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SOCIAL REJECTION, ONE MORE FORM OF VIOLENCE IN SCHOOL

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Abstract

Social rejection is a type of violence that is little studied in the school context that affects the institutional environment, where the student is ignored, excluded, or marginalized, perhaps because it appears in a more subtle or invisible way. Nevertheless, it generates serious damages to those who suffer it. The objective of this work is to analyze the presence or absence of teacher relational violence and its behavior in five university units of the health area according to the perception of the students. An observational, cross-sectional, analytical, and comparative study was carried out. The sample was random, probabilistic, systematic and stratified. 551 students were included: Public Health and Nutrition (n=53), Psychology (n=97), Medicine (n=237), Dentistry (n=118) and Nursing (n=46). A standardized questionnaire validated by a pilot study and an expert opinion was used; the analysis presented a Cronbach alpha of 0.87. The social behaviors analyzed are: Indirect or passive (ignore, isolate, dismiss, or reject), manifest or active (mockery, derision, or ridicule) and subtle (discredit, spread false rumors), in the role of victim and witness. The highest percentages of victims of relational violence were found in Medicine followed by Dentistry and Psychology. As for witnesses of social rejection, it coincides in almost all variants, alarming percentages in all three faculties. This research shows that violence and relational abuse is an evident reality in school. It is important that the institution incorporates content and practices that apply principles of tolerance, acceptance and collaboration, in which human rights are respected.

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Keywords: Social rejection, teacher, victim, violence, witness.

1. Introduction

The work that is being shared is the product of a broader investigation that aims to discover the types of violence that occur in Higher Education Institutions, based on the opinion of students. This communication addresses social rejection in particular, which, unfortunately we know that there is still little study about it in the university. The fact that there is little research on this subject, finds some explanation in two aspects:

One comes from the general context and is related to a collective imaginary that facilitates assuming itself as a society that does not discriminate, that does not reject, that is open and inclusive, different from other countries. However, this idea fades before the revealing analysis of the National Survey on Discrimination (ENADIS, 2010), whose application five years ago had already shown that in Mexico there is discrimination, particularly because of the color of the skin, but also because of the socioeconomic status among other reasons.

According to the ENADIS (2010), it is the homosexual people and those who are HIV-infected who receive the greatest social rejection, also presenting that at least 30% admit that it is not very positive that society is composed of people with different sexual orientations. In addition, 40% of respondents admit that in Mexico people are treated differently according to their skin tone. Regarding school violence, almost half of the young people surveyed accept that there is violence among their peers, and more than 25% answered that there is violence by teachers towards students. In the same way, 12 to 15% of young people between the ages of 12 and 29 mention that at school or at work they have been insulted, they have been victims of practical jokes and have been mocked by their peers. This data surprises Mexican society but shows that social violence expressed in the form of segregation or rejection exists and it is important to eradicate it.

Another aspect that can explain the lack of studies on social rejection, is related to the fact that being a public university (the largest in the north of the country), the academic community seems almost incapable of thinking about discrimination or social rejection as an attitude or conduct present in this environment, since they say to be open to the plurality of ideas and to the coexistence with a diversity of people. From the foregoing, it can be affirmed that social violence exists, and frequently translates into exclusion, discrimination, and rejection towards those who are different or do not conform to the idea of normality, which happens in some academic spaces each time more frequently and, as has been shown in other works (Treviño, Chávez, & de la Cruz, 2017), finds some explanation from the study of some professional careers, where the competence to advance and excel is strong, often stimulated by the institution through a hidden curriculum or by the practices of professional training and teachers.

1.1. School Violence

Currently, school violence has been researched and studied in different environments and at different educational levels (Enríquez Villota & Garzón Velásquez, 2015). Numerous studies have been carried out from different points of view worldwide, reflecting the growing need to improve the dynamics of school relationships (Salas-Picón, 2015). However, these jobs have been relegated to HEIs, even though aggressive behavior in this medium can limit the academic and professional progress of students (Plata Santander & Romero Palencia, 2015). At the higher level some behaviors such as physical aggression, academic

violence, verbal or physical sexual harassment, social rejection such as ridicule, discrimination, ignoring, offensive naming, threatening, blackmail, and insulting are manifested. These violent acts in the academic sphere have negative effects on the balance of social relationships established there. School violence undermines the health of those affected, severely damaging the psychological and social well-being of the victim, often the injured have feelings of loneliness and sadness, low self-esteem, depression, difficulties in socializing and tend to withdraw from school (Nuñez Estrada, Gilreath, Avi Astor, & Benbenishty, 2014).

Unethical, hostile and aggressive behaviors towards any of the actors in the school environment are caused by the lack of values such as: humanism, respect, honesty, solidarity, responsibility, justice, professional ethics, etc. of one of the members and manifests in the form of harassment or violence. These values are present in the vision and values of the schools studied, however, they are not always put into practice. Ethics and Bioethics are subjects incorporated into the curricular plan of these careers, where students learn to examine, discuss and solve ethical or bioethical problems, acquiring the essential knowledge and skills to apply them in practice.

Unfortunately, many teachers are unaware of the issue and act in the opposite direction, creating serious conflicts between the teacher-student relationship, which will subsequently affect the student's treatment of the patient. The feelings of power or moral domination are chained to violence and discriminatory behavior towards people considered as inferior (Carbajal, 2013). There are teachers who commit excesses of authority, abuse, mistreatment and harassment towards the weakest link in the educational process, the students. Humiliating and abusive treatment in unequal conditions of power by the teacher, can cause serious physical and psychological damage, impacting academic achievement and increasing school dropout (Gallego, Acosta, Villalobos, López, & Giraldo, 2016).

In several cities of the world there have been works about harassment or violence, but none compare five different schools with similar professional training processes, in them basic, preclinical and clinical subjects are taught, in the latter the student at the same time as he learns, develops skills to solve health problems directly with patients. It is the career of Medicine in both the undergraduate and postgraduate programs, in which more research has been conducted aimed at detecting acts of abuse, violence and harassment that occur frequently and persistently, reporting alarming results (Ríos Nava, Romero Mariscal, & Olivo Estrada, 2013). There have also been studies in the nursing career, on discrimination against students (Dois-Castellón, 2015; Hakojärvi, Salminen, & Suhonen, 2014).

Violence is a problem of public health and human rights, it is a consequence of factors that interact at four levels: individual, relational, communal, and social, where there is an imbalance of power and can occur at any age. To prevent and try to counteract the serious consequences on the health of individuals, it is necessary to analyze the risk factors registered in the population and the social determinants, seeking to pay more attention to relational violence due to its invisibility. This has very negative effects on health and serious social consequences throughout the life of those affected (OPS, 2014).

1.2. Relational Violence

One of the basic needs of the human being is to be accepted and belong to a group, however, this need for esteem and social approval is not always satisfied, as has been proven in previous research which shows that for more than 50 years acts of rejection and discrimination occur in educational institutions

(Monjas, Martín-Antón, García-Bacete, & Sanchiz, 2014; Treviño et al., 2017). During childhood, adolescence and youth, the relationship with their peers, teachers and family contributes to social adaptation, favoring autonomy, emotional security, as well as the formation and growth of fundamental social skills for conflict management, and the foundation of the moral principles and values.

Relational violence, a term used for the first time at the University of Minnesota, is an indirect and premeditated way of causing harm to the victim among his friends with the intention of excluding or isolating him (Becerra, Godoy, Véjar, & Vidal 2013; Polo del Río et al., 2016). Among the types of violence, the least visible and notorious is precisely social rejection for being subtle, however, it causes important problems and negative sequels in the psychosocial adjustment of the adolescent or young person (Inglés, Gonzálvez-Maciá, García-Fernández, Vicent, & Martínez-Monteagudo, 2015; Vicent et al., 2017). Several researchers have analyzed the relational violence and its different manifestations trying to establish the variables with which they are articulated, to know what causes it, the damage it produces, the prevalence, etc. (Casper & Card, 2017; Suldo, Gelley, Roth, & Bateman, 2015).

Several authors affirm that subjects who have suffered relational violence have anxiety problems that stand out and have more risk of developing psychiatric disorders (García-Bacete et al., 2013; Martínez et al., 2014). The strong feelings that social rejection provokes hurt just as physical pain, confirmed by scientists from the New York Psychiatric Institute of three Universities (Kross, Berman, Mischel, Smith, & Wager, 2011), finding that the regions of the secondary somatosensory cortex and the posterior dorsal insula are activated with the suffering caused by social rejection.

Social rejection behaviors are classified as follows: manifest or active such as mocking, ridiculing or offending, indirect or passive like ignoring, isolating, withdrawing or rejecting, and subtle or concealed like discrediting the victim by spreading false rumors, blackmailing or threatening (García-Bacete et al., 2013).

2. Problem Statement

Nowadays, violence in general worries everyone because it puts people's security and rights at risk and affects human relationships by preventing or diminishing social development, but it is more disturbing if violence occurs at schools because these are training spaces par excellence, where the priority is to share knowledge and socially accepted values in order to train the professionals that society needs. It is no longer possible to deny that violence exists in academic spaces, although it may not be generalized or may be apparently subtle with few dramatic features as it occurs abroad, it is still worrisome since it affects scientific and academic productivity obstructs the concretion of the aims of the educational institution and is unacceptable in any degree that is presented.

The expressed justifies studying a subject such as violence. The occurrence of cases of harassment in schools puts into question not only the type of relations between the main actors and the environment of harmony that must dwell in it, but also the conception of educational quality (Arias, 2014; Oliveira et al., 2015). The problem can be aggravated because frequently, before these acts, the silence and the indifference of the administrative staff and of the entire educational community prevails (Ramírez-López & Arcila-Rodríguez, 2013). Discrimination exists in the school context and negatively affects the institutional environment; rejection is observed when the student is ignored, excluded or marginalized, even if it is subtle

or apparently not very visible, generating serious damage, it is a clear form of social violence and a public health problem. Hence the importance of continuing to conduct studies like the present.

3. Purpose of the Study

The purpose of this work was to determine if the teachers reject, discriminate or socially exclude the students in five dependencies of the health area.

4. Research Methods

4.1. Type of study

This study is quantitative, transversal, analytical and comparative. This allowed analyzing the presence or absence of Social Rejection or Discrimination by the teacher towards their students and their behavior, among five specific areas of professional training. Social phenomena are described in a defined temporal and geographical situation.

4.2. Population and sample

The sample was integrated by students of the Faculties of Medicine, Public Health and Nutrition, Dentistry, Nursing and Psychology, of a University of the North of Mexico in the city of Monterrey, Nuevo León. The type of sampling that was carried out was random, probabilistic, systematic and stratified, using the formula of sample sizes for proportions in finite populations, with a reliability of 95%, maintaining a stratification, according to the student population of each faculty.

4.3. Data collection techniques and tools

A standardized questionnaire designed for the purposes of this research by María Concepción Treviño T. and Guadalupe Chávez G. was used; it was previously validated through a pilot study and expert opinion and is composed of 22 Likert-type items of structured response. The analysis presented a Cronbach's alpha of 0.87. The instrument investigates the relational violence exerted by teachers towards students in the role of victims or witnesses. The following data were collected: school of origin, semester, sex, age, type of relational violence, orientation. The following behaviors of relational violence or social rejection were analyzed: Indirect or passive, manifest or active and concealed or subtle.

4.4. Data processing and analysis techniques

Once this information was obtained, a database was developed in the statistical program SPSS (version 20), which served as a platform for obtaining traditional descriptive statistics, dispersion measures and position measurements of the variables involved. The study values were contrasted according to the type of professional career through hypothesis testing at 95% reliability.

4.5. Ethical aspects

It was governed by the ethical principles in biomedical research, stipulated by the World Medical Association in the Declaration of Helsinki and by the General Health Law. Title Two, of the Ethical aspects of research in Human Beings. Respecting the rights of confidentiality participants.

5. Findings

A total of 551 students from the Higher Education Level degrees of Nursing (n=46), Medicine (n=237), Nutrition (n=53), Dentistry (n=118), and Psychology (n=97) participated.

Table 01. Sample distribution by sex and age

Age	Male		Female		Total	
	n	*%*	*n*	*%*	*n*	*%*
17	84	15.25	22	3.99	106	19.24
18	40	7.26	107	19.42	147	26.68
19	49	8.89	55	9.98	104	18.87
20	32	5.81	70	12.70	102	18.51
21 y +	38	6.90	54	9.80	92	16.70
Total	243	44.10	308	55.90	551	100

The study population included individuals with chronological ages between 17 and 21 years old or more, and of these, the highest percentage of male sex 15.25%, was among the 17-year-olds, and the lowest, 5.81%, was among the students of 20 years, in females the highest percentage 19.42% corresponded to the girls of 18 years, the lowest 3.99% to the 17-year-old students. Regarding the distribution by sex, 44.10% are men and 55.90% are women. Table 01 shows the distribution of the sample as described.

5.1. Victims of Social Rejection

According to Table 02, it is possible to say that there is a presence of relational violence (indirect and concealed) carried out by teachers towards students in all the faculties observed. A simple sum of the totals in each type of violence, gives us 38.5%, 18.6% and 17.3% respectively, which undoubtedly is worrisome; in a way, it appears that it is in the Faculties of Medicine, Dentistry and Psychology, where there is more presence of this fact. In addition, it is the 'indirect violence' that is mostly observed by students who are victims of relational violence, which is possibly exerted by making inappropriate use of the formal authority that the school gives to teachers, thereby affecting relationships in the classroom and in the institution as well as the learning processes.

Table 02. Percentage of students victims of relational violence by teacher according to faculty

Faculty	Type de relational violence		
	Indirect	Manifest	Concealed
Nursing	2.9	1.5	0.6
Medicine	17.1	10.9	5.5
Nutrition	2.8	1.3	0.9
Dentistry	8.1	1.7	9.0
Psychology	7.6	3.3	1.3
General Total	38.5	18.6	17.3

When disaggregating the information by sex, as shown in Table 03, it was found that it is 'indirect violence' the one mostly perceived by men (15.7%) and women (22.8%), followed by 'concealed violence' that also contributes with significant percentages: men (18.6%) and women (11.4%). In general, it is the female participants who are mostly perceived as victims of the relational violence exerted by their teachers.

Table 03. Percentage de students victims of relational violence carried out by teachers according to sex

Type of Relational Violence	FEMALE		MALE		TOTAL	
	Victim	Never	Victim	Never	Victim	Never
Indirect	22.8	36.5	15.7	25.0	38.5	61.5
Manifest	11.4	47.9	7.2	33.5	18.6	81.4
Concealed	9.9	49.4	7.4	33.3	17.3	82.7

The young people who gave information were placed in different age groups: 17 to 21 years old or more, typical ages of those who study a bachelor's degree in Mexican universities. Regarding the percentage of students who consider themselves victims of *indirect, manifest and concealed relational violence*, carried out by teachers, according to age, it is in the segment of 18-year-olds (11.6%, 5.2% and 7.2% respectively) that presented the most significant data, the least affected are 17-year-old students, perhaps because they are newcomers, see Table 04. Of the three types, 'indirect violence' obtains the highest values, totaling 38.5%.

Table 04. Percentage of students victims of relational violence carried out by teachers according to age

Type of Violence Relational	17 Y/O		18 Y/O		19 Y/O		20 Y/O		21 Y/O+		TOTAL	
	Victim	Never	Victim	Never	Victim	Never	Victim	Never	Victim	Never	Victim	Never
Indirect	3.7	9.0	11.6	16.8	7.0	13.1	9.6	10.9	6.6	11.8	38.5	61.5
Manifest	1.5	11.2	5.2	23.2	4.2	15.8	3.5	16.9	4.2	14.2	18.6	81.4
Concealed	4.1	8.7	7.2	21.2	2.2	17.9	2.0	18.4	1.8	16.6	17.3	82.7

5.2. Witnesses of Social Rejection

According to the information provided by the witnesses of relational violence of the teacher towards their classmates, it was found (Table 05) that in the Faculty of Medicine the highest percentages appear in indirect violence 23.8% and in manifest 22.3%, and in Dentistry in the concealed 12%. The simple sum of the totals in each type of violence in the entire health area, gives 57.3%, 41.4% and 30.0% respectively.

Table 05. Percentage of witnesses of relational violence of the teacher towards their peers by faculty

FACULTY	TYPE OF RELATIONAL VIOLENCE		
	Indirect	Manifest	Concealed
Nursing	4.1	3.3	1.3
Medicine	23.8	22.3	11.2
Nutrition	4.4	2.8	1.1
Dentistry	15.1	5.2	12.0
Psychology	9.9	7.9	4.4
General Total	57.3	41.4	30.0

Women as witnesses of relational violence towards their peers (Table 06) are the ones that report the highest percentages in 'indirect violence' (34.1), 'manifest violence' (26.0) and 'concealed violence' (19.0). Although there may be differences in the "ways of seeing" of men and women, the truth is that there is a coincidence in terms of the relative weight of each of them. Thus, in both sexes, the perception as witnesses is that 'indirect violence' is the one with the greatest presence, followed by 'manifest violence' and finally, 'concealed violence'.

Table 06. Percentage of witnesses of relational violence of the teacher towards their peers by gender

Type of Relational Violence	FEMALE		MASCULINE		TOTAL	
	Witness	Never	Witness	Never	Witness	Never
Indirect	34.1	25.2	23.2	17.5	57.3	42.7
Manifest	26.0	33.3	15.5	25.2	41.4	58.6
Concealed	19.0	40.3	11.0	29.7	30.0	70.0

Finally, according to table 07, the data by age of the witnesses of relational violence, report that the segments of 18 years of age and of 20 years report the highest percentages in the three types of violence.

Table 07. Percentage of witnesses of relational violence of the teacher towards their peers by age

Type of Relational Violence	17 Y/O		18 Y/O		19 Y/O		20 Y/O		21 Y/O +		TOTAL	
	Witness	Never	Witness	Never	Witness	Never	Witness	Never	Witness	Never	Witness	Never
Indirect	8.8	3.9	16.4	12.0	10.5	9.6	13.3	7.2	8.3	10.1	57.3	42.7
Manifest	3.7	9.0	10.9	17.5	8.7	11.4	10.3	10.1	7.9	10.5	41.4	58.6
Concealed	4.8	7.9	12.3	16.0	4.2	15.8	5.7	14.7	2.9	15.5	30.0	70

6. Conclusion

In the dependencies studied, relational violence was found, particularly in the Faculties of Medicine and Dentistry. The training of professionals in these careers is very demanding and requires high cognitive, social and ethical skills; particularly in the so-called residences or postgraduate programs, exposure to violence is high, as reported by Montes-Villaseñor et al. (2017), "The working conditions to which these doctors are subjected, under the justification of the demanding training, include expressions or other forms of interpersonal violence generated by stress".

Violence of any kind, at any degree is unacceptable in a higher education institution and goes against its essence. However, evidence has been found that there is relational violence, understood as an indirect and premeditated way to cause harm to the victim among his friends or colleagues with the intention of discriminating against him, excluding him or isolating him. This may be an expression of inappropriate use of formal authority that the school gives teachers. This type of violence, apparently less noticeable, causes problems and negative sequelae in the psychosocial adjustment of young people during their university education, particularly in the health areas, where they also interact with patients in their clinical practices. We must launch an alert that facilitates the elimination of these negative situations.

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