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CHILD ABUSE, RESILIENCE, FAMILY FUNCTIONALITY, BULLYING, SUBSTANCE USE AND VIOLENCE IN FEMALE UNIVERSITY STUDENTS

Yolanda Bañuelos-Barrera

Faculty of Nursing and Obstetrics,
Universidad Juárez del Estado
de Durango, Mexico

Patricia Bañuelos-Barrera

Faculty of Nursing and Obstetrics,
Universidad Juárez del Estado
de Durango, Mexico

Alicia Álvarez-Aguirre

Department of Nursing and Midwifery,
Division of Health Sciences and
Engineering, University of Guanajuato,
Celaya Salvatierra Campus, Mexico

Lubia del Carmen Castillo-Arcos

Faculty of Health Sciences,
Autonomous University of Carmen
Ciudad del Carmen, Campeche, Mexico

Patricia Enedina Miranda-Félix

Faculty of Nursing; Mochis, Autonomous
University of Sinaloa, Mexico

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Abstract: Objective: To know the association between child abuse, physical activity, substance use, resilience, family functionality, bullying, and violence in university women. To know the prevalence and factors associated with violence in Mexican female university students. **Method:** A descriptive, cross-sectional, observational design was used in 1435 randomly selected female university students. Sociodemographic data, history of childhood abuse, physical activity, substance use, resilience, family apgar, perception of bullying and current violence were obtained in university women. Data analysis in SPSS v24 included descriptive statistics, Mann Whitney U, and multiple linear regression. **Results:** 45% practiced sports; 23.4% reported child abuse; 20.5%, 67.5% and 5.5% use tobacco, alcohol or drugs respectively. Resilience averages of 77.7 (SD = 10.7) were found; family functionality 39.9 (SD = 10.4); bullying 22.9 (SD = 18.0) and current violence 11.1 (SD = 9.6) respectively. Women who reported a history of childhood abuse showed less resilience, lower family functionality, greater bullying and greater violence than those who denied this history. Child abuse, resilience, family functionality, bullying and substance use explained 27% of the violence ($F = 89.34$; $p = 0.000$). **Conclusions:** It is essential to strengthen protective factors against violence, the identification and comprehensive treatment of risk factors, to reduce the negative impact on the physical and mental health of university women. **Keywords:** Child abuse, psychological resilience, family functionality, bullying, substance use, violence.

INTRODUCTION

Violence against women has been recognized as a serious public health problem worldwide, which occurs in both developed and developing countries. According to estimates by the World Health Organization (WHO), 30% of women in the world have suffered some type of violence in their lives, which is mainly received from their partner.¹. Estimates from the Economic Commission for Latin America and the Caribbean report prevalences of violence against women that fluctuate between 60% and 76% in women. Likewise, it is mentioned that Mexico is among the 10 countries with the highest gender violence in the region, since it reports rates equal to or greater than one case of femicide per 100,000 women².

On the other hand, in Mexico, data from the national survey on the dynamics of relationships in homes report that 70% of women over 15 years of age have received violence at least once in their lives, both from the couple as well as a family member. In 2021, violence was reported by 42.8% of women. Of the types of violence, psychological violence (29.4%), sexual violence (23.3%), economic violence (16.2%) and physical violence stand out. (10,2%)³.

It has been shown that women report a greater history of violence⁴, which becomes a long evolution, which sometimes begins in childhood and adolescence, and can prevail until adulthood⁵. In some cases, high rates of violence occur as a result of the cultural, religious, family and individual characteristics of each country⁶. The types of violence reported with the highest prevalence are physical, sexual⁵ and psychological⁴.

Some of the factors identified as risk for all types of violence are, among others, being female, history of family violence, witnessing violence in childhood⁴, alcoholism in a family member, as well as age under 20 years and low level of education^{1,7}.

It has been recognized that exposure to violence can generate consequences in the mental, sexual and reproductive health, injuries and even death of women, affecting both their children and their families.¹ After having experienced different types of violence leads women to develop psychological disorders in their lives, which include, among others, a low level of resilience⁸, depression⁹, suicidal ideation¹⁰, suicide attempt and even death¹.

In this regard, in research with university students it has been found that women show lower levels of resilience than men.¹¹ and that these are associated with greater victimization of violence and greater psychological symptoms¹². Likewise, it has been found that the greater the report of family violence, the lower the levels of resilience.⁸

In relation to family functionality, various authors have found a negative association between low levels of family functionality with violence, both in couple relationships¹³, physical school violence or exclusion¹⁴, as well as psychological and sexual violence¹⁵, and it has been identified that having dysfunctional families increases the risk of violence up to four times⁷. Meanwhile, having good family, social, school and friend support is a protective factor against verbal and physical violence.¹⁶

Likewise, one of the variables associated with violence is substance consumption. It is recognized that drug use is associated with family violence⁶; while alcohol consumption increases the risk of violence in university students 1.7 times⁷, and has even been associated with sexual harassment¹⁷.

Regarding bullying, its existence is recognized within higher education institutions, and it has been associated with different predictive factors such as sex (more frequent in men), type of family and level of education for both bullying in general, such as physical, verbal, psychological or cyber bullying¹⁸. It is reported that bullying can also occur

through direct or indirect insults, exclusion from activities, ignoring or spreading rumors about someone.¹⁹, which can affect academic performance and well-being, and even generate depression, anxiety and stress in victims¹⁸.

As it was seen in previous paragraphs, violence has various predisposing factors that in turn affect both the person who experiences it or has experienced it, as well as the people around them and in different contexts. However, no studies have been found that include this set of variables that contribute to comprehensively visualizing this phenomenon, so the purpose of this study was to know the association between child abuse, physical activity, substance consumption, resilience, family functionality, bullying, with current violence in female university students, as well as comparing the variables by type of school and history of child abuse.

METHOD

STUDY DESIGN AND DESCRIPTION OF PARTICIPANTS

A descriptive cross-sectional observational study was carried out. The study population was made up of female university students, from public and private institutions, from the rural and urban area of Durango Mexico, where according to the records of the Ministry of Public Education there are approximately 100 higher education schools in the state.

The selected sampling was two-stage, in which 30 schools were randomly chosen. Subsequently, the sample calculation was carried out through the formula for non-finite populations: $n = Z^2 (p) (q) / d^2$, with which a sample of 1536 students was obtained, with a confidence level of 95%, with a sampling error of 2%, and a non-response rate of 9%. The final sample was made up of 1,435 female university students, randomly selected from within each educational institution. Female

university students aged 18 years and older, from the first to the tenth semester, at the bachelor's level and all shifts, were included.

MEASUREMENT TOOLS

Sociodemographic characteristics, history of child abuse, practice of any physical, sports or recreational activity, weekly frequency and time dedicated to it were recorded.

The consumption of tobacco, alcohol or drugs was also recorded, for which a format that included nine questions was developed; three were for tobacco, three for alcohol and three for drugs; They questioned whether they had ever consumed, how many times a week and how many times a day.

To measure resilience, the Wagnild and Young²⁰ scale was used, composed of 25 statements, with a seven-point Likert-type response scale, ranging from one (disagree) to seven (strongly agree). It assesses five areas of resilience: personal satisfaction, feeling good alone, self-confidence, equanimity and perseverance; The higher the score, the greater the resilience. In this study, a Cronbach's alpha of .87 (95% CI = .86 -.88) was obtained.

Bullying was assessed with a subscale of the Bullying²¹ index, which measures students' perception of bullying at school. It consists of eight statements, with a six-point response scale, from one (strongly disagree) to six (strongly agree); A higher score represents a greater perception of bullying. In this study, a Cronbach's alpha of .86 (95% CI = .85 -.87) was obtained.

To measure violence, a format was developed with 11 statements about verbal, psychological, physical and sexual violence, organized with a Likert-type response, from one (never) to five (always); where the higher the score represents the greater exposure to violence. In this study, a Cronbach's alpha of .80 (95% CI = .78 -.81) was found.

Family functionality was assessed with the Family Apgar scale²², which explores the satisfaction of family members on five aspects of their functioning: adaptation, companionship, growth, affection and resolution. It is made up of five closed questions, with three response options: 0 = almost never, 1 = sometimes and 2 = almost always. The results are classified as highly dysfunctional, moderately dysfunctional and functional; Higher scores indicate a better perception of family functionality. In this study, a Cronbach's alpha of .75 was found. (95% CI = .73 -.77).

INFORMATION COLLECTION PROCEDURE

Once the participating schools were selected, the visit to each of them began, from August 2022 to May 2023 to explain to the directors what the project consisted of, and request authorization to develop the study, as well as the ease of selecting to groups and access to female university students.

Within each selected group, the objectives and generalities of the project were explained and they were invited to participate. Those who showed interest were reiterated that their participation was voluntary, that they could suspend it at any time, and they were given informed consent to read and sign. Subsequently, they were given the set of instruments, they were given general instructions on filling it out and their corresponding doubts were clarified.

First they filled out the sociodemographic characteristics section, then the resilience scale, followed by the bullying and violence scales, continued with the questions on substance use, and concluded with the family functionality scale. At the end of filling out, each instrument was reviewed to corroborate that no statements were left unanswered, or with duplicate answers. With this, this phase

was concluded and they were thanked for their participation.

STATISTIC ANALYSIS

Data analysis was developed in SPSS v24. Descriptive statistics were used, the Kolmogorov Smirnov test was applied to identify the distribution of the data, which did not show a normal distribution. The Mann Whitney U was used to compare the variables by history of child abuse and type of school. Multiple linear regression models were used to corroborate study objectives.

ETHICAL CONSIDERATIONS

This study was approved by the Bioethics Committee (CONBIOÉTICA-25-CEI-001-20211201) and the principles of research ethics were followed according to the Declaration of Helsinki. Written consent was obtained from the participants voluntarily and their privacy was respected at all times.

RESULTS

The sample was made up of 1435 female university students, with an average of 20.3 years (SD = 2.6 years) of age, the majority did not have a partner; 76% studied in schools located within the city and 24% in schools in rural areas; 92.5% corresponded to public schools and 7.5% to private schools. The reported place of birth was 56% from the city, 27.8% from a municipality in the state, and 16.2% from some other state or country. The participants were mostly from the first semesters, consumed alcohol and did not practice physical activity; who, if they did, did so three or more days a week (75.7%), with an average of 57.6 minutes per session. More than 20% reported a history of child abuse (Table 1), of which 35.2% received it at home and 66.1% received it from a family member.

Meanwhile, those who reported violence outside the home mentioned having received it at school (64.8%), where the most prevalent schools were primary or secondary schools (66.5%).

In relation to the level of resilience of female university students, an average of 77.7 (SD = 10.7) was found; the level of family functionality showed an average of 39.9 (SD = 10.4); the perception of bullying showed an average of 22.9 (SD = 18.0) and the level of violence showed an average of 11.1 (SD = 9.6). When comparing these variables by type of school, it was found that public school students showed higher scores on bullying than private school students ($p = 0.000$). On the other hand, when comparing those who reported having received child abuse and those who denied it, it was found that the former presented lower levels of resilience ($p = 0.030$) and family functionality ($p = 0.000$), and higher levels of bullying ($p = 0.000$) and current violence ($p = 0.000$) than those who denied that history (Table 2).

Two multiple linear regression models were applied with the input method, the first to explore the contribution of the variables child abuse, physical activity, substance use - tobacco, alcohol, drugs -, resilience, family functionality, bullying on the level of violence. The model was significant, but it was observed that physical activity and alcohol consumption did not show significance. Therefore, in the second model, these two variables were excluded, and after controlling for type of school, the model was equally significant. ($F_{(6,1428)} = 89,34; p = 0,000$); (Table 3).

DISCUSSION

The purpose of this study was to know the association between childhood abuse, physical activity, substance use, resilience, family functionality, bullying, and violence in female university students. In this study, low levels of exercise or physical activity were found, since more than 50% denied doing it. These results differ from those found by other authors.²³ who report a high percentage of university students who did carry out some physical activity.

On the contrary, in another study²⁴ it is reported that a high percentage of female university students refused to engage in any physical activity, which increased the risk of depression and other mental health problems almost three times. In this regard, it is important to consider that women usually perform less physical activity than men²³, in addition to the fact that, at the university stage, academic commitments and tasks are of a higher level of complexity, which could affect the practice of these activities. Likewise, if the facilities do not have programs and infrastructure to develop exercise or physical activity, it could influence its decrease. This represents a point of interest, attention and commitment on the part of higher education institutions, to facilitate and encourage this activity inside and outside of them, since the need to promote healthy habits is recognized, which impacts both personal development and professional of the students²⁵.

On the other hand, relatively low levels of tobacco and drug consumption, and regular alcohol consumption, were found. These data coincide with what was reported by Noroña et al.²⁶, who found that almost 80% of their sample had never used tobacco, and 98% had never used any of two drug options. However, alcohol consumption in this study was almost 18 percentage points higher than that reported in that study. It is likely that, in the context of

gender equality, combined with a diversity of social, cultural and economic problems, they could have influenced greater consumption, which makes it possible to visualize the need to apply substance use prevention programs to early age and strengthen protective factors from the family environment.

Child abuse was reported by more than 20% of female university students, which was received mainly at home and at school (primary and secondary). These results are lower than those found in another study²⁷ since they report exposure to different types of violence, with a predominance of physical and psychological violence. Likewise, it has been reported that when you have a history of childhood abuse, the risk of suffering family violence in adulthood increases 3.9 times.¹¹, and the probability of experiencing intimate partner violence in adolescence⁴. This suggests the need to carry out periodic scrutiny of higher education students, in order to identify these risk factors early, and promote violence-free schools. Likewise, it is important to promote activities to strengthen the levels of resilience in this population.

Results of the multiple linear regression showed that childhood abuse, physical activity, substance consumption, resilience, family functionality and bullying, together explained a considerable percentage of the current presence of violence in women. These results are consistent with what is reported in the literature, since there is evidence that when child abuse is suffered⁷, little or no physical activity is performed²⁴, you have less resilience¹², comes from dysfunctional families^{7,29} and you are a victim of bullying³⁰, there is a greater risk of suffering different types of violence in adulthood. These results allow us to identify areas of opportunity that promote protective factors of violence, and comprehensively treat the risk factors that contribute to reducing the negative impact

on the physical and mental health of female university students.

CONCLUSIONS

The results reveal a history of childhood abuse, little or no physical activity, high alcohol consumption, good levels of resilience, low level of family support and bullying, which, together, were associated with the presence of current violence in this population. Therefore, it is essential to develop intervention studies within higher education institutions, focused on empowering female university students,

for effective and timely self-care in the early identification of risk factors for violence and situations of violence. violence, as well as strategies to stop violence when it is already present. Likewise, nurses must look for areas of opportunity to influence the establishment of public policies that contribute to reducing the negative impact on the physical and mental health of this population. The generalization of these results must be taken with caution, since it is limited to populations with characteristics similar to that of this study, since the data were obtained at a single moment, and some scales showed a regular level of reliability.

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Variable	n	%
Age		
18 – 19	637	44,4
20 – 21	489	34,1
22 – 24	258	18,0
24 or over		3,5
Marital status		
Without couple	1373	95,7
With couple	62	4,3
Semester		
1° -2°	527	36,7
3° - 4°	337	23,5
5° - 6°	214	14,9
7° - 8°	312	21,8
9° - 10°	44	3,1
Child abuse		
Yes	318	22,2
No	1117	77,8
Activity		
Physical	645	44,9
Recreational	66	4,6
None	724	50,5
Tobacco use		
Yes	294	20,5
No	1141	79,5
Alcohol consumption		
Yes	943	65,7
No	492	34,3
Consumption of drugs		
Yes	79	5,5
No	1356	94,5

Table 1: Descriptive characteristics of female university students

n: number of cases

	Con AAI (n=318)	Sin AAI (n=1117)	U	P	g of Hedges
	Mdn (Range)	Mdn (Range)			
Resilience	78 (89,33)	79 (93,33)	163	0,030	0,11
Family functionality	40 (50,00)	45 (50,00)	129	0,000	0,48
School bullying	25 (100,00)	20 (95,00)	206	0,000	0,25
Current violence	18 (68,18)	7 (63,64)	277	0,000	1,15

Table 2: Comparison of variables according to history of child abuse

AAI: history of child abuse; n: number of cases Mdn: median; U: Mann Whitney U; p: significance level

Model	β	ES	t	IC 95%	F	R ²	P
(Constant)	17,87	1,77	10,06	[14,38 a 21,35]	89,34	,27	,000
Child abuse	8,35	,54	15,44	[7,26 a 9,42]			
Tobacco	1,15	,56	2,04	[,048 a 2,25]			
Drugs	2,85	,99	2,87	[,90 a 4,80]			
Resilience	-,06	,02	-3,24	[-,10 a -,02]			
Family functionality	-,15	,02	-6,98	[-,19 a -,10]			
School bullying	,09	,01	8,10	[,075 a ,12]			

Table 3: Regression model for the effect of childhood abuse, substance use, resilience, family functionality and bullying on current violence

ES: Standard error; p: significance level