



Parental Violence and Academic Failure: When a Child's Life Depends on School Grades

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ABSTRACT

Parental violence related to school performance is a worrying and often underestimated phenomenon that can have serious, even fatal, consequences on children's well-being and lives. This article presents three clinical cases illustrating the tragic impact of academic failure in a context of family violence. The first case involves an 11-year-old boy who died as a result of severe head trauma inflicted by his father after poor academic results. The second case describes a 15-year-old adolescent who suffered physical abuse, initially consulted for a throat infection but showing signs of previous violence. The third case reports the suicide of a 12-year-old child following repeated abuse after poor school performance. **Analysis and discussion:** The analysis of these cases highlights the correlation between academic failure and parental violence. The clinical implications underline the importance of early recognition of signs of abuse and appropriate intervention. This study also draws on literature data, including international studies, to compare and deepen the understanding of this phenomenon. **Conclusion:** The cases presented demonstrate the need to raise awareness among healthcare professionals and society as a whole about the consequences of excessive parental pressure on children. Preventive and educational actions must be strengthened to reduce the incidence of violence and protect the mental and physical health of children.

Keywords: Parental violence, academic failure, child abuse, child health, prevention.

INTRODUCTION

Academic failure can take on multiple aspects depending on the perspective and criteria considered [1]. It is crucial to clarify the various dimensions of this concept, ranging from the individual failure of the student to that of the teaching system, the family, the educational institution, and educational policy. While school is often viewed as a source of stress primarily for students, it is also a source of anxiety for many parents [2, 3]. This parental concern can manifest in different ways depending on the family context: either through complete disengagement in families without a tradition of schooling or, conversely, through an overinvestment where a diploma becomes the essential condition for social and professional success [4, 5].

In this context, parental anxiety can reach alarming proportions, where academic success is pursued at the expense of the child's well-being. The child, reduced to their student identity, exists in the eyes of their parents solely through their academic performance. This reduction of identity often leads to extreme parental behavior, where the pressure exerted on the child can lead to forms of physical or psychological violence [6].

The purpose of this article is to shed light on the correlation between parental violence and academic failure, exploring how parental perception of academic success can lead to destructive attitudes. The study examines the impact of this dynamic on the psychological and emotional health of children and the long-term implications of excessive academic pressure.

Case Presentation No. 1

The patient is an 11-year-old boy from Sidi Bel Abbès, part of a family of four children living in a precarious socioeconomic context. His father is unemployed, and his mother is a homemaker. The family environment is marked by tension and repeated verbal and psychological violence.

On March 18, 2023, the child was admitted to the emergency department for the management of a severe cranial trauma. Upon admission, he was unconscious and unresponsive, with a Glasgow Coma Scale score of 5/15. The physical examination revealed multiple signs of violence: bruising on both ear pinnae, a right frontal bruise, and a bruise on the left cheek, without other external signs of violence.

An emergency CT scan showed a significant frontal subgaleal hematoma, right cerebellar edema-hemorrhagic contusions measuring 10.3 x 7.1 mm, and compression of the frontal horns of both ventricles.

The patient underwent comprehensive biological and radiological evaluations and received intensive care, including neurosedation and antibiotic therapy. A follow-up brain CT scan on the third day confirmed the persistence of cerebellar edema-hemorrhagic contusions and revealed additional pontine hemorrhagic lesions on the left side.

The treatment plan included sedation, mechanical ventilation, and appropriate antibiotic therapy. The patient remained intubated and on ventilatory support throughout the hospitalization.

Despite intensive management efforts, the child's neurological condition deteriorated progressively. After 53 days of hospitalization, he succumbed to complications related to the cranial trauma. The autopsy findings indicated significant brain and cerebellar edema, a residual subgaleal fronto-temporal hemorrhagic contusion on the right, and sequelae of hemorrhagic contusions.

According to the mother and the police report, the child was beaten by his father on the day of hospitalization following poor grades in mathematics. Physical violence was a recurrent issue in this family, particularly after disappointing academic results, including acts such as beating, slapping, and confinement.



Figure 1: Ecchymoses sur la joue droite, le pavillon de l'oreille droite et la région frontale droite (Photos prises au service de réanimation-CHU de Sidi Bel Abbès). Les images montrent les lésions visibles sur le visage du patient, caractéristiques des violences physiques infligées après un mauvais résultat scolaire. L'ecchymose frontale droite et les ecchymoses aux oreilles sont des signes physiques révélateurs de la maltraitance



Figure 2: Hématome sous-galéal frontal médian (Photo prise au service de réanimation). L'image montre l'hématome sous-galéal, situé au niveau frontal médian, observé lors de l'examen tomодensitométrique du patient, conséquence directe du traumatisme crânien subi

Case Presentation No. 2

The patient, G.A., is a 15-year-old adolescent brought by his mother to the emergency department of the Sidi Bel Abbès University Hospital Center on June 8, 2023, for the management of a severe infectious syndrome. He is the second child in a family of three, living in a challenging environment marked by a very low socioeconomic status and frequent family conflicts. The father is unemployed.

The initial examination revealed a purulent throat infection, and the patient was referred to the ENT (Ear, Nose, and Throat) department for specialized care. During the examination, the ENT specialist noticed suspicious lesions on the anterior aspect of the legs. Given the inconsistent explanations provided by the mother, a forensic medical opinion was sought.

A detailed assessment revealed multiple signs of violence, including:

Circumscribed lesions on the back and extremities consistent with cigarette burns. Bruises on the right side of the chest and the lower limbs.

During the interview, the adolescent appeared fearful, frequently avoiding eye contact with his mother, who remained uncooperative and provided vague, inconsistent accounts.

The clinical findings and the concerning family context led to the suspicion of recurrent violence. Further interviews and the collection of additional information confirmed that the injuries had been inflicted by the father as punishment for poor academic performance.

We recommended the hospitalization of the adolescent to ensure his safety and remove him from the toxic family environment. This care included appropriate medical treatment for his injuries and psychological support.

Securing the child allowed for the initiation of an administrative and judicial report for parental violence. A social support plan was established to ensure the child's safety and well-being following discharge from the hospital.



Figure 3: Photo prise au service d'ORL, CHU de Sidi Bel Abbès. L'image montre les lésions suspectes observées sur la face antérieure des jambes du patient, en lien avec les violences physiques subies, ce qui a conduit à la suspicion de maltraitance



Figure 4: Photo prise au service d'ORL, CHU de Sidi Bel Abbès. Lésions d'aspect circonscrit, localisées au niveau du dos et des extrémités, présentant les caractéristiques de brûlures par cigarettes. Des ecchymoses sont également visibles au niveau du thorax droit et des membres inférieurs, témoignant de violences physiques répétées subies par le patient

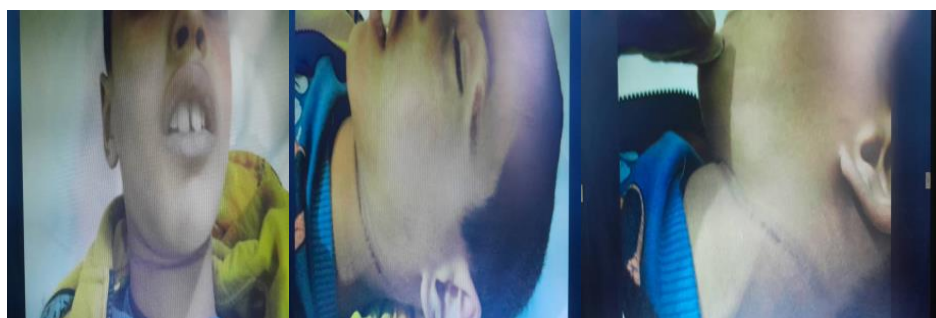


Figure 5: Photo prise lors de l'examen médico-légal (Service de médecine légale, CHU de Sidi Bel Abbès), montrant les lésions visibles sur le cou et les bras du patient, indicatives de violences physiques récurrentes, notamment des ecchymoses et des marques de strangulation

Case Presentation No. 3

The third case involves a 12-year-old child, L.A., found deceased at home in Sidi Bel Abbès in 2024. The child, a sixth-grade student, lived in a household marked by familial tensions and a history of parental violence, particularly from the father. The father, often described as aggressive and controlling, exerted constant pressure on the child to achieve high academic performance.

The tragic incident occurred one day after the school results were published, which fell short of the father's expectations. The child was found hanged, and the autopsy confirmed death by hanging without any additional signs of external violence. The investigation revealed that the child had regularly experienced verbal, physical, and psychological abuse following the release of each report card.

Testimonies from the mother and those close to the family highlighted the oppressive environment in which the child lived, characterized by insults and repeated punishments whenever academic results were deemed unsatisfactory by the father. This intense pressure was identified as the triggering factor for the child's suicidal act.

This case underscores the destructive impact of excessive parental pressure linked to academic achievement and highlights the urgent need to reconsider how children are supported in their educational journey to prevent such tragedies.

DISCUSSION

These three clinical cases highlight the connection between academic failure and parental violence, with dramatic consequences on both the physical and mental health of children, including suicide [7, 8]. This issue is rooted in a socio-cultural context where academic success is seen as the sole path to social mobility and success, fueled by fears of unemployment and economic instability [9]. Literature suggests that this phenomenon is not isolated. For example, a study conducted in Florida revealed an increase in child abuse cases coinciding with the release of school report cards [10]. This observation supports the idea that excessive academic pressure can trigger violent behavior in some parents.

The case of the 12-year-old child who died by suicide after repeated violence illustrates the severity of this situation. It mirrors other cases described in the literature, where parental violence results from frustration related to academic performance [12]. A study conducted by the University of Bejaïa in Algeria also found a close link between

parental depression and children's academic failure, further strengthening the idea that parental psychological disorders can exacerbate the situation, leading to extreme behaviors [13].

These cases have important implications for medical practice and the early detection of domestic violence. Healthcare professionals need to be trained to recognize signs of violence and psychological distress in children, especially those with poor academic performance [14, 15]. Regular medical follow-ups and psychological screenings could help identify at-risk families and intervene before tragic events occur.

Integrating psychosocial assessments into pediatric consultations and fostering interdisciplinary collaboration between doctors, social workers, and educators can facilitate the implementation of protective strategies for children [16].

Although these clinical cases provide a poignant insight into the consequences of academic pressure and parental violence, they do have some limitations. The interpretation of results is based on testimonies and clinical context, without a comprehensive longitudinal study to assess the long-term impact of interventions. Additionally, the role of other factors, such as parental psychiatric pathology, was not sufficiently explored in the reported cases [17].

The lessons drawn from these cases underscore the urgency of raising awareness about parental violence linked to academic failure and the need for a multidisciplinary approach to prevent such tragedies. Society must evolve to understand that academic success should not be the sole measure of a child's worth. Excessive pressure and the violence that results from it can cause irreparable harm.

Healthcare professionals, educators, and authorities must work together to create an environment where academic failure is seen as an opportunity for learning rather than a source of punishment. It is essential to educate parents about the repercussions of violence and promote appropriate support strategies to help children face academic difficulties without fear of reprimand or punishment [8].

CONCLUSION

The cases presented in this article underscore the profound and often tragic consequences of the intersection between parental violence and academic failure. They highlight the dangers of excessive pressure placed on children to meet academic expectations, which, when coupled with familial dysfunction and parental psychological distress, can lead to severe physical and mental health consequences, including suicide.

These tragic outcomes emphasize the need for a broader understanding of academic achievement as part of a child's overall development, where well-being and mental health are prioritized over mere success. While society often places immense pressure on children to succeed academically, it is essential to recognize that failure is not an indication of worthlessness, but rather an opportunity for growth and learning.

Medical professionals, educators, and parents must work together to create an environment that supports children through their academic struggles without resorting to violence or emotional harm. Early identification of at-risk families and the integration of multidisciplinary approaches to prevent and intervene in cases of parental violence are critical steps in protecting children's health and ensuring their future well-being.

The lessons learned from these cases call for greater awareness of the damaging impact of excessive academic pressure on children and the importance of supporting both parents and children in healthy ways. Through education, communication, and comprehensive support systems, we can work toward reducing these preventable tragedies and fostering environments where children can thrive without fear.

Declaration of Conflicts of Interest: The authors of this article declare that there are no conflicts of interest related to this work.

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