



DOCENCIA - INVESTIGACIÓN

Violence among adolescent students: conditions of vulnerability

Violência entre adolescentes escolares: condições de vulnerabilidades

Violencia escolar entre adolescentes: condiciones de vulnerabilidad

***Faria, Cleberson de Souza **Martins, Christine Baccarat de Godoy**

*Nurse. Master's in Nursing of the Federal University of Mato Grosso – Faculty of Nursing. **Nurse. Professor of the UFMT, Department of Nursing, Area of Children's and Adolescent Health. PhD. in Public Health in the Faculty of Public Health of the University of Sao Paulo. E-mail: christineufmt@gmail.com Brazil.

Keywords: Violence; Teenager; Epidemiology; Consumption of alcoholic beverages; Drugs; Family conflict; Vulnerability;

Palavras chave: Violência; Adolescente; Epidemiologia; Consumo de bebidas alcoólicas; Drogas; Conflito familiar; Vulnerabilidade

Palabras clave: Violencia; Adolescente; Epidemiología; Consumo de bebidas alcohólicas; Drogas; Conflicto familiar; Vulnerabilidad

ABSTRACT

Adolescence is a period of transformation, in which teenagers are exposed to vulnerable conditions as well as situations of violence, both as victims and aggressors. This study **aimed** to identify the consumption of alcohol, drugs and family conflicts, along with situations of violence, whether being suffered, exercised, or both suffered and exercised. A cross-sectional study developed in public schools in Cuiabá, Mato Grosso, with high school teenagers. The data were processed by the Epi-Info and obtained through a closed questionnaire. Among 2,786 teenagers surveyed, 44.4% were in a situation of violence, in which 16.4% were victims only, 12.0% aggressors only, and 16.0% experienced both conditions of victims and offenders, with physical violence and bullying predominating. Regarding the conditions of vulnerabilities, 44.1% of those who suffered violence consume alcohol and 5.5% drugs. Regarding alcohol consumption of distilled beverages beginning at 16-17 years old at parties at the homes of friends, they reported getting excited when they drink, and this was highlighted in all situations of violence. Regarding drugs, they reported consuming them every once in a while, with the consumption starting because of a friend offering it; the most consumed drug being marijuana, mainly because they like it and it helps them get rid of/forget their problems, beginning at the age of 16-17 years old, and this prevailed in all situations of violence. The uncles/aunts were the family members who consume alcohol and/or drugs. The study highlights the need for integrated actions among schools, health services, society and families as ways of preventing this phenomenon.

RESUMO

A adolescência é um período de transformações, em que o adolescente está exposto a condições de vulnerabilidades bem como situações de violência, tanto na condição de vítima como na de agressor. Este estudo **objetivou** identificar o consumo de álcool, drogas e conflito familiar junto às situações de violência, seja na forma sofrida, exercida, e tanto sofrida como exercida. Estudo transversal, desenvolvido em escolas públicas de Cuiabá, Mato Grosso, com adolescentes do ensino médio. Os dados, processados pelo Epi-Info, foram obtidos por meio de questionário fechado. Entre 2.786 pesquisados, 44,4% se encontravam em situação de violência, em que 16,4% eram apenas vítimas, 12,0% somente agressores e 16,0% vivenciaram tanto a condição de vítimas como agressores, predominando a violência física e o bullying. Quanto às condições de vulnerabilidades, 44,1% dos que sofreram violência consomem álcool e 5,5% drogas. Quanto ao álcool, consumir bebidas destiladas, em festa, na casa de amigos, ficando animados quando bebem, com início do consumo aos 16-17 anos, se destacaram em todas as situações de violência. Quanto às drogas, consumir de vez em quando, iniciar o consumo porque um amigo ofereceu, sendo a maconha a droga mais consumida, principalmente porque gostam e para se livrar dos problemas, com início aos 16-17 anos, prevaleceram em todas as situações de violência. Os tios foram os membros familiares que mais consomem álcool e/ou drogas. O estudo evidencia a necessidade de ações integradas entre escola, serviços de saúde, sociedade e família, como formas de prevenção deste fenômeno.

RESUMEN

La adolescencia es un período de transformación en el que el adolescente se expone a condiciones de vulnerabilidad, así como a situaciones de violencia, tanto en la condición de víctima como en la de agresor. Este estudio tuvo como **objetivo** identificar el consumo de alcohol, drogas y conflictos familiares, junto con situaciones de violencia, ya sea en forma sufrida, ejercida, o tanto ejercida como sufrida. Estudio transversal realizado en las escuelas públicas en Cuiabá, Mato Grosso, con estudiantes de secundaria. Los datos procesados por Epi-Info se obtuvieron mediante un cuestionario cerrado. Entre 2.786 encuestados, el 44,4% se encontraba en una situación de violencia, en la que el 16,4% eran solo víctimas, 12,0% solamente agresores y 16,0% experimentaron tanto como víctimas como agresores, predominando la violencia física y el bullying. En cuanto a las condiciones de vulnerabilidad, el 44,1% de los que experimentaron violencia consumen alcohol y 5,5% drogas. En cuanto al alcohol, consumir bebidas destiladas en fiesta, en casa de los amigos, quedando animados cuando beben, con inicio del consumo de 16 a 17 años, se han destacado en todas las situaciones de violencia. En cuanto a las drogas, el consumo en alguna ocasión, empezar a consumir porque un amigo le ofreció, siendo la marihuana la droga de mayor consumo, principalmente porque les gusta y para deshacerse de los problemas, a partir de 16-17 años, se impuso en todas las situaciones de violencia. Los tíos son los miembros de la familia que más consumen alcohol y / o drogas. El estudio pone de relieve la necesidad de acciones integradas entre escuela, servicios de salud, sociedad y familia, como formas de prevenir este fenómeno.

INTRODUCTION

Adolescence is a period of transition from childhood to adulthood characterized by great physical, emotional and social relationship changes. It is a period of discovery and achievements in which in they face many changes, and the adolescent is exposed to vulnerable conditions as well as situations of violence, both in the condition of being victims as well as the aggressors¹⁻³.

Among the main conditions of vulnerability, studies show alcohol consumption, drugs and family conflicts as being conditions most often associated to adolescent involvement in violence^{2,4,5}.

Alcohol is the most used psychoactive substance among adolescents, and although its consumption during adolescence is illegal, it remains a major public health problem, as it is the largest risk factor for the health of this group⁴. Several studies conducted in Brazil and other countries such as Argentina and Chile have found an association

between alcohol consumption and violent behavior, especially in relation to physical assaults⁶⁻⁸.

In addition to the consumption of alcohol, drug addiction is currently considered a major public health problem, with adolescents and young adults as the main population involved with consumption⁵. National and international authors associate drug use in adolescence to violence, highlighting traffic accidents, school and occupational losses as the main problems, as well as violence characterized by the occurrence of fights, physical assault, homicide and illicit behavior, which may be caused by the effects of these substances^{2,5,8,9}.

Similar to alcohol and drug abuse, family conflicts negatively affect adolescent involvement in violence. The quantity and quality of episodes of conflict arising from the family are harmful to the development of adolescents, constituting an impressive factor in their behavioral problems, thus becoming a model for violence^{3,10}. In this sense, authors point out that exposure to violence, exposure to violent situations or marital conflict, child abuse/neglect, substance abuse, ineffective parental relationships, and anti-social parents may induce violent behavior practiced later by adolescents^{3,11}.

In this context, this study aims at identifying the consumption of alcohol, drugs and family conflict along with situations of violence experienced by adolescents, whether being suffered or inflicted, or both suffered and inflicted in order to contribute to developing prevention measures and health promotion in this group.

METHODS

A cross-sectional study carried out in public schools in the municipality of Cuiabá/MT in 2012, considering only primary education due to the fact there are no secondary schools in the municipal public school system at the study site.

Data from 2011 were used in which 19,912 students were enrolled. The sample consisted of high school students (first, second and third year) from state public schools in Cuiabá-MT.

Data collection was carried out in 2012 during the second semester, through a closed self-administered questionnaire. The questionnaire was applied in the classrooms by the study researcher, who received assistance from the school's teachers. The instrument was previously tested through pilot testing in classes that were not part of the study.

To calculate the sample, a significance level of 2 standard deviations and a maximum error of 2% were considered, with 50% frequency of the event. Thus, the sample consisted of 2,786 adolescents from first to third year of high school in the public system.

Data were processed electronically via Epi Info - version 3.5.2. Extensive verification of the data was performed to check for inconsistencies. The results were analyzed using absolute and relative frequencies.

A written consent was requested from the State Secretary of Mato Grosso State Education. Parental consent was provided in advance by the school. The study was

approved by Ethics in Research Committee of the Júlio Müller University Hospital, in compliance with Resolution 466/12 which regulates research with human beings, from June 27, 2012, number 54488.

RESULTS

2786 adolescents were surveyed, among whom 44.4% (1236) were victims of violence. Of these, 16.4% (456) were victims only, 12.0% (334) were aggressors only and 16.0% (446) constituted both victims and aggressors (Table 1). It is worth noting that 7.2% (201) of adolescents did not respond to inflicting or suffering violence, which does not exclude the possibility that at some time they had been involved in situations of violence.

Table 1 - Distribution of adolescents according to their involvement in violent situations. Cuiabá, 2012.

Conditions of vulnerability	Situations of violence							
	Suffered		Inflicted		Suffered and inflicted		TOTAL	
	n	%	n	%	N	%	n	%
Alcohol consumption								
Yes	201	44.1	200	59.9	256	57.4	657	53.1
No	254	55.7	133	39.8	186	41.7	573	46.3
Blank	1	0.2	1	0.3	4	0.9	6	0.5
TOTAL	456	100.0	334	100.0	446	100.0	1236	100.0
Drug use								
Yes	25	5.5	37	11.1	51	11.4	113	9.1
No	425	93.2	294	88.0	389	87.2	1108	89.6
Blank	6	1.3	3	0.9	6	1.3	15	1.2
TOTAL	456	100.0	334	100.0	446	100.0	1236	100.0

The data analyzed in sequence refer to the 1236 adolescents in situations of violence, including suffered violence (victim status), inflicted (aggressor situation), or both situations (both suffered and inflicted).

In the classification of type of violence, bullying stood out among those who suffered violence (27.6%), while among those who inflicted violence and those who have suffered and inflicted violence, physical violence prevailed (51.8% and 33.9%, respectively) (Table 2).

Table 2. Distribution of adolescents in situations of violence, according to the type of violence suffered and/or inflicted. Cuiabá, 2012.

VIOLENCE SITUATION EXPERIENCED	N	%
Has suffered violence	456	16.4
Has inflicted violence	334	12.0
Has suffered and inflicted violence	446	16.0
Neither suffered nor practiced violence	1349	48.2
Did not answer if he/she has suffered violence (left blank)	28	1.0
Did not answer if he/she has inflicted violence (left blank)	173	6.2
TOTAL	2786	100.0

With regard to the conditions of vulnerability (alcohol and drugs) according to the situations of violence experienced by adolescents, 44.1% of those who suffered violence answered that they consume alcohol and 5.5% use drugs. In cases of inflicting violence, 59.9% reported using alcohol, and 11.1% drugs. Among those who have both experienced and inflicted violence, the prevalence rates were 57.4% for alcohol and 11.4% for drugs (Table 3).

Table 3. Distribution of adolescents in situations of violence, according to the conditions of vulnerability (alcohol and drugs). Cuiabá, 2012.

Conditions of vulnerability	Situations of violence							
	Suffered		Inflicted		Suffered and inflicted		TOTAL	
	n	%	n	%	N	%	n	%
Alcohol consumption								
Yes	201	44.1	200	59.9	256	57.4	657	53.1
No	254	55.7	133	39.8	186	41.7	573	46.3
Blank	1	0.2	1	0.3	4	0.9	6	0.5
TOTAL	456	100.0	334	100.0	446	100.0	1236	100.0
Drug use								
Yes	25	5.5	37	11.1	51	11.4	113	9.1
No	425	93.2	294	88.0	389	87.2	1108	89.6
Blank	6	1.3	3	0.9	6	1.3	15	1.2
TOTAL	456	100.0	334	100.0	446	100.0	1236	100.0

Among those who consume alcohol, according to Table 3, the highest frequency of consumption occurs during parties, both for situations of suffered violence (47.3%), inflicted violence (54.0%), and for having both suffered and inflicted (54.7%). The most consumed type of drinks were distilled alcohol, representing 39.8% among those who have suffered violence, 48.0% among those who inflicted violence and 46.9% among those who have suffered and inflicted violence. Regarding the place of consumption, it was predominantly at friends' houses, either for suffering violence (41.8%), inflicting violence (43.5%) or suffering and inflicting (39.4%). When asked about the way they behave when they drink, most replied that they get excited in all situations of violence. Similarly, the age for most adolescents starting to consume was concentrated in the range of 16-17 years in all situations of violence (Table 4).

Table 4. Distribution of adolescents in situations of violence, according to the frequency of alcohol consumption, beverage type, place of consumption, behavior and age at first consumption. Cuiabá, 2012.

Alcohol consumption	Situations of violence						TOTAL	
	Suffered		Inflicted		Suffered and inflicted			
	n	%	n	%	n	%	n	%
Frequency								
Every day	1	0.5	6	3.0	8	3.1	15	2.3
Once a week	11	5.5	11	5.5	17	6.6	39	5.9
When there's a party	95	47.3	108	54.0	140	54.7	343	52.2
From time to time	79	39.3	58	29.0	77	30.1	214	32.6
Blank	15	7.5	17	8.5	14	5.5	46	7.0
TOTAL	201	100.0	200	100.0	256	100.0	657	100.0
Type of alcohol								
Beer	52	25.9	61	30.5	66	25.8	179	27.2
Distilled	80	39.8	96	48.0	120	46.9	296	45.0
Non-distilled	23	11.4	8	4.0	15	5.8	46	7.0
All types	29	14.4	23	11.5	46	18.0	98	14.9
Blank	17	8.4	12	6.0	9	3.5	38	5.8
TOTAL	201	100.0	200	100.0	256	100.0	657	100.0
Place of consumption								
On the streets	60	29.8	64	32.0	92	35.9	216	32.9
At home	36	17.9	28	14.0	37	14.4	101	15.4
At a friend's house	84	41.8	87	43.5	101	39.4	272	41.4
In bars	3	1.5	7	3.5	9	3.5	19	2.9
Blank	18	8.9	14	7.0	17	6.6	49	7.4
TOTAL	201	100.0	200	100.0	256	100.0	657	100.0
Behavior								
Drunk	7	3.5	10	5.0	24	9.4	41	6.2
More excited	164	81.6	159	79.5	190	74.2	513	78.1
Loss of consciousness	3	1.5	4	2.0	7	2.7	14	2.1
Feeling braver	10	5.0	10	5.0	20	7.8	40	6.1
Blank	17	8.4	17	8.5	15	5.8	49	7.4
TOTAL	201	100.0	200	100.0	256	100.0	657	100.0
Age of starting consumption								
10-11 years	-	-	-	-	-	-	-	-
12-13 years	-	-	-	-	-	-	-	-
14-15 years	56	27.9	51	25.5	76	29.7	183	27.8
16-17 years	117	58.2	119	59.5	153	59.8	389	59.2
18-19 years	28	13.9	30	15.0	27	10.5	85	12.9
TOTAL	201	100.0	200	100.0	256	100.0	657	100.0

When asked about the frequency of consumption for drug use, from time to time (28.0%) corresponded to most of the responses between those who have suffered violence, followed by every day (27.0%) and from time to time (27.0%) for those who inflicted it, and every day (27.4%) among those who have suffered and inflicted violence (Table 5).

Table 5. Distribution of adolescents in situations of violence, according to the frequency of drug use, how they began to use, the type of drug, reason for using and age at start of consumption. Cuiabá, 2012.

Drug use	Situations of violence						TOTAL	
	Suffered		Inflicted		Suffered and inflicted		n	%
	n	%	n	%	n	%		
Frequency								
Every day	3	12.0	10	27.0	14	27.4	27	23.9
Once a week	2	8.0	3	8.1	6	11.8	11	9.7
When there's a party	3	12.0	7	18.9	11	21.6	21	18.6
From time to time	7	28.0	10	27.0	11	21.6	28	24.8
Blank	10	40.0	7	18.9	9	17.6	26	23.0
TOTAL	25	100.0	37	100.0	51	100.0	113	100.0
How they started using drugs								
A friend offered	5	20.0	11	29.7	22	43.1	38	33.6
Saw somebody else using	4	16.0	4	10.8	7	13.7	15	13.3
In a Club	4	16.0	5	13.5	9	17.6	18	15.9
Someone in the family uses it	1	4.0	2	5.4	-	-	3	2.6
At school	1	4.0	5	13.5	3	5.9	9	8.0
Blank	10	40.0	10	27.0	10	19.6	30	26.5
TOTAL	25	100.0	37	100.0	51	100.0	113	100.0
Type of drug								
Marijuana	12	48.0	29	78.4	36	70.6	77	68.1
Cocaine	-	-	1	2.7	2	3.9	3	2.6
(Sniffing) Glue	1	4.0	-	-	-	-	1	0.9
Crack	-	-	-	-	3	5.9	3	2.6
Ecstasy	2	8.0	1	2.7	1	2.0	4	3.5
LSD	-	-	-	-	2	3.9	2	1.8
Blank	10	40.0	6	16.2	7	13.7	23	20.3
TOTAL	25	100.0	37	100.0	51	100.0	113	100.0
Reason for drug use								
To forget problems	5	20.0	5	13.5	14	27.4	24	21.2
To gather with friends	3	12.0	9	24.3	3	5.9	15	13.3
To rebel against their family	-	-	-	-	2	3.9	2	1.8
Because they like it	3	12.0	11	29.7	15	29.4	29	25.7
Can't stop	1	4.0	1	2.7	2	3.9	4	3.5
Another reason	2	8.0	1	2.7	7	13.7	10	8.8
Blank	11	44.0	10	27.0	8	15.7	29	25.7
TOTAL	25	100.0	37	100.0	51	100.0	113	100.0
Age of onset of consumption								
10-11 years	-	-	-	-	-	-	-	-
12-13 years	-	-	-	-	-	-	-	-
14-15 years	5	20.0	10	27.0	12	23.5	27	23.9
16-17 years	16	64.0	21	56.7	33	64.7	70	61.9
18-19 years	4	16.0	6	16.2	6	11.8	16	14.1
TOTAL	25	100.0	37	100.0	51	100.0	113	100.0

For all situations of violence with regards to how the teenagers started using drugs, most reported that they were offered them by a friend. Considering the type of drug, marijuana was the most widely consumed among adolescents in different situations of violence. When asked why they use drugs, the most common reason among those who have suffered violence was to forget their problems, while among those who inflicted it or had both suffered/inflicted violence, they claimed that they like it. The predominant range was 16-17 years for the age of starting consumption in all situations of violence (Table 5).

With regard to having someone in the family with problems with alcohol and/or drugs, 44.5% among those who had experienced violence reported having someone in the family who used alcohol and/or drugs, followed by 41.6% among those who inflicted violence and 49.3% among those who had both suffered and inflicted violence.

Regarding family members who consume alcohol and/or drugs in all situations of violence, uncles stood out with 34.5% for those who had suffered violence, 33.8% for inflicting violence and 32.3% for suffering and inflicting violence.

DISCUSSION

Our study has shown the need to separate adolescents into three groups for who have been engaged in violent situations, forming a group of those who only suffered violence and those who only inflicted it, and a third group of those who have suffered violence as well as inflicted it.

Regarding the incidence, the results are different from those found in the literature regarding suffered violence. A study conducted in Asuncion (Paraguay) in 2009 revealed that 39.1% of adolescents surveyed were victims of violence¹². Regarding violence suffered and/inflicted, the results were similar to other studies. In a survey conducted in Recife, 19.9% of adolescents reported having inflicted violence, and in another survey, 23.0% of adolescents reported being involved in violent acts, whether being a victim or perpetrator/aggressor^{3,13}.

The literature suggests that adolescent involvement in violence is due to many factors, among which include: the adolescence in itself, considering the transformations of the body and mind, as well as the transition to adulthood; exposure to family violence and conflicting relationships; alcohol and drugs, as well as other events that negatively influence them, encouraging violent behavior¹⁻⁵.

In view of these factors, the authors emphasize the need for violence prevention strategies. Integrated actions between health services and community become important, given that the strengthening of this relationship helps in identifying families at risk and finding potential social support networks available¹. Prevention workshops, individual and small-scale community initiatives, school-based prevention programs with groups, classes and individual interventions directed at victims and perpetrators, and even national policies and legal initiatives are prevention actions and health promotion that contribute to combating violence in adolescence¹⁴⁻¹⁶.

Concerning the violence type, studies point out that physical violence is the most common among teenagers, being considered the most recurrent in this group^{2,8,17,18}. International authors identified the presence of physical violence involving teenagers in Chile (40.7%) and Argentina (51.0%)^{8,19}. The rates of adolescents involved in physical

violence accounted for 44.0% in the US, 22.0% in Sweden and 76.0% in Israel²⁰. A national study developed in a police station specialized in cracking down on crimes against children and adolescents in Salvador (Bahia) found that 74.2% of physical violence cases involved teenagers²¹.

Another type of violence that has affected teenagers is bullying. A cross-sectional study in Caxias do Sul (Rio Grande do Sul) identified the prevalence of bullying in 10.2% of school-aged adolescents in 2011²². It is worth noting that along with physical violence, bullying has been constituted as an important type of violence among teenagers in all situations of violence, not only for victims. Likewise, other violence such as psychological, sexual and threatening are also mentioned in literature as an important cause of morbidity^{10,19,23}.

Violence can be present in its various types of associated forms. In this regard, understanding the types of violence most prevalent in adolescence becomes important, as it allows for establishing specific coping strategies for this injury. Schools have been one of the main environments for bullying and physical violence, which contradicts the concept of school as a place of socialization of knowledge, training and, above all, protection²⁴. This reinforces the need for staff training to intervene in such cases in order to interrupt this cycle and reduce violence. Reducing risk factors and exposure to conditions and vulnerability to violence itself can prevent aggressive behavior among teenagers, encouraging dialogue and the culture of peace in schools, communities and families.

The prevalence of alcohol and drug consumption among adolescents in situations of violence is also reported by several studies. A study conducted in Pelotas investigated alcohol and drug consumption among adolescents in situations of violence and identified the use of such substances in 43.2% and 8.6% of cases, respectively². In a study conducted in Santiago (Chile) associating the consumption of alcohol, drugs and violence among students, 33.1% reported alcohol consumption and 11.1% reported drug use⁸.

Alcohol and drug abuse is considered one of the main public health problems nowadays, causing injuries resulting from aggression, murder and illegal acts that may be caused by the effects of these substances⁵.

In relation to alcohol, it is the most consumed substance among teenagers⁵. In a study of 2,725 teenagers in São Paulo, it was identified that the greatest frequency of consumption occurs in times of get-togethers with friends, or at parties²⁵. This increased consumption at parties can be justified by the fact that consumption is influenced by friends who drink, and friends are the most common company for consumption^{4,26}.

Regarding the type of alcohol, distilled drinks were also the most consumed in a study conducted in the district of Port in Portugal⁴. Although the current legislation does not allow the sale or consumption of alcohol by persons under 18, young people still buy and consume alcoholic beverages, which has become a very common practice (alcohol consumption by adolescents)^{25,27}. This is due to the fact that alcohol is easily obtained and widely publicized by the media, as reflected by early the consumption and popularity among adolescents. In this sense, the media produces a number of alcohol advertisements, which are displayed daily with commercials that are often

flashy, associated to amusing situations involving youths and recreation which, added to the lack of supervision in marketing, encourages adolescents to start consuming^{5,28}. There is a consensus in literature that public health interventions to discourage alcohol consumption among adolescents are critical, including fighting against the influence of alcohol manufacturing companies that market toward adolescents. As an example, due to the many anti-smoking campaigns observed in recent years, rates of cigarette use among adolescents have significantly declined (13%), therefore restricting the exposure to alcoholic beverage advertising aimed at this group may be effective in delaying the onset of use and reducing alcohol abuse^{7,25}.

Considering the place of consumption, public places (restaurants and bars) are preferred among adolescents⁴. However, because consumption mostly occurs in the company of friends as found in this study, consumption at friends' houses may be related to the lack of regulation, supervision or prohibition of alcohol consumption in these places.

With regard to adolescent behavior when consuming alcohol, studies show that drunkenness is the most frequent effect^{4,29}, in contrast to the findings of this study that identified that teenagers tend to get more excited. Despite the divergence in the results, there is consensus in literature that consuming alcohol can trigger violent behavior among teenagers, increasing the risk of involvement in situations of violence^{2,26,29}. The culture of drinking to please others, to keep another person company, to welcome/host and to be accepted at parties and other celebrations indicate that at that stage of life, alcohol consumption is seen as a form of socialization^{4,30}.

Regarding age, other studies consider the age group of 14 to 17 years as the main period for starting consumption^{4,29,31}. However, one study found an age of 8 years as the lowest for beginning consumption, and with consumption increasing with age, elevating the risk of future dependence^{4,5,29}. The habit of drinking is considered normal and assumes a positive meaning, associated to partying and leisure²⁵. Because of that as previously mentioned, supervision in commercial establishments such as bars and markets is needed in order to reduce and even prevent the sale of alcohol to minors.

In this context, epidemiological studies relate that adolescents present great risks when consuming alcohol, associating this consumption to violent behavior^{2,29}. Schools and social service programs can be instrumental in reducing alcohol consumption and violence rates among consumers⁷. Other authors also consider that prevention workshops, belonging to a religion, practicing sports, leisure, and healthy family relationships, etc. are considered protective factors against alcohol consumption and involvement with violence^{14-16,26}.

Drug use is another important condition of vulnerability associated with violence among adolescents²⁴. Studies show that the first contact with drugs generally occurs in adolescence, as a stage characterized by physical and emotional changes that make them more vulnerable from a psychological and social perspective^{5,28}.

This consumption varies according to the situation of violence experienced by adolescents. The frequency of use found in this study corresponds to similar values found in a cross-sectional study with high school adolescent students³¹. Despite the studied teenagers using drugs "from time to time," it is important to highlight that addiction is not a consequence of time but of the consumption itself³¹, since these are

illegal substances which relate to violent behavior. The fact that teenagers in being the aggressors and the victims/aggressors have reported daily consumption as being the most frequent draws attention and emphasizes the association between frequent consumption and the practice of violent acts, especially in being a perpetrator.

The findings about how they started taking drugs in this study corroborate with findings of research with high school students conducted in Leon, Nicaragua, in which 49.0% of the cases reported having initiated drug use by friends³². Studies show that social networking closest to adolescents, such as family and friends, exert influence on refusing or using drugs³³. Although other motivations are alleged such as curiosity, to get rid of problems, loathing of their parents and peer/group pressure³², the first contact with drugs occurs mainly because teens have friends who use drugs, causing peer pressure to use⁵. Knowing someone close to them who uses an illegal substance can be considered as a risk factor among teenagers³³.

Marijuana is the drug most widely used by teens, as shown in other studies^{25,33}. These findings may be related to the fact that this the most popular low-cost drug among adolescents, thus becoming the most accessible^{25,33}. In this regard, access to information constitutes a protective factor against drug use. Importantly, actions must be developed that exceed the informative nature, and that encourage the active participation of adolescents with processes that favor the expression of their opinions, attitudes and behavior in this matter³³.

The reason for using drugs coincides with an epidemiological study carried out in Portugal with high school adolescents who reported using drugs because they like it⁴, which is explained by the curiosity to experience new sensations of pleasure such as in the use of drugs, which provide passive and immediate pleasure³⁴. However, it is important to warn teenagers about the harmful effects that accompany the use of drugs, as these substances produce effects on the nervous system and may or may not cause physical dependence, however, they mostly cause a psychological dependence²⁷.

The age of starting consumption in this study differs from other literature research that found drug use at even younger ages. National studies have identified the age of 15 as the start of drug use by high school teenagers, while international studies have identified an even earlier start, at age 12^{31,32}. The age of adolescent students starting consumption and their contact with drugs is ever earlier²⁸. Dialogue between parents and children, participation in school activities, and forums for debate on the subject in the school and family environment can decrease the risk of involvement of adolescents with drugs.

In addition to the factors already mentioned here regarding the consumption of drugs, studies consider other risk factors related to drug use by adolescents, such as: gender, age, social class, separated parents, bad relationship with their father or mother, not being born to both of the parents, involvement of a family member in the consumption of alcohol or drugs, low perception of paternal and maternal support, little dialogue between parents and children, lack of religious practice, and lower frequency of practicing sports^{27,35}. On the other hand, interaction and good dialogue between parents and children, attractive ways to occupy the free time of adolescents, school and religious activities can decrease the risk of involvement of adolescents with drugs^{5,33,35}.

Understanding risk factors enables identifying the more vulnerable adolescents to drug use and exposure to violence, and the best way to intervene in this context is to prevent it at an early age, considering the school and family environment as the best spaces for this type of intervention.

With regard to having someone in the family with alcohol and/or drug problems, the findings of this research are similar to those found in the literature; in a study that identified adolescents in situations of violence that had family members who used alcohol and drugs¹⁸. In this same study, the father figured as the family member who most consumed these substances, which was different from the findings here which identified the uncle as the main consumers of alcohol and drugs.

Studies associate alcohol and/or drug consumption to violent situations in the family environment, noting that teens often witness a violent situation caused by excess alcohol or drugs within the family^{18,33}. Regarding family members who consume alcohol and/or drugs, and considering very close relatives such as parents and uncles, the influence of this condition for teens to start alcohol and drug consumption must be considered, as well as involvement in violence.

Thus, strategies to prevent and fight the consumption of alcohol, drugs and violence are necessary through a family approach in order to prevent damage to adolescent health, stimulating dialogue and healthy relationships in daily cohabitation, providing adolescents with a healthy developmental environment.

CONCLUSION

The results of this study showed that adolescents experienced situations of violence as victims and/or aggressors. Physical violence and bullying are the most prevalent types, in addition to consuming alcohol and drugs, and having witnessed situations of conflict related to the consumption of alcohol and/or drugs by family members.

Although the present study has limitations in analyzing the causality, the results show the complexity of the phenomenon of violence among teenagers, in relation to vulnerable conditions. In addition, this research is distinguished from others that approach this theme by presenting an integrated approach to important conditions of vulnerability to violence.

There are few studies that address the issue of violence featuring teenagers as victims and/or aggressors relating to the conditions of vulnerability addressed here. New research with this focus is necessary for advancing the knowledge in this area. Given the complexity of violence, integrated actions between schools, health services, society and family are necessary in order to prevent and address this phenomenon in adolescence.

REFERENCES

- 1.Vieira JCB, Oliveira RF, Santana RS, Nunes DDP, Souza SR. Violência doméstica contra o adolescente: uma reflexão para a prática de enfermagem. *Adolesc Saude* 2009; 6: 15-19.
- 2.Silva RA, Jansen K, Godoy RV, Souza LDM, Horta BL, Pinheiro RT. Prevalência e fatores associados a porte de arma e envolvimento em agressão física entre

- adolescentes de 15 a 18 anos: estudo de base populacional. *Cad Saúde Pública* 2009; 25: 2737-45.
- 3.Horta RL, Horta BL, Pinheiro RT, Krindges M. Comportamentos violentos de adolescentes e coabitação parento-filial. *Rev Saúde Pública* 2010; 44: 979-85.
 - 4.Ferreira MMSRS, Torgal MCLFPR. Consumo de tabaco e de álcool na adolescência. *Rev Latino-Am Enfermagem* 2010; 18: 123-9.
 - 5.Silva KL, Dias FLA, Vieira NFC, Pinheiro PNC. Reflexões acerca do abuso de drogas e da violência na adolescência. *Esc Anna Nery* 2010; 14: 605-10.
 - 6.Alba LH. Salud de la adolescencia en Colombia: bases para una medicina de prevención. *Univ Méd* 2010; 51: 29-42.
 - 7.Pierobona M, Barak M, Hazrati S, Jacobsen KH. Alcohol consumption and violence among Argentine adolescents. *J Pediatr* 2013; 89: 100-7.
 - 8.Rudatsikira E, Muula AS, Siziya, S. Prevalence and correlates of physical fighting among school-going adolescents in Santiago, Chile. *Rev Bras Psiquiatr* 2008; 30: 197-202.
 - 9.Guzmán-Facundo FR, Pedrão LJ, Lopez-García KS, Alonso-Castillo MM, Esparza-Almanza SE. El consumo de drogas como una práctica cultural dentro de las pandillas. *Rev Latino-Am Enfermagem* 2011; 19: 839-47.
 - 10.Pesce R. Violência familiar e comportamento agressivo e transgressor na infância: uma revisão da literatura. *Ciênc Saúde Coletiva* 2009; 14: 507-18.
 - 11.Cid H P, Díaz M A, Pérez MV, Torruella P M, Valderrama A YM. Agresión y violencia en la escuela como factor de riesgo del aprendizaje escolar. *Cienc Enferm* 2008; 14: 21-30.
 - 12.Migliorisi LZ, González E, Almirón LP. Maltrato infantil: experiencia multidisciplinaria unidad de salud mental hospital general pediátrico "Niños de Acosta Ñú". *Pediatr (Asunción)* 2009; 36: 190-4.
 - 13.Barreira AK, Lima MLC, Avanci JQ. Coocorrência de violência física e psicológica entre adolescentes namorados do Recife, Brasil: prevalência e fatores associados. *Ciênc Saúde Coletiva* 2013; 18: 233-43.
 - 14.Mendes CS. Prevenção da violência escolar: avaliação de um programa de intervenção. *Rev Esc Enferm USP* 2011; 45: 581-8.
 - 15.Grossi PK, Santos AM. Desvendando o fenômeno bullying nas escolas públicas de Porto Alegre, RS, Brazil. *Rev Port de Educação* 2009; 22: 249-67.
 - 16.Chaves AB, Melo EM, Ferreira RA. A formação e o fortalecimento de vínculo emocional entre os adolescentes participantes de oficinas e prevenção da violência. Uma investigação a partir do Projeto Frutos do Morro. *Rev Med Minas Gerais* 2010; 20: 164-72.
 - 17.Malta DC, Souza ER, Silva MMA, Silva CS, Andreazzi MAR, Crespo C, et al. Vivência de violência entre escolares brasileiros: resultados da Pesquisa Nacional de Saúde do Escolar (PeNSE). *Ciênc Saúde Coletiva* 2010; 15: 3053-63.
 - 18.Martins CBG, Mello Jorge MHP. Violência física contra menores de 15 anos: estudo epidemiológico em cidade do sul do Brasil. *Rev Bras Epidemiol* 2009; 12: 325-37.
 - 19.Seldes JJ, Ziperovich V, Viota A, Leiva F. Maltrato infantil. Experiencia de um abordaje interdisciplinario. *Arch Argent Pediatr* 2008; 106: 499-504.
 - 20.Palazzo L.S, Kelling A, Béria JU, Figueiredo ACL, Gigante LP, Raymann B, et al. Violência física e fatores associados: estudo de base populacional no sul do Brasil. *Rev Saúde Pública* 2008; 42: 622-9.
 - 21.Carvalho ACR, Barros SG, Alves AC, Gurgel CA. Maus-tratos: estudo através da perspectiva da delegacia de proteção à criança e ao adolescente em Salvador, Bahia. *Ciênc Saúde Coletiva* 2009; 14: 539-46.
 - 22.Rech RR, Halpern R, Tedesco A, Santos DF. Prevalência e características de vítimas e agressores de bullying. *J Pediatr* 2013; 89: 164-70.

- 23.Oliveira MT, Lima MLC, Barros MDA, Paz AM, Barbosa AMF, Leite RMB. Sub-registro da violência doméstica em adolescentes: a (in)visibilidade na demanda ambulatorial de um serviço de saúde no Recife-PE, Brasil. *Rev Bras Saúde Matern Infant* 2011; 11: 29-39.
- 24.Castro ML, Cunha SS, Souza DPO. Comportamento de violência e fatores associados entre estudantes de Barra do Garças, MT. *Rev Saúde Públ* 2011; 45: 1054-61.
- 25.Macedo RMS, Kublikowski I. Valores positivos e desenvolvimento do adolescente: perfil de jovens paulistanos. *Psicol Estud* 2009; 14: 689-98.
- 26.Andrade SSCA, Yokota RTC, Sá NNB, Silva MMA, Araújo WN, Mascarenhas MDM, et al. Relação entre violência física, consumo de álcool e outras drogas e bullying entre adolescentes escolares brasileiros. *Cad Saúde Pública* 2012; 28: 1725-36.
- 27.Cavalcante MBPT, Alves MDS, Barroso MGT. Adolescência, álcool e drogas: uma revisão na perspectiva da promoção da saúde. *Esc Anna Nery* 2008; 12: 555-9.
- 28.García KSL, Costa Junior ML. Conduta anti-social e consumo de álcool em adolescentes escolares. *Rev Latino-Am Enfermagem* 2008; 16: 299-305.
- 29.Moreira TC, Belmonte EL, Vieira FR, Noto AR, Ferigolo M, Barros HMT. A violência comunitária e o abuso de álcool entre adolescentes: comparação entre sexos. *J Pediatr* 2008; 84: 244-50.
- 30.Oliveira GF, Luchesi LB. O discurso sobre álcool na Revista Brasileira de Enfermagem: 1932-2007. *Rev Latino-Am Enfermagem* 2010; 18: 626-33.
- 31.Jesus FB, Lima FCA, Martins CBG, Matos KF, Souza SPS. Vulnerabilidade na adolescência: a experiência e expressão do adolescente. *Rev Gaúcha Enferm* 2011; 32: 359-67.
- 32.Garcia JJ, Pillon SC, Santos MA. Relações entre contexto familiar e uso de drogas em adolescentes de ensino médio. *Rev Latino-Am Enfermagem* 2011; 19: 753-61.
- 33.Reis DC, Almeida TAC, Miranda MM, Alves RH, Madeira AMF. Vulnerabilidades à saúde na adolescência: condições socioeconômicas, redes sociais, drogas e violência. *Rev Latino-Am Enfermagem* 2013; 21: 586-94.
- 34.Jinez MLJ, Souza JRM, Pillon SC. Uso de drogas e fatores de risco entre estudantes de ensino médio. *Rev Latino-Am Enfermagem* 2009; 17: 246-52.
- 35.Bernardy CCF, Oliveira MLF. Uso de drogas por jovens infratores: perspectiva da família. *Cienc Cuid Saude* 2012; 11: 168-75.

Received: September 24, 2014; Accepted: October 24, 2014

ISSN 1695-6141

© [COPYRIGHT](#) Servicio de Publicaciones - Universidad de Murcia