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Characterization of University Hazing in 74 Brazilian Medical Schools and the Development and Validation of the University Hazing Self-Report Scale (UNI-Hazing)

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Introduction: University hazing is a common practice that impacts students' mental health and well-being, especially in medical schools. Despite its common occurrence, there is a lack of reliable tools to assess hazing experiences and perceptions among students.

Objectives: This study aimed to evaluate hazing experiences, attitudes, and impacts and to develop and validate the University Hazing Self-Report Scale (UNI-Hazing) among Brazilian medical students.

Methods: This was a cross-sectional study conducted among Brazilian medical students. The UNI-Hazing scale was developed as a four-part questionnaire designed to assess personal experiences with hazing, students' opinions, and its perceived impact on their well-being. Participants also completed a sociodemographic questionnaire and established scales including the Johns Hopkins Learning Environment Scale (JHLES), the Medical Student Stress Factor Scale (MSSF), the Generalized Anxiety Disorder 7-item (GAD-7), and the Patient Health Questionnaire-9 (PHQ-9). We conducted exploratory factor analysis to uncover latent factors and assessed internal consistency, test-retest reliability, and convergent validity.

Results: 1,017 medical students from 74 universities across Brazil participated in the study. While the majority of students did not report being victims or witnesses of hazing, certain hazing behaviors, such as body painting and forced solicitation for money, were relatively common. Hazing incidents most frequently occurred at parties, followed by sports associations and fraternities, with fewer on-campus incidents. Students largely held negative views on hazing. Factor analysis revealed three subscales within UNI-Hazing: "Social Pressure and Institutional Responsibility", "Emotional Harm and Ethical Concerns" and "Physical Hazing and Power Dynamics". The scale demonstrated strong internal consistency (Cronbach's alpha: 0.93, 95% CI: 0.92–0.93) and test-retest reliability (Pearson correlation coefficients: 0.44–0.84). Correlations with the external scales supported the scale's validity, showing positive correlations with MSSF, GAD-7, and PHQ-9, reflecting the psychological impacts of hazing, and negative correlations with JHLES, indicating that as hazing experiences increase, positive life experiences may decrease.

Conclusions: The UNI-Hazing scale is a reliable and valid measure for assessing hazing experiences and perceptions among medical

students in Brazil. The findings highlight the need for universities to implement anti-hazing policies and support systems for students impacted by hazing practices.

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Sport and Exercise Therapy in the Treatment of Mental Illness -Let's get moving !

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Introduction: As a complementary or stand-alone treatment, sport and exercise therapy (SET) can have a therapeutic effect on the symptoms of mental illness as well as having a therapeutic or preventive effect on physical comorbidities. Therefore, treatment guidelines recommend the integration of exercise therapy as a complementary approach in a multimodal treatment. In a clinical inpatient setting SET are supervised by specialised professionals and conducted in an individual or group setting. Low level of participation in SET during treatment points to the need for research into influencing factors. One study suggests, that SET during mental health treatment increases the likelihood of meeting the physical activity recommendations.

Objectives: The purpose of the study is to investigate the extent to which SET can increase patients' levels of physical activity during inpatient treatment and, in particular, promote a physically active lifestyle after inpatient treatment, thereby supporting long-term stabilisation. In order to gain further insight into the factors that influence participation in SET during treatment, this study analyses both intrapersonal and interindividual factors.

Methods: Patients (age ≥ 18 years, all genders) in partial- or full-time inpatient treatment at a psychotherapeutic and psychosomatic specialist clinic in Lower Saxony, Germany are examined by online self-report questionnaire. It's a longitudinal study design with 3 time points (start of treatment, end of treatment, 12 weeks after the end of treatment). Patients participate in SET as part of their treatment. Physical activity in minutes per week and the therapeutic alliance between exercise therapists and patients are measured. In addition, self-efficacy expectations, sport- and exercise-related self-concordance and the subjectively perceived effectiveness of SET are assessed as further factors influencing physical activity.

Results: The results of the inferential-static data analysis will be reported.

Conclusions: Based on the results, possible implications for the focus of SET and the role of exercise therapists are discussed. Conclusions based on motivational aspects of maintaining a physically active lifestyle after the end of treatment are considered.

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