Original Article

Development of Surveillance System to Reduce Youth's Physical Violence in Kalasin Province, Thailand

Chawalit Kongpet MSC[1], Somdej Pinitsoontorn MD[1], Manop Kanato PhD[1], Chanya Teerachote DDS, PhD[2]

[1] Department of Community Medicine, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand
[2] Department of Dentistry, Kalasin Hospital, Kalasin, Thailand

Background: World Health Organization survey found that 33.3% of Thai students were victims of violent acts, and 46.7% of those victims were seriously injured from such violence in the past 12 months. The solution to Thailand's adolescent violence problem mostly focused on prevention programs; all of these programs still lacked an essential element that is surveillance on violence in news, social situations, attitudes, beliefs and environments, which is the first step to solve adolescent violence.

Objective: To develop a surveillance system for decreasing the incidences of physical violence.

Materials and Methods: There were four steps: situation analysis, information delivery, activities creation and a surveillance system synthesis. In the first step, a survey was conducted with 959 students, and then the situation was delivered to the meeting group in the second step. The participatory action research was taken in the third step among the meeting group to create prevention activities for physical violence. The final step, the surveillance system, was the synthesis.

Results: The preventive activities were designed in three areas: violence alarm, violence prevention and violence victim support.

Conclusion: The surveillance system consists of three pillars: Violence Alarm, Avertissement (French for 'warning') and Curing System, resulting in "VAC System".

Keywords: Surveillance system, Youth physical violence, Thailand

J Med Assoc Thai 2018; 101 (Suppl. 5): S211-S214
Full text. e-Journal: http://www.jmatonline.com

Youth violence is becoming a major problem that many countries are facing. Youth aged between 15 and 24 years old are facing their personal changes, transitioning to adolescence[1]. This fact could lead to the possibility of involving in violent acts, both as a culprit and a victim, more than adults[2]. The findings from the survey related to youth violence in the US (NatSCEV) shows that 60% of youths have been a victim of violence in the past year, and the risk increases by one in ten persons. This increased risk was found in all age ranges. Children aged from 6 to 9 years old have been involved with weaponless violence, threats and pranks. Children aged from 14 to 17 have a higher risk for violence involving weapons and sexual assaults[3], which these situations coincide with the increased death rate of 15 to 24-year-olds.

World Health Organization found that 33.3% of Thai students were a victim of violent acts in the past 12 months. 46.7% of those victims were seriously injured from such violence in the past 12 months[4]. Friend influences were still a major cause of youth violence prosecutions (44.99%) followed by impetuousness (20.08%)[5,6]. 19.98% of cases were a repeated offense by former subjects, which were mostly from 15 to 18 year olds[7]. In 2013 there were 36,763 cases of child and youth prosecutions with 7,490 repeated subjects, making up 20.37%[8]. When comparing the data between 2012 and 2013, it found

Correspondence to:
Pinitsoontorn S, Department of Community Medicine, Faculty of Medicine, Khon Kaen University, Khon Kaen 40002, Thailand.
Phone: +66-81-5441004
E-mail: sampinit@hotmail.com

How to cite this article: Kongpet C, Pinitsoontorn S, Kanato M, Teerachote C. Development of surveillance System to Reduce Youth's Physical Violence in Kalasin Province, Thailand. J Med Assoc Thai 2018;101;Suppl. 5: S211-S214.

that the number of offenders prosecuted rose, along with re-offenses[9,10]. The previous solution to Thailand's adolescent violence problem was focusing on creating a prevention program, which still lacks an essential element, especially surveillance of violence in the news, social situations, attitudes, beliefs, and environments. This observation is believed to be the first step to solve adolescent violence. Therefore, for addressing the adolescent violence issue efficiently, it is vital to develop an adolescent violence surveillance system with contributions from youths[11,12].

Objective

To develop a surveillance system for decreasing the incidence of physical violence in Thailand.

Materials and Methods

The mix method research methodology was used in the present study. There were four steps in the present study: situation analysis, information delivery, activities creation and a surveillance system synthesis.

Step 1 (situation analysis): the target group was 1,269 students, grade 9 to 12 who studied in secondary schools and vocational schools in Kalasin Province. The 959 samples were recruited by multi-stage cluster random sampling. The quantitative data were collected from Adolescent Social View scale [ASV-10], Adolescent Risk Behavior inventory [ARB-12], Adolescent Violent Behavior inventory [AVB-14]. Reliabilities of the questionnaires using Cronbach's alpha were 0.914, 0.928 and 0.938, respectively. The results show most of the samples were classified as moderate to high violent behavior groups. The information was shown in Figure 1.

Step 2: the qualitative data derived from in-depth interviews and focus group discussion from government workers and teachers in the selected schools who were recruited by purposive sampling. The topics for the focus group discussion were the following: 1) 'What are the warning signs of youth violence?', 2) Possible solutions to prevent youth violence, 3) ways to eliminate the causes of youth violence and 4) Answers to rehabilitation and minimizes loss from youth violence problems. The answers from group discussion were collected to know the present management when youth violence problems occurred.

Step 3: the results from situation analysis were delivered to the meeting group composed of 7 teachers, 7 members of multidisciplinary team and 7 students who dwelt in local areas for 4 years. This purpose was to create activities for violence situation prevention with youth participation. The participatory action research was used depending on social learning theory, needs theories and constructivism theory. This step had 7 phases as following: phase 1, designing the activities which were optimal for each area among multi-occupational team with the youths themselves; phase 2, trial test was to put the designed system to the test in schools; phase 3, system design was to redesign and improve the system on the data collected from the second phase; phase 4, system run test was to bring the improved system to test in schools; phase 5, model improvement was to collect and improve on the success model; and phase 6, model deamination was to integrate the successful model to the working group.

Step 4: the surveillance system was synthesized by grouping and categorizing the activities.

Results

From step 1 to 4, the surveillance system was synthesized by grouping and categorizing the preventive activities resulting in VAC system: V = Violence alarm; A = Advertissment; C = Curing system. These 3 cores had their functions as follows:

Core 1 (Advertissment): The objective of this core was to create immunity against violence in youths. The were 4 main topics developed for creating this core which were,

1) Observation: Practice the process of observation, focusing on their own emotions and the one on the opposite side of the conversation, both in vocal and body language, leading to a gentle change of communication behavior.

2) Feeling: Practice the process of understanding their own emotions in communications and investigate the emotion that lies under those communications.

3) Wants: Find out the hidden desires that lie under the emotion that came from the communications.

4) Request: Practice requesting to find a peaceful way out of the conflict.

Core 2 (Violence alarm): The objective of this core was to monitor an interrogation. This can be divided into two systems which are school system and public system. Both systems have the same central driving mechanisms which are monitor, converse, reconcile as shown in Figure 2.

Core 3 (Curing system): this core was done in the official level by a multidisciplinary team of the province. Team's duty was to support the victims of violence and violations. The heart of curing system

was promptness and prevention for repetition of the incident. Promptness of the referral system was to provide them with a healing institute ("Ban Metta") case by case. This can be described in Figure 3.

From the 3 cores, the fundamentals of VAC system showed operation processes of each core. Nevertheless, each core's operation process was not independent from each other. There were connections of operation forms and information which can be described in Figure 4.

The diagram above shows that the system had a connecting operation form in a network: problem data exchange, providing support, problem solving and referral support.

Discussion

The design of VAC system was under the basis of an ecological perspective which was believed that violence originates from interactions in personal, psychosocial and sociocultural levels. These three levels have influences on creating immunity against violent behaviors in youths. Also, social learning theories 11 have a concept that is violent behavior can be reduced from social learning processes and socialization. Both social learning and socialization can occur at anytime, starting in the family, community and school levels that have an influence on youth behavior both directly and indirectly. What makes the VAC system incomplete is that there is no activity that operates at the family and community levels, which is actually an important factor affecting youth violent behavior. In addition, VAC system has a limitation in the curing part that requires development and implementation of case managers in One Stop Service operations. But, the operation has a requirement that people who can be trained to be case managers need to have a license as addressed in Child Protection ACT, for which there is the very small number of qualified people for the job in each province.

Limitations

Generalizability.

Conclusion

VAC system had 3 levels of operation which were protection, alarm and healing. This is similar to a form of violence prevention, "Social-Ecological Model" A Framework for Violence Prevention[12] that had 4 levels of violence prevention: personal level, relationship level, community level and society level. Each level had its own sub-activities to prevent violence problems, focusing on in-class education, outside class education, emotional management, and also problem

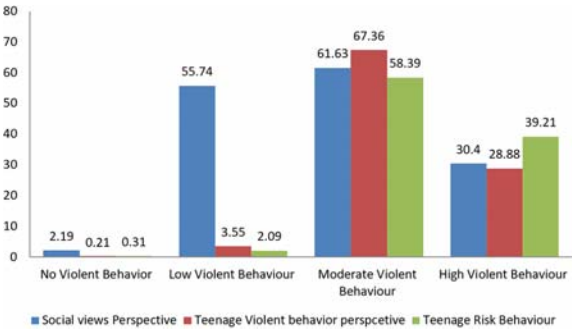

Figure 1. Youth violence problem situation in ages between 15 to 19 years old.

Figure 2. The central components of the surveillance system.

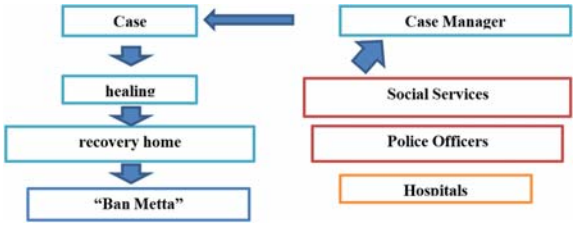

Figure 3. Referral system to provide protection and a cure.

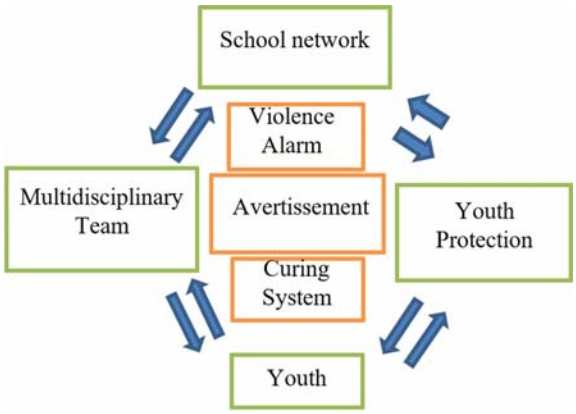

Figure 4. Connections of operation forms and information.

solving of relationship issues and conflict management.

What is already known in this topic?

The solution to Thailand's adolescent violence problem was focusing on creating a prevention program which still lacks an essential element that is surveillance on violence in news, social situations, attitudes, beliefs, and environments. This observation is believed to be the first step to solve adolescent violence.

What this study adds?

VAC system could be applied for citizenship development and improve the differential management skills for youths.

Acknowledgements

The authors would like to thank the youths who participated in this study and The Center of Cleft Lip-Cleft Palate and Craniofacial Deformities, Khon Kaen University under Tawanchai Royal Grant Project for publication support.

Potential conflicts of interest

None.

References

1. Chan-ame S. General psychology. 13rd rev. ed. Bangkok: Thaiwattanapanit Publishing; 2001.
2. Finkelhor D. Childhood victimization: violence, crime and abuse in the lives of young people. New York: Oxford University Press; 2008.
3. Finkelhor D, Turner H, Ormrod R, Hamby S, Kracke K. Children's exposure to violence: a comprehensive national survey. Washington, DC: U.S. Department of Justice; 2009.
4. World Health Organization. Global school-based student health survey (GSHS): The following documents are available for Thailand. Geneva: WHO; 2009.
5. Siripaibool R, Sithiwirattham P, Prabtong S. Annual report 2010: case statistics. Bangkok: Department of Juvenile Observation and Protection, Thailand; 2010.
6. Siripaibool R, Prabtong S, Suwanwong J. Annual report 2011: case statistics. Bangkok: Department of Juvenile Observation and Protection, Thailand; 2011.
7. Siripaibool R, Chaloeiwaret T, Prabtong S, Suwanwong J. Annual report 2012: case statistics. Bangkok: Department of Juvenile Observation and Protection, Thailand; 2012.
8. Siripaibool R, Phomchawn K, Chaloeiwaret T, Prabtong S. Annual report 2013: case statistics. Bangkok: Department of Juvenile Observation and Protection, Thailand; 2013.
9. Ramajitti Institute, Thailand. Status report on lower north-eastern child watch 2013-2014. Nonthaburi: The Ramajitti Institute; 2014.
10. Germaine C. An ecological perspective in casework. Soc Casework 1973;54:323-30.
11. Akers RL. Deviant behavior: a social learning approach. 3rd ed. Belmont, CA: Wadsworth Publishing; 1985.
12. Krug EG, Mercy JA, Dahlberg LL, Zwi AB. The world report on violence and health. Lancet 2002;360:1083-8.