

## Violence in the school context and suicidal ideation in adolescence

Violência no contexto escolar e ideação suicida na adolescência  
Violencia en el contexto escolar e ideación suicida en la adolescencia

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**Abstract: Objective:** to analyze the school violence suffered and practiced and its association with suicidal ideation among adolescents aged 12 to 18 years. **Method:** study conducted with 643 adolescents registered in state schools in the city of Recife, Pernambuco, Brazil. Two questionnaires were applied: “Global School-based Student Health Survey” and “Violence at School”. For statistical analysis, the Chi-square test was used, degree of association was analyzed using the prevalence ratio. **Results:** the prevalence of school violence and suicidal ideation was 62.2% and 17.4%, respectively. About 28% of the adolescents reported having felt very sad, 14% of them reported feeling loneliness frequently. There was a significant association between suicidal ideation and violence in the age group of 15-18 years. **Conclusion:** the results point to the need for health actions aimed at strengthening the protective and prevention factors of risk situations for violence and suicidal ideation.

**Descriptors:** Violence; Students; Adolescent behavior; Suicidal ideation

**Resumo: Objetivo:** analisar a violência escolar sofrida e praticada e a sua associação com a ideação suicida, entre adolescentes com 12 a 18 anos. **Método:** pesquisa realizada com 643 adolescentes, matriculados em escolas estaduais da cidade do Recife, Pernambuco, Brasil. Foram aplicados dois questionários: “*Global School-based Student Health Survey*” e “Violência na Escola”. Para análise estatística utilizou-se o teste Qui-quadrado, grau de associação foi analisado por meio da razão de prevalências. **Resultados:** as prevalências de violência escolar e de ideação suicida foram de 62,2% e 17,4%, respectivamente. Cerca de 28% dos adolescentes relataram já terem se sentido muito triste, 14% deles declararam sentir solidão frequentemente. Houve associação significativa da ideação suicida com a violência sofrida na faixa etária de 15-18 anos. **Conclusão:** os resultados apontam para a

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necessidade de ações de saúde, que visem fortalecer os fatores de proteção e prevenção das situações de risco para a violência e ideação suicida.

**Descritores:** Violência; Estudantes; Comportamento do adolescente; Ideação suicida

**Resumen:** **Objetivo:** analizar la violencia escolar sufrida y practicada y su asociación con la ideación suicida entre adolescentes de 12 a 18 años. **Método:** estudio realizado con 643 adolescentes matriculados en escuelas estatales en la ciudad de Recife, Pernambuco, Brasil. Se aplicaron dos cuestionarios: “*Global School-based Student Health Survey*” y “Violencia en la Escuela”. Para el análisis estadístico, se utilizó la prueba Chi-cuadrada, se analizó el grado de asociación utilizando la relación de prevalencia. **Resultados:** la prevalencia de la violencia escolar y la ideación suicida fue del 62,2% y del 17,4%, respectivamente. Alrededor del 28% de los adolescentes informaron que se habían sentido muy triste, el 14% de ellos reportaron sentir la soledad con frecuencia. Hubo una asociación significativa entre la ideación suicida y la violencia en el grupo de edad de 15-18 años. **Conclusión:** los resultados apuntan a la necesidad de acciones sanitarias encaminadas a fortalecer los factores de protección y prevención de las situaciones de riesgo para la violencia y la ideación suicida.

**Descritores:** Violencia; Estudiantes; Conducta del adolescente; Ideação suicida

## Introduction

Violence is a serious social problem that affects different populations and needs a cross-sectional investigation. This complex and comprehensive theme has integrated the agenda of discussions and concerns in Brazil and in several countries, especially when its occurrence is related to the school environment. According to the United Nations Children’s Fund (UNICEF), half of the adolescents in the world are victims of violence at school.<sup>1</sup> This phenomenon cannot be sustained and trivialized by daily life, especially when it occurs in an environment such as school, which is one of the institutions responsible for the psychosocial formation of children and adolescents. Based on the understanding that violence at school harms the health of all individuals involved, especially children and adolescents, this article focused on the research within the context of public health, focusing on adolescents.

The adolescent’s development involves a progressive independence and autonomy from the family, a greater association with peers, the formation of identity and physiological and cognitive maturation. Evidence points to the association between early entry into puberty and the adoption of health risk behaviors, in addition to increased exposure to these factors with

advancing age.<sup>2</sup> Moreover, health or health risk behaviors acquired in adolescence tend to be perpetuated in adulthood, with the respective consequences for quality of life.<sup>3</sup> In this sense, the importance of school violence among adolescents is emphasized in order to explore behavioral problems that will compromise their physical and mental integrity, such as suicidal ideation.

Suicidal ideation is a serious public health problem and is considered a predisposing factor for self-inflicted violence. For decades, it has been one of the leading causes of death among adolescents in the world population.<sup>4,5</sup> According to the 2014 World Health Organization (WHO) report, suicide is the third leading cause of death among young people aged 15 to 24, and the sixth leading cause of death for children aged 5 to 14 years.<sup>3</sup> In Brazil, between 2002 and 2012, the annual suicide rate among adolescents and young people increased by 15.3%, from 2,515 to 2,900 deaths. Taking into account the population aged 15 years or older, the age group from 15 to 19 years was the one with the highest growth in the number of suicide cases in the period from 1990 to 2012.<sup>6</sup>

In general, people who actualize suicide have gone through a long and complex process of suicidal ideation, planning and trying.<sup>7</sup> Data from the 2015 National School Health Survey revealed that students were involved in fights and suffered physical aggression, both at school and in the family, and, among the medium- and long-term consequences of such situations, there is a higher risk of developing emotional disorders such as anxiety, depression, eating disorders, drug abuse, suicidal ideation and even suicide.<sup>2</sup> It is noteworthy that suicidal ideation predicts the act and, therefore, it is essential not only to detect it early, but also to broaden the understanding about its occurrence in adolescence and its relationship with other phenomena that may occur at this moment of the life cycle, such as school violence. The evaluation of health risk factors is an important activity both for the development of preventive programs and for the performance in the context of intervention, such as in cases of violence, abuse, self-aggression, suicide, among other relevant problems of our time.<sup>7</sup>

In this context, the objective was to analyze the school violence suffered and practiced and its association with suicidal ideation among adolescents aged 12 to 18 years.

## Method

This article is part of a study conducted with the objective of analyzing the violence suffered and/or practiced by adolescents in the school context and the associated individual and environmental factors in public schools in the city of Recife, Pernambuco, Brazil.<sup>8</sup> This is a cross-sectional design in an estimated population of 4,905 students registered in six state schools in the neighborhood of Santo Amaro, in the city of Recife.

The neighborhood of Santo Amaro is part of the 1<sup>st</sup> Political-Administrative Region of Recife, Downtown, formed by a total of eleven neighborhoods.<sup>9</sup> For many years, this neighborhood was considered the most violent in the city. The implementation of the “*Pacto pela Vida*” program significantly reduced the crime rate in this neighborhood, but drug dealing is still very present, increasing the feeling of insecurity of local residents and regulars.<sup>9</sup> The choice of this neighborhood as a field of study was based not only on these characteristics, but also on the fact that it is where the University of Pernambuco is located. The proximity of the university to the local community favors the development of university extension and research work by graduate and postgraduate students, with the central objective of supporting future actions to promote the health of schoolchildren.

The sample consisted of 643 adolescents, aged between 12 and 18 years, as recommended by the Byelaw of Children and Adolescents<sup>10</sup> registered in elementary and high schools. For the sample size and selection of individuals, the probabilistic sampling method was used, stratified by school, considering the estimated population size of 4,905 students registered in the six state schools of the neighborhood studied; margin of error of 5%; reliability of 95% of not exceeding the margin of error; the expected proportion of 50% for each

response category, a value that maximizes the sample size. The total number of students in the sample (643) was distributed proportionally among the six selected schools and in the three school shifts. All calculations for sample determination were performed using the Epi-Info software version 6.04d for DOS. A random draw was performed by shift and class in the schools (extracts) participating in the study.

The inclusion criteria were: Adolescents of both sexes, aged 12 to 18 years whose parents or guardians signed the informed consent form and the assent form signed by the adolescent. Adolescents who had difficulties in answering the questionnaire due to some cognitive deficit, who were on maternity leave, or school suspension were excluded.

The data collection procedure was organized in phases and moments of meetings, and distributed as follows: 1<sup>st</sup> meeting: Presentation of the project to fathers, mothers and guardians in the monthly meeting held by the schools. 2<sup>nd</sup> meeting: Presentation of the project for elementary and high school classes. Random selection of participants according to inclusion and exclusion criteria, and distribution of consent and assent forms. Into possession of the signed forms, the 3<sup>rd</sup> meeting was performed: Application of questionnaires, lasting up to a class time (equivalent to 45 minutes).

Data were collected from May to October 2014, using two self-administered questionnaires (already validated in Brazil): the first, named Global School-Based Student Health Survey,<sup>11</sup> contained sociodemographic and behavioral questions, the second contained questions related to violence suffered and/or practiced within the school context.<sup>12</sup> The questionnaires were digitized in spreadsheets, and the data were analyzed in the SPSS version 21 program.

The variables selected for analysis were classified as: i) the adolescent's role as a victim and aggressor of violence in the school context (type of violence, who was the aggressor, who was the victim, where the violence occurred, how many times he/she was a victim or aggressor,

whether the aggression continues); ii) related feelings (loneliness, sadness, how many friends, sleep, religion, experience at school and at home); and iii) health risk behavior (suicidal ideation).

The other independent variables were: Sociodemographic indicators: Gender (Male/Female), age group (12 to 14 years, 15 to 18 years); mother's schooling (< 8 years of schooling, > 8 years of schooling); religion (with religion, without religion); education (elementary school, high school); marital status (unmarried, married); place of residence (rural, urban); people with whom they live (mother, father, grandparents, father and mother).

For data analysis, a database was built in the SPSS program, version 21. For the analysis, descriptive aspects were used through the frequencies (absolute and relative), the existence of an association between two categorical variables was evaluated using the Chi-square statistical test or Fisher's exact test, adopting the margin of error of 5%, and the degree of association between the variables was evaluated by the prevalence ratio and the respective confidence interval (95% CI).

The project was approved by the Research Ethics Committee at the University of Pernambuco and followed the ethical precepts of Resolution 466/12 of the National Health Council registered under n. 705.598 on 07/01/2014.

## Results

The main characteristics of the sample of 643 adolescents surveyed were: predominance in the age group 15 to 18 years (56.5%) in relation to the age group from 12 to 14 years (43.5%), predominantly female (64.2%), unmarried (93.6%), who did not work (87.9%), and considered themselves as non-white (82.3%), mainly *pardo*/mulatto/Moreno (70.6%). Regarding schooling, 54.1% of the adolescents attended high school, and 52.3% of the mothers of the adolescents surveyed had 8 to 11 years of schooling. Regarding housing, the majority lived in the urban region (95.5%), with their mothers (89.7%), and slightly more than half of them (56.8%) resided

with their fathers. Regarding religiosity, 56.6% of adolescents considered themselves practitioners of their religion, with a predominance of evangelicals (40.4%) and Catholics (29.5%).

Most participants (62.2%) of the study revealed that they had been victims of aggression by mates or other people at school, 51.9% reported having perpetrated violence in the two weeks prior to the research (Tables 1 and 2). The type of aggression most frequently reported as a victim and aggressor was verbal (54.2%; 55.6%, respectively), and most of them were assaulted only once (79.8%), by one person (65.5%), however, about 12.5% continued to be assaulted by the same people. Almost all of the aggressors were classmates (96%), and the place of the school where the most cited acts of violence occurred was the classroom (45.9%). About half (51.3%) of the cases of aggression were witnessed by third parties, who mostly did not take any action (36.7%) or supported the adolescent victim of violence and advised him/her to stay away from the aggressor (27.1%), in the violence perpetrated, 26.3% reported having been supported by mates, who smiled at the situation (Tables 1 and 2).

**Table 1** – Distribution of school adolescents, according to issues related to the fact that had been victims of violence at school. Recife, Pernambuco, Brazil, 2013.

Variables	N	%
In the past two weeks, have you ever felt victimized by aggression, from mates or other people at school? <sup>(a)</sup>		
Yes	400	62.2
No	243	37.8
Types of aggression suffered <sup>(b)</sup>		
Physical	129	24.0
Verbal	292	54.2
Psychological	44	8.2
Property	26	4.8
Sexual	26	4.8
Other aggressions	22	4.1
How often were you assaulted or harassed? <sup>(c)</sup>		
Once	319	79.8
Twice or more	81	20.2
Where in the school did these situations occur? <sup>(d)</sup>		
Classroom	224	45.9

Schoolyard	83	17.0
Corridors and/or stairs	88	18.0
Refectory	26	5.3
Physical Education Space	11	2.2
Bathroom	18	3.7
How many people assaulted you? <sup>(c)</sup>		
One	262	65.5
Two	94	23.5
Three or more	44	11.0
Who were the people that assaulted you? <sup>(e)</sup>		
Classmates	384	96.2
Teacher / Head teacher/ other people at school	19	4.8
Are you still being assaulted/harassed by these people? <sup>(c)</sup>		
Yes	50	12.5
No	350	87.5
Did anyone witness these situations? <sup>(c)</sup>		
Yes	205	51.3
No	195	48.8
What did the witnesses do? <sup>(f)</sup>		
Nothing	88	36.7
Resorted to an adult	19	7.9
Asked the aggressor to stop	25	10.4
Supported the aggressor / Laughed at the situation	30	12.5
Supported you/ Advised you to stay away from the aggressor	65	27.1

(a), (c): Percentages calculated in relation to the total answers, being (a) 643; (c) 400. (b), (d), (e), (f): Considering that the same interviewee answered more than one option, the basis for calculating the percentages and not the total responses was recorded, being (b) 539; (d) 488; (e) 403; (f) 240.

**Table 2** – Distribution of school adolescents, according to issues related to the fact that had been the authors of the act(s) of violence at school. Recife - Pernambuco, 2013.

Variable	N	%
In the past two weeks, have you ever had aggressive attitudes towards anyone (student, teacher or school employee)? <sup>(a)</sup>		
Yes	334	51.9
No	309	48.1
What aggressive attitudes did you have? <sup>(b)</sup>		
Physical	130	33.5
Verbal	216	55.6
Psychological	20	5.1
Property	10	2.6
Sexual	6	1.5
Where in the school did these situations occur? <sup>(c)</sup>		
Classroom	195	49.7



Schoolyard	66	16.8
Corridors and/or stairs	66	16.8
Refectory	18	4.6
Bathroom	17	4.3
How often did you have these attitudes? <sup>(d)</sup>		
Once	260	77.8
Twice	35	10.5
Three or more times	39	11.7
Were you in group or alone? <sup>(d)</sup>		
Alone	217	65.0
In group	117	35.0
Did you assault or harass the same person more than once? <sup>(d)</sup>		
Yes	23	6.9
No	311	93.1
What reasons led to this behavior? <sup>(e)</sup>		
Revenge	57	15.2
Defense of other mates	32	8.5
Just kidding	168	44.8
Reaction to bullies	32	8.5
Irritation	59	15.7
Who were these people? <sup>(f)</sup>		
Classmate	319	94.37
Teacher (s)/Other employee/ Head teacher	19	5.7
Did anyone witness these situations? <sup>(d)</sup>		
Yes	179	53.6
No	155	46.4
What did the witnesses do? <sup>(g)</sup>		
Nothing	92	47.4
Resorted to an adult	10	5.1
Asked the aggressor to stop	15	7.7
Supported the aggressor / Laughed at the situation	14	7.2
Supported you/ Advised you to stay away from the aggressor	51	26.3
Would you like to act differently towards these people? <sup>(d)</sup>		
Yes	185	55.4
No	149	44.6
What have you already done to change this behavior? <sup>(h)</sup>		
I don't want to change my behavior	99	28.4
Don't react to bullies	89	25.6
Keep myself under control	86	24.7
Be more with mates	48	13.8

(a), (c), (d): Percentages calculated in relation to the total answers, being (a) 643; (c) 392; (d) 334. (b), (e)-(h): Considering that the same interviewee answered more than one option, the basis for calculating the percentages and not the total responses was recorded, being (b) 388; (e) 375 ; (f) 338; (g) 194; (h) 348.

Regarding the predominant feelings in the past twelve months prior to the survey, most adolescents (68.9%) reported having already felt loneliness (Table 3). Almost one third (28.8%) of the adolescents had already felt very sad or hopeless almost every day or for two weeks or more in a row, to the point of having to interrupt their normal activities. A portion of the adolescents reported having felt loneliness frequently or always (14%), having thought seriously about attempting suicide (17.4%), and even having made plans about their suicide attempt (14%) (Table 3).

**Table 3** - Absolute and relative distribution of the population of school adolescents, according to issues related to feelings and suicidal ideation. Recife, Pernambuco, Brazil, 2013.

Variable	N	% <sup>(a)</sup>
In the past 12 months, how often did you feel lonely?		
Never	200	31.1
Rarely/ Sometimes	353	54.9
Frequently/ Always	90	14.0
In the past 12 months, have you ever felt very sad or hopeless almost every day or for two weeks or more in a row, to the point of interrupting your normal activities?		
Yes	185	28.8
No	458	71.2
In the past 12 months, have you ever seriously thought about attempting suicide?		
Yes	112	17.4
No	531	82.6
In the past 12 months, have you ever planned a suicide attempt?		
Yes	90	14.0
No	553	86.0

(a) Percentages calculated based on the total answers = 643.

The bivariate analysis of correlation between suicidal ideation and violence suffered and practiced by adolescents (Table 4) revealed the existence of a significant association of suicidal ideation with the occurrence of violence suffered, there was no significant association between suicidal ideation and the occurrence of violence practiced.

**Table 4** - Bivariate analysis and crude prevalence ratio (PR) of suicidal ideation among school adolescents, according to the violence suffered and practiced by them. Recife, Pernambuco, Brazil, 2013.

Variable	Total		Violence suffered				Violence practiced						
			No		Yes		No		Yes		p value (a)	PR (95% CI)	
n	%	n	%	n	%	n	%	n	%				
Suicidal ideation													
Yes	112	17.4	79	70.5	33	29.5	0.045*	1.17 (1.02-1.34)	59	52.7	53	47.3	0.864 (0.84-1.23)
No	531	82.6	321	60.5	210	39.5		1.00	275	51.8	256	48.2	1.00
Total	643	100	400	62.2	243	33.0			334	51.9	309	48.1	

(a) *P* value determined by Pearson's Chi-square test. \*Significant difference of 5%. CI: confidence interval.

## Discussion

The prevalence of violence in the school context, in which the adolescents were victims of the aggressions, was high and reached 62.2% of the surveyed sample, which is line with reports in the national and international specialized literature that point to an estimated prevalence of 18% to 70% in Brazil<sup>13-14</sup> and of 8% to 60% in other countries.<sup>15-16</sup> Despite the margins of difference in the prevalence of violence in the school context, these studies stress common central issues to be considered: the school space is not immune to the presence of violence, and the exposure of adolescents to school violence is a worldwide concern that has led scholars from various areas of knowledge to investigate the occurrence of this phenomenon, such as health and education.<sup>13-16</sup> In the context of the investigated area, and considering that the field of study is located in a highly violent neighborhood, the school environment and cultural, relational and economic factors can influence the violent behavior of the surveyed adolescents.

The violence practiced by adolescents in the school environment was (51.9%), two worrying facts identified were the high incidence (44.6%) of adolescent aggressors who reported not desiring to change their violent behaviors and the percentage of 26.3% of the study participants, who, when witnessing the aggression, supported the aggressor and laughed at the

situation. Such behaviors of students who witness violence may be motivated by the desire to increase their status before peers, since the aggressors usually have greater popularity, or by fear, to protect themselves. It is important to observe the behaviors of adolescents who witness the violent acts of their peers, which have been neglected by scholars; supporting a culture of peace can act as a protective factor against violence among adolescents.<sup>17-18</sup>

The leads of violence were classmates (96.2%). In general, the episodes of school violence that involves only the students are the ones that occur most frequently and have greater visibility for the different actors of this context. According to UNICEF, about 150 million students between the ages of 13 and 15 have been victims of violence by their mates worldwide. Episodes of aggression occurred inside and outside the school environment.<sup>1</sup> School failure and the imposition of rules have been explanatory factors of violence at schools; the construction of a positive and sustainable school environment can promote changes in student behavior and in the development process.<sup>19</sup>

Violent acts occurred predominantly in the classroom (45.9%), corroborating another study.<sup>13</sup> The classroom is one of the contexts with greater influence on the general atmosphere of the establishment and the integration of students, and may be a place of discrimination and daily humiliation on the part of students and teachers. These implications about the perspectives that teachers have about their students influence the quality of the relationships that teachers establish in the classroom in various situations, from the attention given, the dynamics of the class itself (as it is planned and executed), as well as the opportunities offered by student protagonism.<sup>19</sup>

In the present study, 14.0% of adolescents reported feeling loneliness frequently. This result is similar to that obtained in the National School Health Survey conducted in 2015, in which 16.4% of 9<sup>th</sup> graders in Brazil reported feeling lonely in the 12 months prior to the survey.<sup>2</sup> It is noteworthy that, in the present study, a significant percentage of adolescents (28.8%) had

already felt very sad or hopeless almost every day or for two weeks or more in a row, to the point of interrupting their normal activities, 17.4% seriously thought about attempting suicide, and 14.0% made plans on how to commit suicide. Social isolation, the lack of friendship relationships and the impossibility of idealizing the future, being a victim of bullying are factors that can cause the ideation and execution of a suicidal behavior.<sup>20-21</sup>

A more recent study found that 22.5% and 24.03% of students aged 10 to 19 years have thought and planned suicide, respectively, feeling hopeless or sad in the past 12 months increased the chances of suicide attempt by 4.5 [AOR = 4.51, 95% CI (2.24, 9.08)] times. Moreover, adolescents who live alone are about twice as likely to report such situations than those who live with their families, living with family members and/or mates encourages adolescents to share their feelings and thoughts, especially during stressful events, which could reduce emotional or mental disorders, parental support, supervision, understanding of adolescents' problems and concerns, and peer support at schools are recognized as protective factors against suicidal ideation.<sup>22</sup>

A significant association between suicidal ideation and violence suffered was verified, corroborating a meta-analysis study, which indicated that involvement in bullying-type school violence is associated with suicidal ideation and behavior, and being a bullying victim is associated with higher risk.<sup>23</sup> It is noteworthy that the presence of suicidal ideation can characterize a first step towards the consolidation of suicide. Therefore, unveiling the behaviors associated with suicidal ideation, such as violence suffered and practiced in the school environment, is salutary, so that the common determinants between different types of behaviors can be identified and, based on these determinants, outline actions to prevent damage and promote health. Schools have a unique and important role to play in addressing the health-related behaviors of all students.<sup>24</sup> Well-planned and well-implemented school-based prevention programs can significantly reduce student's health risk behaviors.<sup>4</sup>

Working the relationships established in the school space favors the teaching-learning process, which can contribute to the construction of a critical and reflective thinking of adolescents in their daily practices. The need to develop actions aimed at preventing violence and promoting the health of schoolchildren is emerging. Thus, one of the health professionals who has a fundamental role in preventing and combating this type of problem is the nursing, as it acts in the promotion of the school health.<sup>25</sup> Therefore, the articulation of nurses with the school is essential for the execution of actions aimed at the care from the perspective of integrality of adolescents, stimulating a culture of peace.

## **Conclusion**

The results showed a high prevalence, both for the violence suffered and for the violence practiced, however, in the analysis of the association of violence with suicidal ideation, this event was associated only with the violence suffered.

The main limitation of this study refers to the analysis of cross-sectional data, which does not precisely allow establishing a causal relationship between school violence and suicidal ideation among adolescents. To establish more precise causal connections between these two variables, longitudinal studies are necessary to the better temporal understanding of these associations. The use of self-report as a measure to assess victimization and suicidal ideation can also limit the analysis of the results, since it excludes other methods, such as reports from parents, teachers and mates, which contribute to improving the measures of events and introducing the possibility of shared method variance.

In summary, the data found highlight the importance of identifying factors that are directly associated with violence suffered and/or practiced in the school environment and suicidal ideation, which are essential for the construction of knowledge about violence and suicidal behavior in adolescence. Despite the methodological limitations, the results obtained

contributes to reflecting on how school violence can increase the risk of suicide among adolescents, based on a first empirically supported explanation, besides signaling the need for implementing health actions strengthening the protection factors.

## References

1. Fundo das Nações Unidas para a Infância (UNICEF). Metade dos adolescentes no mundo são vítimas de violência na escola [Internet]. 2018 [acesso em 2019 maio 29]. Disponível em: <https://nacoesunidas.org/unicef-metade-dos-adolescentes-no-mundo-sao-vitimas-de-violencia-na-escola/>
2. Instituto Brasileiro de Geografia e Estatística (IBGE). Pesquisa Nacional de Saúde do Escolar: 2015 [Internet]. Rio de Janeiro: IBGE; 2016 [acesso em 2018 nov 11]. Disponível em: <https://biblioteca.ibge.gov.br/visualizacao/livros/liv97870.pdf>
3. World Health Organization (WHO). Preventing suicide: a global imperative [Internet]. Genebra (Suíça): World Health Organization; 2014 [acesso em 2018 maio 12]. Disponível em: [https://www.who.int/mental\\_health/suicide-prevention/world\\_report\\_2014/en/](https://www.who.int/mental_health/suicide-prevention/world_report_2014/en/)
4. Shrivastara SR, Shrivastava PS, Ramasamy J. Public health strategies to ensure reduction in suicide incidence in middle and low income nations. *J Neurosci Rural Pract* [Internet]. 2015 [acesso em 2018 maio 21];6(4):619-21. Disponível em: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4692033/>
5. World Health Organization (WHO). Disease burden and mortality estimates [Internet]. 2018 [acesso em 2019 maio 21]. Disponível em: [https://www.who.int/healthinfo/global\\_burden\\_disease/estimates/en/index1.html](https://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html)
6. Waiselfisz JJ. Mapa da violência 2014: os jovens do Brasil [Internet]. Rio de Janeiro: FLACSO Brasil; 2014 [acesso em 2018 maio 21]. Disponível em: [https://www.mapadaviolencia.org.br/pdf2014/Mapa2014\\_JovensBrasil\\_Preliminar.pdf](https://www.mapadaviolencia.org.br/pdf2014/Mapa2014_JovensBrasil_Preliminar.pdf)
7. Conselho Federal de Psicologia (CFP). Prevenção ao suicídio: desafios para a psicologia e a saúde pública [Internet]. Brasília; 2017 [acesso em 2018 maio 21]. Disponível em: <https://site.cfp.org.br/prevencao-ao-suicidio-desafios-para-psicologia-e-saude-publica/>
8. Beserra MA. Violência na adolescência dentro do contexto escolar e fatores associados [tese]. Ribeirão Preto, Escola de Enfermagem de Ribeirão Preto: Universidade de São Paulo; 2015. 153 p.
9. Fialho V, Pires MJ, Neves RCM, Silva EP, Silva MMSG. Espaços compartilhados e práticas vividas: cartografia social e espaços de mobilização do bairro de Santo Amaro – Recife/PE. *Iluminuras* [Internet]. 2015 [acesso em 2018 nov 11];16(37):212-41. Disponível em: <https://seer.ufrgs.br/iluminuras/article/view/53149>

10. BRASIL. Presidência da República. Lei nº 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências [Internet]. Brasília (DF); 1990 [acesso em 2019 abr 20]. Disponível em: [http://www.planalto.gov.br/ccivil\\_03/leis/l8069.htm](http://www.planalto.gov.br/ccivil_03/leis/l8069.htm)
11. World Health Organization (WHO). Global school-based student health survey (GSHS) [Internet]. Genebra (Suíça): World Health Organization; 2012 [acesso em 2018 nov 11]. Disponível em: <http://www.who.int/chp/gshs/en/>
12. Freire IP, Simão AMV, Ferreira AS. O estudo da violência entre pares no 3º ciclo do ensino básico - um questionário aferido para a população escolar portuguesa. Rev Port Educ [Internet]. 2006 [acesso em 2018 nov 11];19(2):157-83. Disponível em: [http://www.scielo.mec.pt/scielo.php?script=sci\\_arttext&pid=S0871-91872006000200008](http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S0871-91872006000200008)
13. Dalcin CB, Backes DS, Zanatta FB, Sousa FGM, Siqueira HCH, Oliveira AMN. Fatores associados à violência em escolares: ampliando saberes e práticas para a enfermagem. Texto & Contexto Enferm [Internet]. 2016 [acesso em 2018 nov 11];25(4):e4530014. Disponível em: [http://www.scielo.br/pdf/tce/v25n4/pt\\_0104-0707-tce-25-04-4530014.pdf](http://www.scielo.br/pdf/tce/v25n4/pt_0104-0707-tce-25-04-4530014.pdf)
14. Argaez Rodríguez SG, Echeverría Echeverría R, Evia Alamilla NM, Carrillo Trujillo CD. Prevención de factores de riesgo en adolescentes: intervención para padres y madres. Psicol Esc Educ [Internet]. 2018 [acesso em 2019 jan 11];22(2);259-69. Disponível em: <https://dx.doi.org/10.1590/2175-35392018014279>
15. Black DS, Grenard JL, Sussman S, Rohrbach LA. The influence of school-based natural mentoring relationships on school attachment and subsequent adolescent risk behaviors. Health Educ Res [Internet]. 2010 [acesso em 2018 jan 11];25(5):892-902. Disponível em: <https://www.ncbi.nlm.nih.gov/pubmed/20675354>
16. Centers for Disease Control and Prevention (CDC). Understanding school violence [Internet]. Atlanta (EUA): Centers for Disease Control and Prevention; 2016 [acesso em 2018 jan 11]. Disponível em: [https://www.cdc.gov/violenceprevention/pdf/School\\_Violence\\_Fact\\_Sheet-a.pdf](https://www.cdc.gov/violenceprevention/pdf/School_Violence_Fact_Sheet-a.pdf)
17. Carlos DM, Campeiz AB, Silva JL, Fernandes MID, Leitão MNC, Silva MAI, et al. School-based interventions for teen dating violence prevention: integrative literature review. Referência [Internet]. 2017 [acesso em 2018 jan 11];9(14):133-46. Disponível em: [https://www.researchgate.net/publication/319996624\\_School-based\\_interventions\\_for\\_teen\\_dating\\_violence\\_prevention\\_integrative\\_literature\\_review](https://www.researchgate.net/publication/319996624_School-based_interventions_for_teen_dating_violence_prevention_integrative_literature_review)
18. Moynihan MM, Banyard VL, Cares AC, Potter SJ, Williams LM, Stapleton JG. Encouraging responses in sexual and relationship violence prevention: what program effects remain 1 year later? J Interpers Violence [Internet]. 2015 [acesso em 2018 maio 11];30(1):110-32. Disponível em: <https://journals.sagepub.com/doi/10.1177/0886260514532719>



19. Oliveira WA, Silva MAI, Silva JL, Mello FCM, Prado RR, Malta DC. Associações entre a prática de bullying e variáveis individuais e contextuais do ponto de vista dos agressores. *J Pediatr (Rio J)* [Internet]. 2016 [acesso em 2019 maio 30];92(1):32-9. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0021-75572016000100032&lng=en&nrm=iso&tlng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0021-75572016000100032&lng=en&nrm=iso&tlng=pt)
20. Díaz-Aguado MJ. Da violência escolar à cooperação na sala de aula. *Americana*; 2015. 440 p.
21. Gammone M, Perilli E, Recchioni M, Romualdo C, Sidoti F, Silva MAI. II contesto del suicidio. *Trilhas Pedagóg* [Internet]. 2016 [acesso em 2019 maio 30];6(6):257-87. Disponível em: <http://www.fatece.edu.br/arquivos/arquivos%20revistas/trilhas/volume6/16.pdf>
22. Amare T, Meseret Woldeyhannes S, Haile K, Yeneabat T. Prevalence and associated factors of suicide ideation and attempt among adolescent high school students in Dangila Town, Northwest Ethiopia. *Psychiatry J* [Internet]. 2018 [acesso em 2019 maio 14];2018:7631453. Disponível em: <https://www.hindawi.com/journals/psychiatry/2018/7631453/>
23. Holt MK, Vivolo-Kantor J, Polanin JR, Holland KM, DeGue S, Matjasko JL, et al. Bullying and suicidal ideation and behaviours: a meta-analysis. *Pediatrics* [Internet]. 2015 [acesso em 2018 maio 14];135(2):e496-509. Disponível em: <https://www.ncbi.nlm.nih.gov/pubmed/25560447>
- 24- Kann L, McManus T, Harris WA, Shanklin SL, Flint KH, Queen B, et al. Youth risk behavior surveillance - United States, 2017. *MMWR Surveill Summ* [Internet]. 2018 [acesso em 2019 maio 30];2018;67(8):1-114. Disponível em: <https://www.cdc.gov/mmwr/volumes/67/ss/ss6708a1.htm>
25. Silva KL, Sena RR, Gandra EC, Matos JAV, Coura KRA. Promoção da saúde no Programa Saúde na Escola e a inserção da Enfermagem. *REME Rev Min Enferm* [Internet]. 2014 jul-set [acesso em 2018 maio 14];18(3):614-22. Disponível em: <http://www.reme.org.br/artigo/detalhes/950>

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Participated in the conception and planning of the research project; acquisition, analysis and interpretation of data; writing and critical review.

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Critical review

### 3 – Marta Angélica Iossi Silva

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## Acknowledgements

To the Support Foundation for Science and Technology of the State of Pernambuco (FACEPE) and to the National Council For Scientific and Technological Development (CNPq) for the scholarship granted to the main researcher.

## How to cite this article

Beserra MA, Souza SL, Silva MAI, Sena CA, Resende CMM, Ferriani MGC. Violence in the school context and suicidal ideation in adolescence. Rev. Enferm. UFSM. 2020 [Cited: Year Month Day]; vol.10 e71: 1-18. DOI:<https://doi.org/10.5902/2179769238005>