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**M.L. Aryayev,
L.I. Senkivska**

DOMESTIC AND SCHOOL VIOLENCE IN SHORT STATURE CHILDREN WITH GROWTH HORMONE DEFICIENCY

*Odessa National Medical University
Valikhovskiy lane, 2, Odessa, 65082, Ukraine
Одеський національний медичний університет
Валиховський пров., 2, Одесса, 65026, Україна
e-mail: aryayev.nl@gmail.com*

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Ключевые слова: *дефицит гормона роста, запущенность, физическое насилие, психологическое насилие, школьный буллинг*

Abstract. **Domestic and school violence in short stature children with growth hormone deficiency.** Aryayev M.L., Senkivska L.I. *The work is devoted to assessing the frequency of family (neglect, aggressive methods of punishment) and school (bullying) violence among short stature children with growth hormone deficiency (GHD) in comparison with children with normal growth. There were 94 children with GHD in the main group at the age of 7.2±0.4 years. The control group included 310 healthy children aged 7.1±0.3 years. Signs of domestic violence (neglect, aggressive methods of punishment) and violence at school (school bullying) were identified by questioning children and parents. School bullying was assessed using The Olweus Bully/Victim Questionnaire, adapted in Ukrainian and Russian. To check the statistical hypothesis on differences of relative frequencies, in two independent samples, the criteria of chi-square (χ^2) was used. No differences were found in the frequency of neglect in the main group (8.5%) compared to the control group (9.5%), $p>0.05$. An equally low frequency of the use of non-aggressive methods of upbringing without physical and psychological punishment was found both in the main and in the control groups: 31.9% compared to 39.6% ($p=0.25$). There was no increased physical aggressiveness towards children with GHD: the frequency of physical punishment was 29.8% and did not differ from the control group – 35.3% ($p=0.4$). Psychological methods of*

punishment were used more often (38.3%) in the main group in comparison with the control group (25.1%); $p=0.04$. There was an increased frequency of school bullying in relation to children with GHD (27.2%: 18.1-36.3) compared with the control group (17.7%: 13.4-22.0), $p=0.04$. The frequency of school bullying in boys of the main group was 2 times higher than in boys of the control group. School bullying victims in the main group, compared with the control group, were more likely to feel depressed (30.8% versus 12.7%; $p=0.05$), less often had good friends (42.3% versus 78.2%; $p=0.001$) and felt loneliness more often (26.9% against 9.1%; $p=0.04$).

Реферат. Домашнее и школьное насилие по отношению к низкорослым детям с дефицитом гормона роста. Аряев Н.Л., Сеньковская Л.И. Работа посвящена оценке частоты семейного (запущенность, агрессивные методы наказания) и школьного (буллинг) насилия среди низкорослых детей с дефицитом гормона роста (ДГР) в сравнении с детьми с нормальным ростом. В основной группе находились 94 ребенка с ДГР в возрасте $7,2\pm 0,4$ года. В контрольную группу были включены 310 здоровых детей в возрасте $7,1\pm 0,3$ года. Признаки насилия в семье (запущенность, агрессивные методы наказания) и школе (школьный буллинг) выявлялись методом анкетирования детей и родителей. Школьный буллинг оценивался с помощью анкеты *The Olweus Bully/Victim Questionnaire*, адаптированной на украинском и русском языках. Для проверки статистических гипотез о различиях относительных частот в двух независимых выборках использовали критерий хи-квадрат (χ^2). Не были обнаружены различия в частоте запущенности (neglect) в основной группе (8,5%) по сравнению с контрольной (9,5%), $p>0,05$. Установлена одинаковая частота применения неагрессивных методов воспитания без физических и психологических наказаний как в основной (31,9%), так и в контрольной группах (39,6%; $p=0,25$). Не выявлена повышенная физическая агрессивность по отношению к детям с ДГР: частота физических наказаний составляла 29,8% и не отличалась от контрольной группы – 35,3% ($p=0,4$). В основной группе чаще применялись психологические методы наказания (38,3%) по сравнению с контрольной группой (25,1%; $p=0,04$). Школьный буллинг в отношении детей с ДГР выявлялся чаще (27,2%) по сравнению с контрольной группой (17,7%; $p=0,04$). У мальчиков основной группы частота школьного буллинга была в 2 раза выше, чем у мальчиков контрольной группы. В группе детей с ДГР, по сравнению с контрольной группой, жертвы школьного буллинга чаще испытывали угнетенное настроение (30,8% против 12,7%; $p=0,05$), реже имели друзей (42,3% в сравнении 78,2%; $p=0,001$) и чаще ощущали одиночество (26,9% против 9,1%; $p=0,04$).

The results of modern research indicate a link between different variants of stunted children and the occurrence of psychosocial distress [1]. The influence of child growth retardation on the formation of low self-esteem, social isolation, stigmatization has been established [7]. Despite the exceptional attention of social and clinical pediatrics to the problem of child abuse [2], low growth, including in children with growth hormone deficiency (GHD), as a risk factor for domestic violence and school bullying has not been studied, completely, both globally and in Ukraine [3]. The study of the regional epidemiology of domestic violence will allow to form public opinion on the need to abandon aggressive forms of punishment of children and replace them with "healthy strategies" of education at the suggestion of the American Academy of Pediatrics [8]. Corporal punishment is prohibited by law in 53 countries and has been declared a form of violence by the WHO Committee on the Rights of the Child and other human rights organizations. The American Academy of Pediatrics does not recommend parents to use slapping, hitting, pinching, threatening, intimidating, or neglecting [2]. The modern strategy of prevention and elimination of school bullying should be developed taking into account probable regional risk factors [4]. The purpose of this work is to assess the frequency of domestic (neglect, aggressive methods of

punishment) and school (bullying) violence against stunted children with GHD compared to children with normal growth.

MATERIALS AND METHODS OF RESEARCH

The study was conducted from 2012 to 2020 on the basis of schools of Odessa and the outpatient clinic of the Odessa Regional Children's Clinical Hospital, taking into account all standards of good clinical practice and the provisions of the Helsinki Declaration "Ethical principles of medical research with human participation as an of the object of study". To be included in the study written informed parental consent was obtained. In the experimental group there were 94 children with GHD at the age of 7.2 ± 0.4 years with pronounced short stature (SDS – 3.4 ± 0.1). In the control group for the assessment of school bullying there were 310 children, including 116 children aged 7.1 ± 0.3 years with normal growth (SDS 1.1 ± 0.1) for the assessment of domestic violence. Signs of domestic violence (neglect, aggressive methods of punishment) and at school (school bullying) were detected by surveying and questioning 404 children, their mothers (280), or parents (124). Gender differences in the choice of punishment strategies were not studied. Children from single-parent families were not included in the study. Questionnaire was anonymous conducted during outpatient visits and in school classrooms settings.

The assessment of school bullying was performed using a modified questionnaire The Olweus Bully/Victim Questionnaire, developed at Trinity College, Dublin (Ireland) [9]. To test statistical hypotheses about the differences in relative frequencies in two independent samples, the chi-square (χ^2) criterion was calculated using the SISA Internet calculator (Simple Interactive Statistical Analysis; <http://quantativeskills.com/>).

RESULTS AND DISCUSSION

The working hypothesis was based on the fact of increasing frequency of violence against children with chronic diseases, congenital anomalies, speech disorders, mental disorders [8]. The study assessed the likelihood of a higher incidence of domestic and school violence against stunted children with GHD.

The study identified child neglect as a form of domestic abuse, a failure to provide basic care, safe environment, housing, nutrition, education, and health care [6]. The frequency of neglect in the group of

children with GHD was 8.5% (95% CI 2.9-14.1) and did not differ from the values of this indicator in the control group: 9.5% (95% CI 2.9-14.5), $p > 0.05$. In 3.1% of cases, neglect was associated with socio-economic problems and was considered in the context of violating the bioethical principle of social justice and equality. In the main group, compared with the control, hyperprotection is more common: 10.6%; 4.4-16.8 vs. 3.5%; 95% CI 0.2-6.8 ($p = 0.04$).

Inquiry of mothers or fathers on the frequency of use and methods of punishment showed that only 31.9% of respondents in the study group and 39.6% of the control group considered unacceptable the use of physical and psychological punishment and followed the "healthy strategies" recommended by the American Academy of Pediatrics. "punishment" (Table 1). According to the literature, in the family the problem of physical or psychological punishment is the possibility of their development into abuse (domestic violence) [2].

Table 1

Frequency of punishment of children in the experimental and control groups according to the inquiry of parents (χ^2 test)

Types of punishment	Experimental group (94 children) n; % (95% CI)	Control group (116 children) n; % (95% CI)	χ^2	p
"Healthy Strategies"	30; 31.9 (22.5-41.3)	46; 39.6 (30.7-48.5)	1.33	0.25
Corporal punishment	28; 29.8 (20.6-39.0)	41; 35.3 (26.6-44.7)	0.71	0.40
Psychological punishment	36; 38.3 (28.5-48.1)	29; 25.1 (17.2-33.0)	4.21	0.04

Notes: n – absolute number of children; % – relative number of children; 95% CI – 95% confidence interval; χ^2 -test; p: significance of difference at $p < 0.05$.

The frequency of raising children without physical and psychological punishment with the use of "healthy strategies" of punishment in the form of conversations, positive reinforcement of appropriate

behavior, discussion of problems, demonstration of condemnation, restriction in anything did not differ statistically in the compared groups (Table 2).

Table 2

Frequency of raising children without physical and psychological punishment in the experimental and control groups according to the inquiry of parents (χ^2 test)

"Healthy strategies"	Experimental group (30 children) n; % (95% CI)	Control group (46 children) n; % (95% CI)	χ^2	p
Conversation, discussion	12; 40.0; (22.5-57.5)	19; 41.3 (27.1-55.5)	0.01	0.91
Demonstration of condemnation	8; 26.7; (10.9-42.5)	14; 30.4 (17.1-43.7)	0.12	0.73
Restrictive measures	10; 33.3; (16.2-49.8)	13; 28.3 (15.3-41.3)	0.21	0.64

Notes: n – absolute number of children; % – relative number of children; 95% CI – 95% confidence interval; χ^2 -test; p: significance of difference at $p < 0.05$.

In families of stunted children with GHD in comparison with the control group, psychological methods of punishment were used more often – 38.3% (28.5-48.1) against 25.1% (17.2-33.0), $p=0.04$ (Table 1), and the predominant type of psy-

chological violence against these children (Table 3) was isolation ($p=0.03$), while in families of children with normal growth more often threat and intimidation ($p=0.03$) took place.

Table 3

Frequency of different types of psychological punishment of children in experimental and control groups (χ^2 test)

Types of psychological punishment	Experimental group (36 children) n; % (95% CI)	Control group (29 children) n; % (95% CI)	χ^2	p
Offensive remarks	5; 13.9 (2.6-25.2)	5; 17.2 (3.5-30.9)	0.13	0.72
Threats, intimidation	5; 13.9 (2.6-25.2)	11; 38.0 (20.3-55.7)	4.91	0.03
Isolation	26; 72.2 (57.6-86.8)	13; 44.8 (26.7-62.9)	4.95	0.03

Notes: n – absolute number of children; % – relative number of children; 95% CI – 95% confidence interval; χ^2 -test; p: significance of difference at $p<0.05$.

It should also be noted that in both groups parents used physical methods of punishment – children with GHD were more often put in a corner (53.6%; 35.1-72.1; $p=0.04$), and parents of children

in the control group were more likely to consider blows to the body as acceptable methods of punishing (51.2%; 35.9-66.5), $p=0.01$ (Table 4).

Table 4

Frequency of different types of corporal punishment of children in the experimental and control groups (χ^2 test)

Types of corporal punishment	Experimental group (28 children) n; % (95% CI)	Control group (41 children) n; % (95% CI)	χ^2	p
The children were put in a corner	15; 53.6; (35.1-72.1)	12; 29.2 (15.3-43.1)	4.10	0.04
Slapping / hitting	6; 21.4; (6.2-36.6)	21; 51.2 (35.9-66.5)	6.11	0.01
Shaking / pinching	7; 25.0; (9.0-41.0)	8; 19.6 (7.5-31.7)	1.38	0.24

Notes: n – absolute number of children; % – relative number of children; 95% CI – 95% confidence interval; χ^2 -test; p: significance of difference at $p<0.05$.

Our anonymous inquiry showed that children with GHD were more likely to be victims of school bullying, and in the group of children with GHD among boys the frequency of school bullying was almost 2 times higher ($p=0.03$) than among boys in the control group (Table 5). Transformation of bullying victims into aggressors with the same proportion took place (Table 5) in the experimental and control groups (5.4% and 6.1%, respectively; $p=0.8$) and did not differ depending on gender (boys or girls).

According to our data, the proportion of children with GHD who suffered from bullying had signs of social deprivation, compared with children in the

control group (Table 6), namely: more often they felt depressed mood – 30.8% (13.1-48.5), stated difficulties in establishing friendly relations and less often had friends – 42.3% (23.3-61.3), while experimental group children, victims of bullying in their free time more often (at least one once a week) were left alone – 26.9% (9.9-43.9).

Thus, the results of this study did not reveal an increase in the proportion of domestic aggression in the form of an increase in the frequency of punishment or the predominant use of physical methods of violence against stunted children with GHD.



Table 5

Frequency of school bullying in experimental and control groups (χ^2 test)

Role in school violence	Experimental group (92 children) n; % (95% CI)	Control group (310 children) n; % (95% CI)	χ^2	p
Victim				
Total	25; 27.2 (18.1-36.3)	55; 17.7 (13.4-22.0)	4.01	0.04
Boys	13; 14.1 (7.1-21.3)	22; 7.1 (4.9-9.9)	4.36	0.03
Girls	12; 13.1 (5.5-18.9)	33; 10.6 (7.2-14.0)	0.45	0.50
Victim/aggressor				
Total	5; 5.4 (0.8-10.0)	19; 6.1 (3.4-8.8)	0.06	0.80
Boys	3; 3.2 (-0.4-6.8)	11; 3.5 (1.5-5.5)	0.02	0.89
Girls	2; 2.2 (-0.8-5.2)	8; 2.6 (0.8-4.4)	0.05	0.82

Notes: n – absolute number of children; % – relative number of children; 95% CI – 95% confidence interval; χ^2 -test; p: significance of difference at $p < 0.05$.

Our data on the increased frequency of school bullying in relation to children with GHD coincide with the results of studies of M.S. Murano [3]: stunted children, regardless of the cause, more often than peers with normal growth suffer from juvenilization, teasing and bullying.

The generalization of the results of this study on the prevalence of aggressive forms of punishment and the

high frequency of school bullying among children of primary school age, both stunted and with normal growth, indicate the need to intensify social, medical and social work to protect children, according to the principles of European integration of Ukraine with special attention to stunted children.

Table 6

Psychological features of victims of school bullying in the experimental and control groups (χ^2 test)

Psychological features of victims of school bullying	Experimental group (26 children) n; %; (95% CI)	Control group (55 children) n; %; (95% CI)	χ^2	p
Depressed mood	8; 30.8 (13.1-48.5)	7; 12.7 (3.9-21.5)	3.79	0.05
Having good friends	11; 42.3 (23.3-61.3)	43; 78.2 (67.3-89.1)	10.1	0.001
Feeling of loneliness	7; 26.9 (9.9-43.9)	5; 9.1 (1.5-16.7)	4.38	0.04

Notes: n – absolute number of children; % – relative number of children; 95% CI – 95% confidence interval; χ^2 -test; p: significance of difference at $p < 0.05$.

Our study supports the recommendations of the American Academy of Pediatrics on the use of "healthy strategies" of punishment in the form of positive reinforcement of proper behavior, deprivation of certain privileges, the use of compensation for and the implementation of logical consequences.

The results obtained showed the potential vulnerability to school bullying of stunted children with GHD and confirm the data of other researchers that aggression is more often aimed at those who show physical unlikeliness and differences [5], and the formation of increased alertness to the risk of

school violence in relation to stunted children should be an important part of the upbringing and management of children with GHD.

The lack of analysis of the combined use of physical and psychological methods of punishment and the combination of different forms of school bullying (physical and psychological) is the limitations of the study of domestic and school violence. Prospects for further research are related to the monitoring of various types of domestic and school violence against particularly vulnerable groups of children and the development of programs to prevent abuse at the regional and state levels.

CONCLUSIONS

1. In the group of children with GHD the frequency of neglect was 8.5% (95% CI 2.9-14.1) and did not differ from the values of this indicator in the control group – 9.5% (95% CI 2.9-14.5), $p>0.05$.

2. Among stunted children with GHD, psychological methods of punishment predominated: 38.3% (28.5-48.1) compared with 25.1% (17.2-33.0) in the control group ($p=0.04$).

3. The practice of educating the examined children in accordance with the "healthy strategies" of punishment with the refusal of physical and psychological methods by specific weight did not differ in the study groups ($p=0.25$) and took place only in 31.9% (22.5-41.3) among stunted children with GHD and in 39.6% (30.7-48.5) cases among children with normal growth.

4. Among children with GHD, a significantly high frequency of school bullying was revealed (27.2%) compared with the control group (17.7%, $p=0.04$), and in stunted boys it was registered 2 times more often than in boys in the control group.

5. Victims of school bullying in 5.4% of cases in the experimental and in 6.1% of cases in the control group acted as aggressors in the absence of statistical differences in the comparison groups ($p=0.80$).

6. Children with GHD – victims of bullying compared with children in the control group, were characterized by signs of social deprivation – more often felt depressed (30.8% vs. 12.7%, $p=0.05$), less often had friends (42.3% vs. 78, 2%, $p=0.001$) and in their free time often felt lonely (26.9% vs. 9.1%, $p=0.04$).

The authors guarantee responsibility for the objectivity of the information provided and declare the absence of conflict of interest and own financial interest.

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