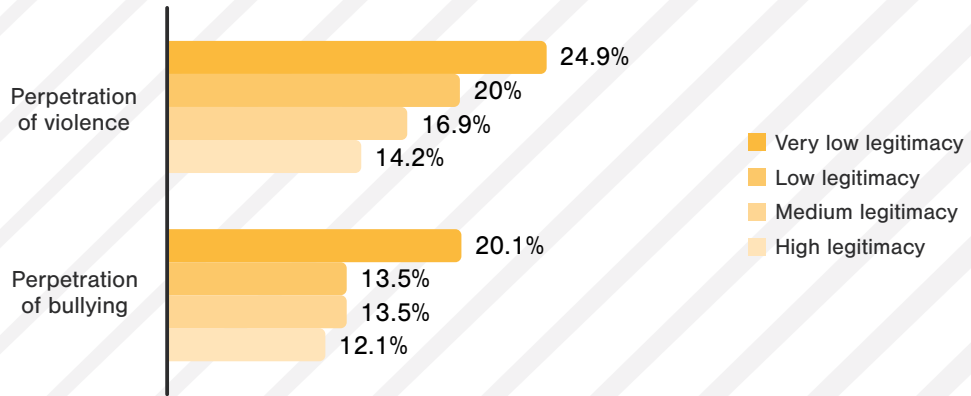
Self-control: Impulsivity, immediacy, risk and adventure valorization and self-centering are some of the characteristics identified in persons with poor self-control capacity, which makes them more susceptible to get involved in conflict and violence situations.

5. Various questions were used to compose each measure. Those scales are usual in the fields of psychology and criminology. In order to understand how each of them is composed, please access <http://sites.usp.br/sp-proso/> and the full report at that same address.

Association of values and social skills with violence and bullying

Aspects such as values, attitudes and norms and the ability to exert self-control in different situations are related to our social skills and with both violence and bullying. This is not to suggest that they are the only causes, or that the external environment is not important: it solely means that the values we carry, the models we follow and our self-control do affect the way we behave in concrete situations. In this section we have tested the association of values, attitudes, norms and self-control with perpetration of bullying and violence among adolescents in each group.



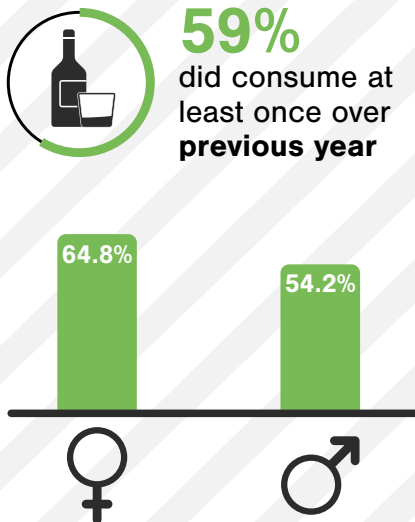


7. Drugs use, bullying and violence

Early use of drugs is associated with a higher risk of substance abuse across the life course, as well as risks to the health and development of the adolescent. Possible consequences of drug use by adolescents also include situational vulnerability to violence resulting from the acute direct effects on the Central Nervous System (CNS). In this section, we show the results on the frequency of drug consumption by adolescents who took part in the research. We have selected those drugs more frequently used in order to test the association with bullying and violence⁶.

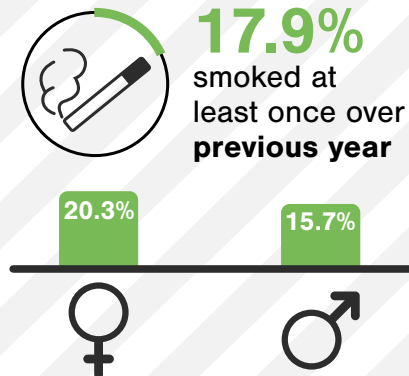
Frequency of consumption:

Alcohol

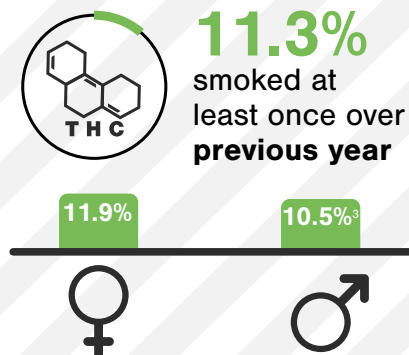


28.3% reported at least one episode of compulsive/binge drinking (more than five shots in one single occasion) during the month preceding the research.

Cigarette/tobacco



Marijuana/ hashish

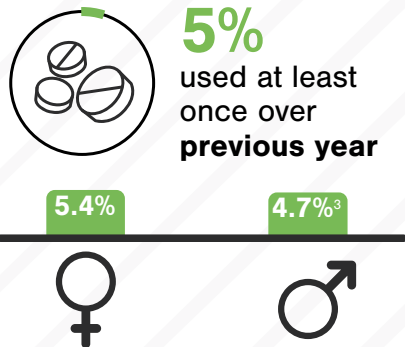


6. To find the association of the use of each drug with bullying and violence, please access the full report of the research at www.sites.usp.br/sp-proso.

3. This difference was not significant for statistical purposes.

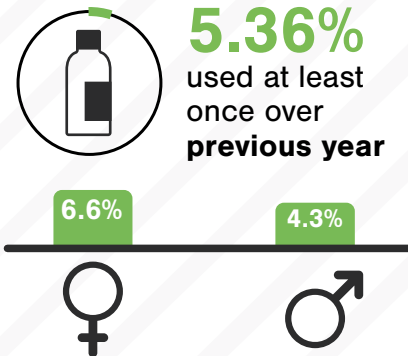
Other drugs that affect the CNS

LSD, acid, sweets, and hallucinogenic mushrooms and Ecstasy (marijuana and hashish are not included)



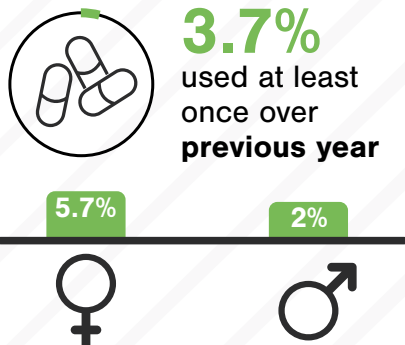
Other drugs depressants of the CNS

"Loló", perfume squirter, ether, benzene, thinner, turpentine, paint, enamel, gasoline, (alcohol is not included)



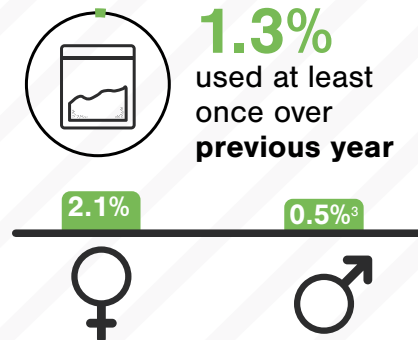
Psycho-active medicines without medical prescription

Minor tranquilizer, antidepressant, Ritalin (substances with medical prescription are not included)



Other drugs that stimulate the CNS

Cocaine, crack and amphetamines (cigarette/tobacco are not included)



Association of drug use with violence and bullying: victimization

One of the questions we tried to answer was: does victimization by bullying and other types of violence lead to increased frequency of drug use, besides other negative impacts on health and behavior? One way to measure this aspect is by checking if the use of drugs is more frequent among adolescents who were victims of violence or bullying. The answer is yes. Adolescents who were victims of bullying referred having used drugs (for all types of drugs) at least once in the previous year more frequently when compared to the group of adolescents who were not victims. The same result was found for other types of violence suffered. We show next the results for alcohol, cigarette and marijuana.

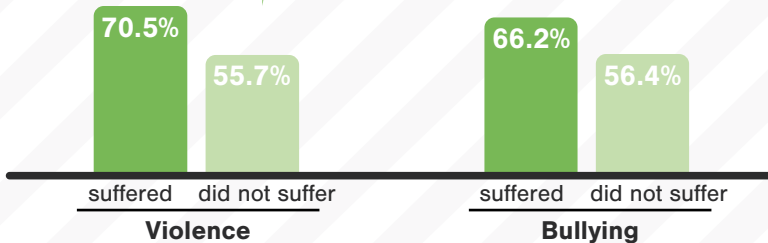
³. This difference was not significant for statistical purposes.

Victimization

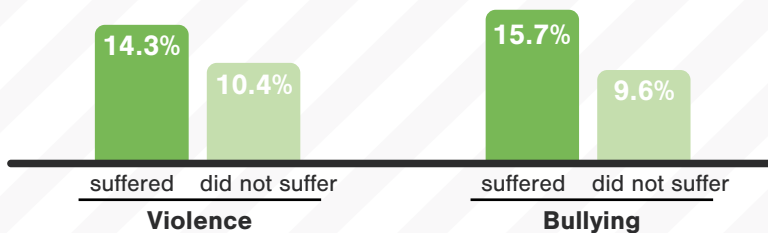
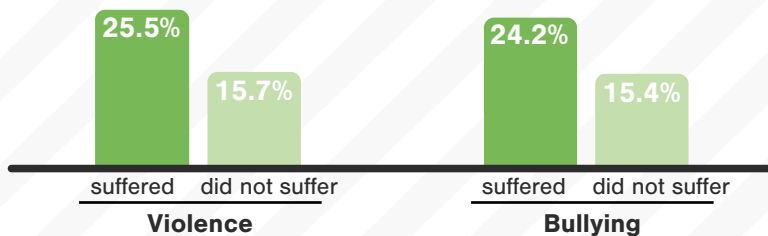
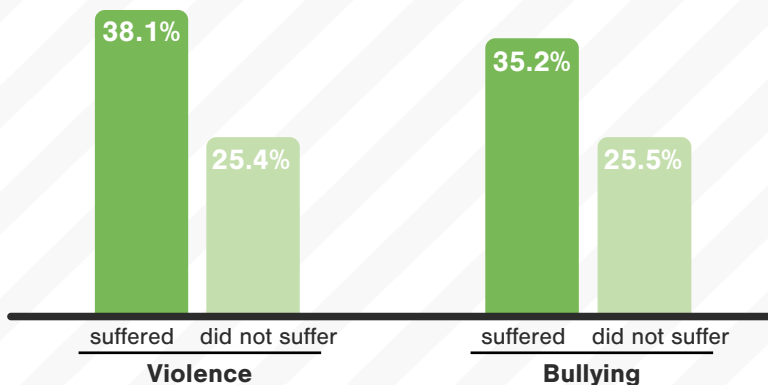
Is drug use more frequent among adolescents who suffer violence and bullying?

70.5% of adolescents who suffered violence did consume alcohol at least once in the previous year

Among adolescents who did not report violence, alcohol consumption was reported by 55.7%



Binge Drinking
(previous month)



Association of drug use with violence and bullying: perpetration

Another question we tried to answer was: were bullying and other types of violence more frequent among adolescents who used drugs? With this in mind, we measured the frequency of perpetration among adolescents who did and did not use drugs. Violence and bullying were more frequent in those groups that did consume drugs at least once in the previous year, considering all kinds of drugs assessed. We present here the results for the drugs that were more commonly consumed among adolescents in this research. Please note that we calculated the percentage of perpetration among those who did and did not use drugs at least once in the previous year.

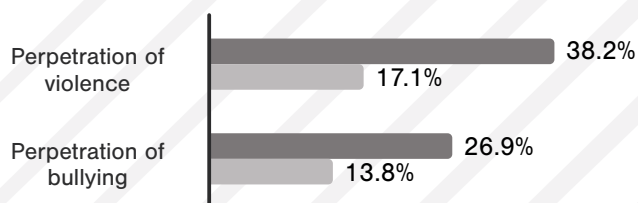
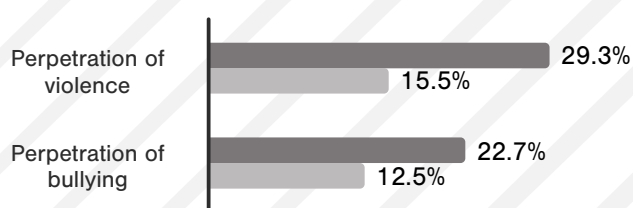
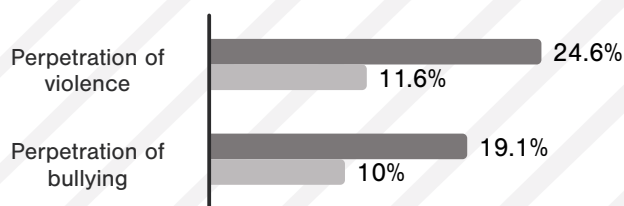
Perpetration

Among adolescents who did consume alcohol, 24.6% did practice some type of violence.

11.6% of the adolescents who reported not having consumed alcohol over the last year did perpetrate some type of violence.



Binge Drinking
(previous month)



Code



Used



Did not use

8. The effects of bullying and violence on the adolescents' health

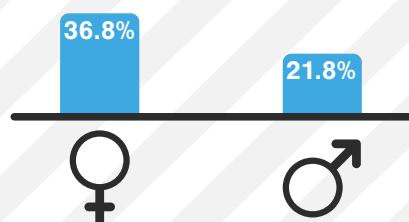
Violence and bullying, either perpetrated or suffered, have harmful effects on both the development and the health of children and adolescents. Exposure to violent situations is associated with learning problems and different conditions, such as depression, internalizing symptoms, anxiety and phobia, pos-traumatic stress disorder, among others. Effects on health can also be felt in the long term, affecting the individual in the adult age. We present next two important aspects for the health of adolescents reported in the research: the perception of health condition and internalizing symptoms, and the relation of those aspects with bullying and violence.

How adolescents feel:

Perception of health condition



28.9%
consider their own
health regular, bad
or very bad



Internalizing symptoms



How often did you feel like that during last month?	Percentage of adolescents who answered "frequently" or "very frequently"
You were bored	37%
You were worried	35.2%
You were scared, fearful or anxious	32.6%
You were sad without knowing why	29.7%
You were unhappy, miserable or distressed	28.5%
You felt alone	26%
You cried	23.6%
You couldn't fall sleep	20.3%
You harmed yourself on purpose	7.4%

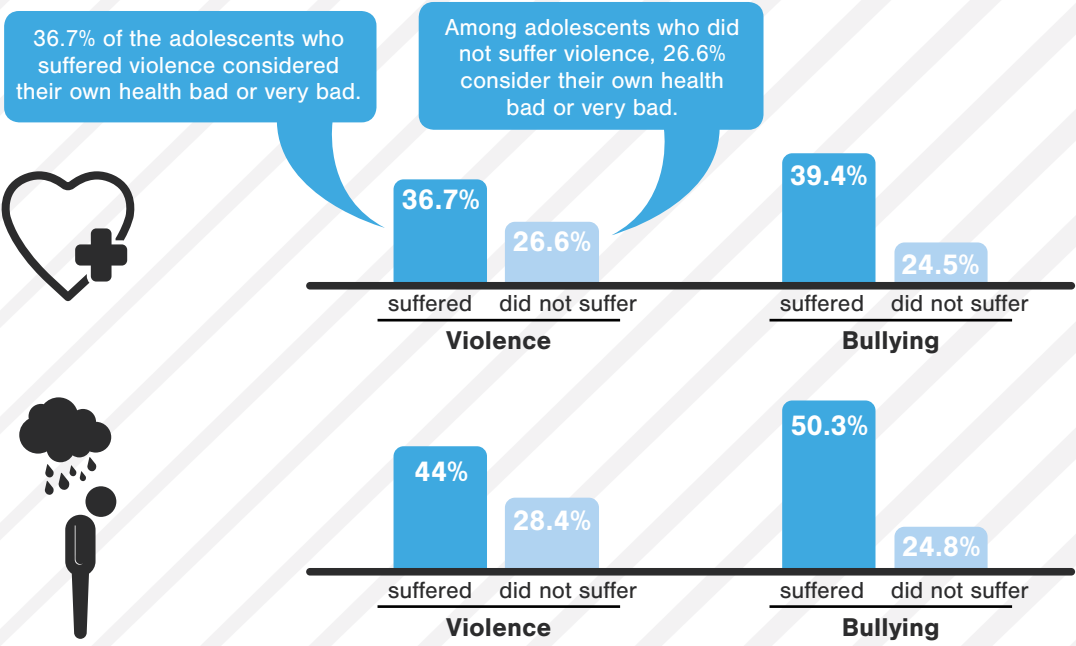
Adolescents with high levels of internalizing symptoms

A general value was calculated for each adolescent, based on the total of values assigned to the answers (never=1; seldom=2; sometimes=3; often=4; very often=5) to the nine questions that investigated the presence of each symptom. Based on that total, students with values in the upper third percentile were classified as presenting high levels of internalizing symptoms (more serious). This measure was used to evaluate the association between bullying and violence with internalizing symptoms, presented on the next page.

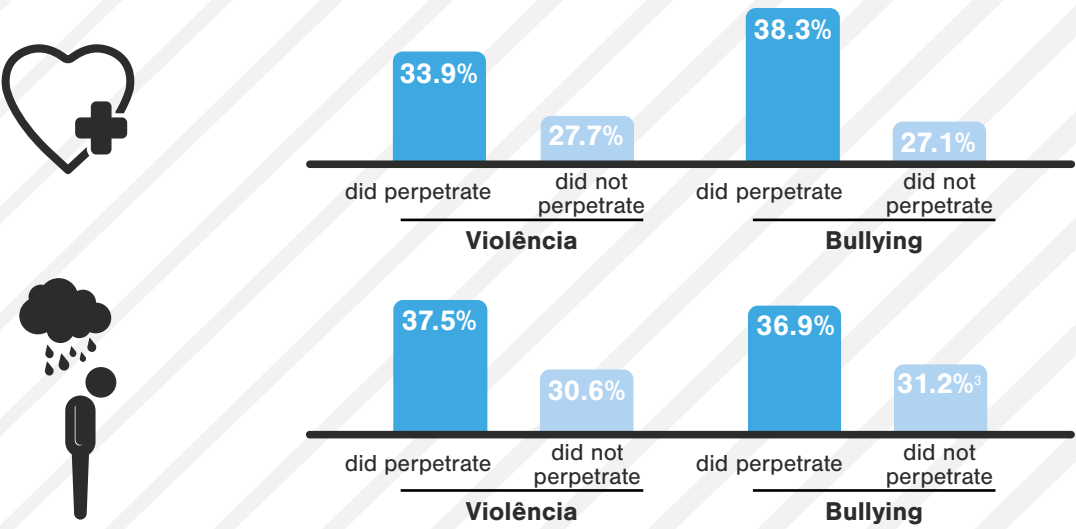
Association between health condition, violence and bullying

Is the health of adolescents worse among those involved in violence or bullying?

Victimization



Perpetration



3. This difference was not significant for statistical purposes

Recommendations

Violence against the most vulnerable members of our society – our children and our adolescents – has a devastating impact and leads to a number of social and health problems. Yet much of it is predictable and preventable through programmes that address its causes and risk factors⁷.

In 2014, WHO published, along with other eight agencies and international organizations, the set of strategies INSPIRE: Seven Strategies for Ending Violence Against Children (INSPIRE, 2018). SP-PROSO aligns with INSPIRE and believes that reducing the magnitude and the damages caused by violence against children and adolescents is possible by means of prevention. INSPIRE presents seven evidence-based strategies whose results proved positive or promising, as well as cross-cutting activities that, in ideal circumstances, should guide both the implementation and the articulation of actions in an multisectorial network. Cross-cutting activities suggested by INSPIRE can be used to support the implementation and the monitoring of programs and actions aimed at prevention developed by different sectors.

We present next our recommendations, adopting as reference the strategies proposed by INSPIRE. The chapter “Conclusions and recommendations” from the full report of the research offers details on the development of those recommendations, and is available for free consultation at the following site sites.usp.br/sp-proso. The site also links to publications of the INSPIRE collection, for going deeper into the methodology.

Cross-cutting activities

Prevention actions and answers to violence against children and adolescents must be articulated in an multisectorial network centered on a shared plan of action. This network must count on a clearly defined coordination, and the plan must include objectives, goals and activities to be carried out by each sector. In Brazil, we have the System for Assuring the Rights of Children and Adolescents (Sistema de Garantia de Direitos de Crianças e Adolescentes – SGDCA), a protection network for childhood and adolescence based on the Child and Adolescent Statute (Estatuto da Criança e do Adolescente – ECA) and on specific legislation. SGDCA sectors are present on the territories through services that are included in the education system, the Unified Health System (Sistema Único de Saúde – SUS), the Single Social Assistance System (Sistema Único de Assistência Social – SUAS), specialized police stations, jurisdictions for children and youths, and NGOs or other organizations of the civil society. A good starting point is the acknowledgement of the network available in the territory and the search for a local articulation that may enable for the sharing of responsibilities and the definition of a clear flow for cases to move onward.

The second transversal activity is the monitoring and the evaluation that may provide information on the actual magnitude of the problem, distribution and risk factors, as well as results attained by mean of actions and programs. This information is crucial for planning and for later evaluation of results. **In order to consolidate an information system for monitoring and evaluation of actions, programs and policies**, it is essential to invest in strengthening the notification system of violence occurrences against children and adolescents by all institutions in the network that make part of the SGDCA, specially schools, health units and the Protective Council.

7. World Health Organization. (2016). *INSPIRE: seven strategies for ending violence against children*. World Health Organization.

Seven Strategies for Ending Violence against Children⁷



1. Implementation and enforcement of laws

The reinforcement of our legal framework aimed at ensuring a full implementation of laws in force and the creation of control mechanisms are crucial for reducing cases of children and adolescents involved in violent situations and for limiting their exposure to risk factors already known.

For actions to be implemented with efficacy, the existing laws must be dully enforced, with strengthened formal and social control mechanisms. Specifically as to childhood and adolescence, it is crucial to guarantee that ECA and SGDCA are fully implemented. Other important laws are the anti-bullying act (Law Nr. 13.185/2015); the law that forbids the use of physical and other degrading punishment (Law Nr. 13.010/2014); laws that make penalties harder in case of sexual assault and children and adolescents exploitation (Law 13.440/2017); and the Disarmament Statute (Law 10.826/2003).



2. Norms and values

INSPIRE highlights the fundamental change of attitudes and norms that treat violence against children as natural – such as the violence practiced by parents and teachers as disciplinary method –, which maintain gender inequality and contribute to make violence against girls seem natural, yet maintaining masculinity values centered in virility and violence.

School curricula must include themes that enable gender equity and tolerance regarding differences to be discussed. **Improving the quality of relations is as necessary as dealing with disorder and violence in the school environment.** These are important steps to assign greater legitimacy to the school, thus leading students to better accept interventions aimed at changing values.



3. Safe environments

INSPIRE acknowledges that social and physical environments are important for violence prevention, once environmental characteristics stimulate positive behaviors and inhibit behaviors that are harmful, disrespectful and violent. Reducing violence levels in the community and bringing up safe environments are promising strategies for modifying individuals' behavior and inhibiting violence.

To outline programs and interventions that deal with different risk factors, thus enlarging their effects. Specifically in schools, programs aimed at reducing disorder and promoting better relations among students, teachers and employees, restoring the school environment, may open room for changing values, attitudes and norms, and for developing life skills. Identifying the main problems of the school environment that result in unsafe environments for children may be a starting point for claiming for improvements by public authorities.

7. World Health Organization. (2016). *INSPIRE: seven strategies for ending violence against children*. World Health Organization.



4. Parent and caregiver support

According to INSPIRE, strategies meant to promote positive relations between children and their parents and caregivers, skills in non-violent disciplinary strategies based on communication and parental supervision have proved to be effective for preventing violence among children and adolescents.

The involvement of parents in activities carried out at school, in the school council or in parents association may be a strategy for offering activities aimed at the development of parental skills. They also can, in ideal circumstances, involve the health sector through the Family Health Strategy (Estratégia Saúde da Família – ESF).



5. Income and economic strengthening

According to INSPIRE, programs of direct income transfer, such as the Bolsa Família, when focused on women and associated with intervention for improving parental skills, result in better supervision and larger investment in education and access to health services.

In SP-PROSO, aspects related to socio-economic conditions were not considered, but examples of programs can be found elsewhere⁷. It must be stressed that positive effects found in these programs do not mean that social vulnerability may be taken for a direct cause of violence and mistreatment, or that these conditions would be exclusive of the most vulnerable social classes. Our results show that there are no differences in victimization and perpetration, for instance, among students of public and private schools.



6. Response and support services

A structured services network – of health, social assistance, protection and safety – is crucial to assure a prompt and efficient answer for identified cases, and to minimize negative effects of violence against children and adolescents. So says INSPIRE.

A partnership between the school and health units is crucial, especially the Primary Health Care Units (Unidades Básicas de Saúde – UBS), the Family Health Support Center (Núcleo de Apoio à Saúde da Família – NASF), and the Psychosocial Care Centers for Children and Adolescents (Centro de Apoio Psicossocial – CAPS), to treat the effects on health of the exposure to violence. Actions to prevent alcohol and drug use may be developed in partnership with health units and NGOs that work in the community with children and adolescents. **Interventions focused on adolescents with high risk of violent behavior or victimization by violence, in situation of social vulnerability, must be implemented along with universal strategies and programs**, that are targeted to the entire school population.



7. Education and life skills

Although programs aimed at education and development of life skills may be implemented in different spaces, the school gains here a special remark, according to INSPIRE.

As well as the inclusion of themes that enable to deal with gender equity and tolerance regarding differences (strategy 2), it is also important to carry out programs that aim at the development of pro-social attitudes, self-control capacity, non-violent strategies for solving conflicts, as well as programs meant to prevent violence and bullying.

Technical Information

On research data collection

Scope: Municipality of São Paulo

Survey period: 2017, from August 9 to November 23.

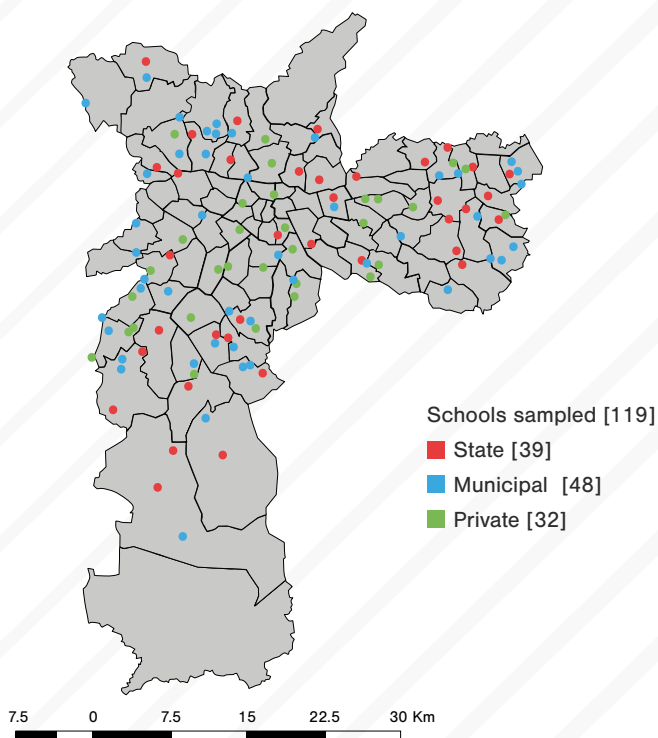
156 classes in 156 schools were randomly selected, including municipal, state and private institutions. Of those, 119 schools agreed to participate.

Representative sample of students of 9th year of Elementary School of the municipality

2,680 students answered at least 80% of the questionnaire and were included in the analysis (from a total of 2,702)

Students filled in a questionnaire on paper, individually, on the presence of trained researchers who remained in the room, and without the presence of teachers or other school professionals.

Space distribution of participant schools in the study. SP-PROSO 2017.





Ethical aspects

The project was approved by the Committee of Ethics and Research of the University of São Paulo Medical School (Process number 1.719.856); by the National Commission on Ethics in Research (CONEP) (Process number 2.014.816); and by the Committee on Ethics in Research of the Institute of Criminology of the University of Cambridge.

It was carried out with the accordance of the Education Department of the State of São Paulo (SEEP) and the Municipal Education Department of the Government of the City of São Paulo (SME/SP)

All participating schools took part voluntarily.

At each school, a meeting was required with parents of students of the selected class, in order to present the project and obtain their consent. Furthermore, a letter and a folder with information on the project were sent to the principals of the schools to be delivered to the parents. Parents' refusal could be informed to the school board, or to the coordination, or yet to the research team, either by phone, e-mail or in person, during the meeting. For those adolescents whose parents did not refuse participation, a questionnaire was delivered in class for them to fill in individually. Only students whose parents did not refuse the participation and who additionally did agree themselves participated.

No information that could identify the student or the school was retained. In the questionnaire, schools and students are identified by a number, so that anonymity cannot be disrespected.

Data will not be used but for research purposes.



To know more

Project website: www.sites.usp.br/sp-proso

Violence Research Center /Cambridge University: <https://www.vrc.crim.cam.ac.uk/>

WHO Violence Prevention: https://www.who.int/violence_injury_prevention/violence/en/

