

Violence Practice and Exposure among Secondary School Girls in Beni-Suef Governorate

¹Ekram El-shabrawy, ²Samar S. Ahmed, ³Naema El-Ziny

¹Professor of community Medicine, ²Lecturer of Community Medicine ³Assistant lecturer – Faculty of Medicine ¹ Beni- Suef University & ²South Valley University
drs_samar@yahoo.com

Abstract: Violence against women is a global phenomenon, occurring in every continent, country and culture. It harms individuals, families as well as societies. This study was done to assess prevalence of violence exposure and practice among secondary school girls, detect types of violence and its causes. The study design is a cross sectional study conducted in four governmental and two private schools that were randomly chosen from Beni-suef governorate. Self - administered questionnaire were used to explore different types of violence among girls' students, which includes questions about socio-demographic characteristics (type of school, residence, age of students, their father's and mother's education, jobs, and family income) and different types of violence exposure or practice at school, home and community. The study was conducted during 2011 - 2012; the most important finding from this study was that violence exposure was more than violence practice among secondary school girls either at school, home or community as follows; school exposure 27.5%, and practice 17.2%, home exposure 58%, home practice 52.3%, community exposure 45.3% and practice 27.2%. The frequent type of violence exposure among the students was psychological violence about 32% from the total exposure; also the most harmful effect of violence was psychological effects about 35%. The most common causes of violence from the point of view of studied students was exposure to violence 26.3%, to be strong 25.8% and problems at home 24.8%. Study concluded that violence exposure was more than violence practice among secondary school girls either at school, home or community and exposure to violence is the first predictive cause to violence practice.

[Ekram El-shabrawy, Samar S. Ahmed and Naema El-Ziny. **Violence Practice and Exposure among Secondary School Girls in Beni-Suef Governorate.** *J Am Sci* 2013;9(9):18-30]. (ISSN: 1545-1003). <http://www.jofamericanscience.org>. 3

Key words: school girls, violence exposure and practice, Beni-suef

Introduction

Violence among young people is increasing dramatically; this violence not only occurring on the streets, but also in the schools as well. School violence is defined as any physical or verbal attack on a person while in school. It is an issue that has received widespread attention, but no real solutions have been found to combat this problem. The growing problem of violence in schools has been a cause for concern in the twenty-first century (WHO, 2002). Violence can affect people at many points in their lives and in different places as, home, school and community. As exposure to one type of violence results in presence of another type, violence intervention must includes all types of violence in all places expected to be present in home, school and community (Eltukhy, 2011). Violence is a complex phenomenon involving individuals, interpersonal relationships, communities, and society. Violence has become a major public health issue over the past decades, since it has been found to be an important cause of mortality and morbidity worldwide. According to the World Health Organization (WHO); more than 1.6 million people died in 2000 as a result of violence. More than 90% of these deaths occurred in low and middle-income countries (UNFPA, 2010).

Violence is associated with many underlying factors; such as parental divorce, expulsion from school and academic failure, this appears to be associated with violent behavior in adolescents (Ellickson and McGuigan, 2000). Violence has been found to be associated with poorer physical health, suicide, mental health problems, reproductive health problems, somatic symptoms, and several medical conditions, such as cancer and ischemic heart disease, either as a trigger or as a risk factor. Thus, violence has a dramatic impact on global burden of disease both directly and indirectly, and as one of the main causes of disability-adjusted life years "DALYs" (UNGA, 2010).

All Over the globe, violence and discrimination against women and girls are being self-worth by reinforcing gender-based marginalization and inequality. Gender inequalities and biases pervade cultures worldwide, preventing women and girls from fully realizing their rights to reproductive health and equality (Viachova and Biason, 2005). Violence against women is mean "any act of gender-based violence that is directed against a woman because she is a woman or that affects women disproportionately (Orpinas et al, 2003). Child marriages that deny women human rights continue to put young girls at

great risk for too-early pregnancy and other sexual and reproductive health issues including complications at birth, obstetric fistula and even death, often linked to unsafe abortions (USAID, 2010).

School violence is a subset of youth violence, a broader public health problem. It includes a variety of behaviors such as bullying, slapping, punching, and weapon use. Victims can suffer serious injury, significant social and emotional damage, or even death. The young person can be a victim, an offender, or a witness to violence or a combination of these (Anderson et al, 2004). School-based prevention programs have been found to reduce rates of aggression and violent behavior among students. These programs are delivered to all students in a school or a particular grade and focus on many areas, including emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, and teamwork. Some programs incorporate didactic teaching, modeling, and role-playing to enhance social interaction, teach non-violent methods for resolving conflict, and strengthen non-violent beliefs among young people (CDC, 2007).

Aims of the Study

Assess prevalence of violence exposure and practice among secondary school girls in Beni-Suef governorate; detect types of violence and its causes and how to prevent it.

2. Subjects and methods

The study was conducted in Beni-suef governorate, Egypt.

Study design:

Descriptive cross sectional study that estimate prevalence of violence exposure and practice among adolescent secondary school girls in Beni-suef governorate.

Sample type:

Multi-stage random technique was applied as follows:

First step:

From the seven districts of Beni-Suef governorate (Beni-Suef, Beba, ELFashn, Smosta, Ehnasia, Nasser and El Wasta), that have 31 governmental secondary schools girls (11 urban and 20 rural), two districts were selected randomly that were (Beni-Suef, and Nasser).

Second step: One urban and one rural governmental secondary school girls were selected randomly from the two selected districts as follow:

Beni-Suef district:

The urban school is El Sayeda Aisha. The rural one is Omer Ebn Abd Elaziz School.

Nasser district:

The urban is Nasser female secondary school. The rural is Amin Moahmoud School.

Private schools

As private schools were only in Beni-suef city; 2 private schools were selected randomly to be included in the study they were (El dawa and Khatam El morsalin).

Third step: From each selected school, three classes were selected randomly one from each grade.

Sample size:

Total population of adolescent girls enrolled in governmental and private secondary schools in Beni-suef Governorate equal 14643. Proposing a prevalence of exposure to violence 35 % as the worst acceptable prevalence, 30% a sample size of 580 will give a confidence level of 99%, and a sample size of 341 will give a confidence level of 95% according to statistical calculation software under epi-info version 17. Based on the previous facts; the researcher decided a sample size of 600 adolescent girls to be enrolled in this study (to compensate for the expected dropout). They will be selected as follows:-

The study included 6 secondary schools (4 governmental with 119 classes including 3508 students and 2 private schools with 14 classes including 307 students) by dividing the decided sample size (600 students) on the 6 secondary schools from each school about 100 students were enrolled in the study. This number (100) was divided between the 3 grades of the school to select about 33 students from each grade.

Subjects under study:

Adolescent girls in secondary schools within the age group 14-19 years old.

Tools of data collection: (Questionnaire)

Self administrated questionnaire was done for the study and was divided into 5 parts:

The first part:

Includes questions about the socio-demographic characteristics such as age, sex, place of residence (urban or rural), education and employment status of the parents) and family income.

The second part:

Inquires open ended questions to assess girls' knowledge about violence.

The Third part: Includes questions about different types of violence that the student may practice or may be exposed to in house (home atmosphere and family circumstance), school (relation of girls with peers at school) and street.

1- Different types of violence that the girls may be exposed to: Physical violence, psychological violence, sexual violence, economic violence and Female genital mutilation. Each type of violence is divided into its subtypes.

2- Questions about violence exposure and practice at school.

3- Questions about violence exposure and practice at home.

4- Questions about violence exposure and practice at street.

The fourth part:

Questions identify the opinions of students regarding violence.

The fifth part:

It includes questions that identify causes of violence from the point of view of the students.

Methods

I- Administrative regulations:

The study was carried out during the studying year 2011-2012 and involved all grades of secondary schools. Regulatory approvals were taken. Permission to implement the study was obtained from General Director of secondary education of Beni-Suef Governorate. Letter was issued to the selected districts, then to the selected schools to explain the goal and objectives of the study and ensure their cooperation. The investigator obtained an approval from the school authorities before conduction of the study. Then the investigator contacted class masters and explained to them the purpose and methods of the study. The class master explains the aims and purpose of the study to the pupils, assure them that the results would be confidential, distribute the questionnaire, and ask the girls to complete it. Student's acceptance for participation was considered by a verbal consent and student's were free to write their names or not on the questionnaire. The questionnaire completed within 45 minutes. Completed questionnaires were delivered directly to the researcher.

II- Pilot study:

It was done before the actual data collection, the aims of this were: To test language clarity of the questionnaire, test girls response and acceptance of participation, test their understanding of questions and to detect any problem.

Feedback from the pilot study:

Then researcher can correct, change, and clarify any misunderstanding in the questionnaire and the researcher also can know the optimal time needed to complete the questionnaire.

III- Field visits:

Through the period of data collection, the researcher had to visit each of the 6 selected schools (4 governmental "public" 2 urban and 2 rural), and 2 private schools, the time of the visit is detected according to the work schedule of each school, and according to the agreement of the teacher of the class.

IV- Data Entry and Analysis

- Date examined, coded, entered, and analyzed using the SPSS (Statistical Package for Social Sciences) soft ware version 17.

- During data entry both preparatory and secondary educations of parents were joined under intermediate level of education also; regarding parents occupation industrial, agriculture workers and skilled workers are summed as unprofessional workers as these jobs not need much thinking abilities.
- The collected data was tabulated; both descriptive and analytical analysis was done. Statistical tests were performed for qualitative variables. The level of significance was taken at p value < 0.05.
- Descriptive statistics were done for categorical data by number and percentage, estimation of risk factor of violence through odd's ratio, and comparative studies were done using X² (Chi- square test) for comparison between two variables.

V- Data Presentation:

Data were presented by tables and graphics in form of (pie chart and bar charts).

Ethical considerations: The study was submitted to Faculty of Medicine Beni-Suef University Research Ethics Committee for ethical approval and items of human protection and privacy were considered.

3. Results

I. Descriptive analysis of the collected data:

A: Frequencies and Percentages

Figure 1: Shows that violence exposure at home is the most frequent about 58%, practice of violence at home also is the most frequent about 52.3%.

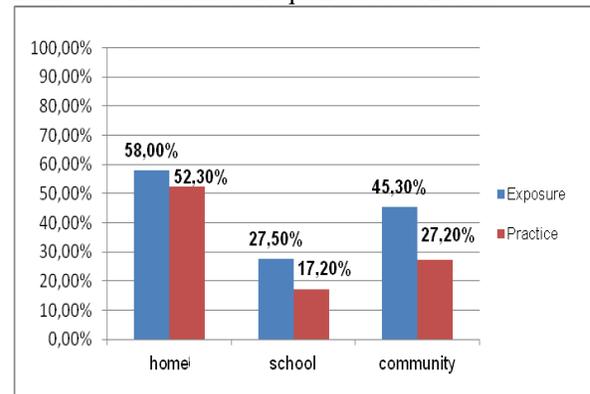


Figure 1: Prevalence of violence exposure and practice among the enrolled group at home, school and community

Table 1: Clarifies that the most frequent sub-type of violence exposure at home was psychological violence; which reach nearly one third "32%". At school 11.5% of female students were exposed to violence in the form of blaming from teachers. Exposure to violence for the enrolled female students in the community "street" was 45.3%, mostly in the form of sexual words "41.1%".

In table 2: As regards physical violence the most frequent subtype 7% was hitting by hand, but in psychological violence the most frequent subtypes were (always say you are failing 6.3% and followed by blaming or refusing their opinion; each one accounts 5.8%), the frequent sexual subtype was bad

words 1%. For economic subtypes the most frequent were (deprivation from pocket money 2% and deprivation from buying things 1.7%). For FGM "female genital mutilation" the frequent violence subtypes were (done without anesthesia and being painful, each one was 1.2%).

Table 1: Types of violence exposure at home, school and community

Types of Violence Exposure	Frequency	Percentages %
Types of violence exposure at home	348	58 %
physical	102	17 %
psychological	192	32 %
sexual	13	2.2%
economic	24	4 %
FGM	17	2.8%
Types of violence exposure at school	164	27.3%
Hitting by friends	15	2.5%
Blaming by teachers	69	11.5%
Hitting by teachers	20	3.3 %
Isolation	20	3.3 %
Bad words	6	1 %
Asking to get out of class	34	5.7%
Types of community violence exposure	272	45.3%
Beat	7	1.2 %
Sexual words	247	41.1%
Bad words	1	0.2 %
Threaten	2	0.3 %
Pulling clothes	8	1.3 %
Injury	7	1.2 %

Table 2: Subtypes of violence exposure at home

Subtypes of home violence	Frequency	Percentages %
Physical Violence:	102	17%
Hitting by hand	42	7 %
Hitting by knife	8	1.3%
Tie by rope	17	2.8%
Burning	9	1.5%
Isolation long time	18	3%
Deprivation from sleep long time	8	1.3%
Psychological Violence:	192	32%
Bad words	23	3.8%
Prevent your friends visit	28	4.7%
Ask to do hard work	32	5.3%
Blaming you	35	5.8%
Refuse your opinions	35	5.8%
Always say you are failing	38	6.3%
Asking getting out home	1	0.2%
Sexual:	13	2.2%
Bad words	6	1%
Sexual acting	1	0.2%
Forced kissing	2	0.3%
Forcing for un-respected behaviors	4	0.7%
Economic:	24	4%
Deprivation from food	2	0.3%
Deprivation from buying things	10	1.7%
Deprivation from pocket money	12	2 %
FGM (Female genital mutilation):	17	2.8%
Occur without anesthesia	7	1.2%
Painful	7	1.2%
Still remember pain	2	0.3%
Presence of complication	1	0.2%

Table 3: Depicted that 52.5%, 27.2% of students practice violence at home, and at the community

respectively out of them 28.3 %; 21% were very angry either at home or at community respectively.

Female student's practices of violence at schools were "17.2%" out of them 5.2% cause injuries.

In table 4: 41% of students have residual effects from exposure to violence; mostly 35% have psychological effects, with no residual deformity.

From table 5 it appears that 62.3% nearly two third of female opinions that violence affect the behavior of the offender, nearly half of females stated that violence

is more in schools 56.3%. Girls are more exposed to violence 52.8%, girls are the main cause of violence in the street 31.3%. As regard causes of violence in figure 2; the most frequent causes of violence from point of view of the enrolled female students were exposure to violence in 26.3%, to be strong 25.8%, and problems at home 24.8% respectively.

Table 3: Female student's violence practice at home, schools, and community

Types of Violence Practice	Frequency	Percentages %
Types of violence practice at home	315	52.5%
Hitting	17	2.8%
Very angry	170	28.3%
Break things	56	9.3 %
Bad words	14	2.3 %
Active discussion	58	9.7 %
Types of violence practice at school	103	17.2%
Beat	24	4 %
injury	31	5.2%
Destroy things of others	12	2 %
Bad words with friends	16	2.7%
Escape from school	10	1.7%
Carry knife	10	1.7%
Types of community violence practice	163	27.2%
Starting problem	7	1.2%
Severe angry	126	21%
Threat others	7	1.2%
Hitting	5	0.8%
Bad words	6	1 %
Acute discussion	12	2 %

Table 4: Effects of exposure to violence

Effects of exposure to violence	Frequency	Percentages %
Yes "had effects"	246	41%
No	354	59%
Types of effects	246	41%
Wounds	25	4.2%
Fractures	11	1.8%
Deformity	0	0%
Psychological	210	35%

Table 5: Opinions of the enrolled students about violence

Opinions of Students about Violence	Frequency	Percentages %
Violence better for bringing up		
Yes	103	17.2%
No	497	82.8%
Violence affects your behavior		
Yes	374	62.3%
No	226	37.7%
Teachers threaten help in success		
Yes	110	18.3%
No	490	81.7%
Violence more in		
Home	153	25.5%
School	338	56.3%
Street	109	18.2%
Girls the main cause of street violence		
Yes	188	31.3%
No	412	68.7%
Girls more		
Exposure to violence	317	52.8%
Practice to violence	151	25.2%
No exposure no practice	132	22.0%

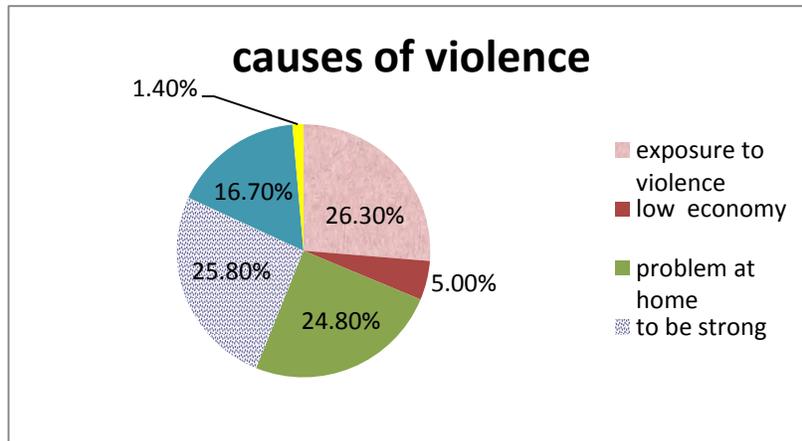


Figure : Causes of violence from points of view of the student's

B: Estimation of Risk Factor "Odds Ratio" of Violence

Table 6 shows that violence exposure of female students at their home is a risk factor of practicing violence at home as odd's ratio > 1 "11.7",

Exposure of these female students to violence in their schools is considered as a risk factor of practicing violence in schools as odds ratio >1 "11.4"

Violence exposure of female students in their community is not a risk factor of practicing violence at the community as odd's ratio nearly equal "1".

Table 6: "Odds Ratio" Violence exposure as a risk factor of violence practices in home, school, and community

Violence Exposure	Practice		No Practice		Total		Odds Ratio
	No	%	No	%	No	%	
a. At home							
Exposed	262	83.4%	86	30.1%	348	58%	OR=11.7 90% confidence limit (lower 6,5 & upper 17,3)
Not exposed	52	16.6%	200	69.9%	252	42%	
Total	314	100%	286	100%	600	100%	
b. At School							
Exposed	74	71.8%	90	18.1%	164	27.3%	OR=11.4 90% confidence limit (lower 7 & upper 18)
Not exposed	29	28.2%	407	81.9%	436	72.7%	
Total	103	100%	497	100%	600	100%	
c. At Community							
Exposed	79	48.5%	193	44.2%	272	45.3%	OR=1.18 90% confidence limit (lower 5 & upper 1,7)
Not exposed	84	51.5%	244	55.8%	328	54.7%	
Total	163	100%	437	100%	600	100%	

II. Comparative Analysis of the collected data:

In table 7, female student's exposure of violence at school is more in private schools 51.2%, and urban resident females 62.8%. The most frequent age of female student's exposure to violence at schools in the enrolled group is 16 years about 39% with high statistical significant difference between type of school, residence and age of female student's and their exposure of violence at school as p value less than .05, and .001.

Table 8 shows female student's violence practices at schools are more in public schools

(59.2%) and no statistical significant difference between schools type and female student's practices of violence at schools is found as p values more than .05. The most frequent age for those practice violence at school were 18 years "40.8%" and female student's practices of violence at school were more in urban areas 75.7%. There is high statistical significant difference between age, female student's residence and female students' practices of violence at school as p value less than .05, .001.

Table 7: Comparison between female student's violence exposure at school with type of the school, age and residence

Female Student's Violence Exposure at School							
A. Type of School	Exposed		Non - exposed		Total		Significance
	No	%	No	%	No	%	
Public	80	48.8%	320	73.4%	400	66.7%	X ² =35 P value=.0001
Private	84	51.2%	116	26.6%	200	33.3%	
B. Age	No	%	No	%	No	%	X ² = 39 P value =.0001
15 years	6	3.7%	32	7.4%	38	6.3%	
16 years	64	39.0%	210	48.2%	274	45.7%	
17 years	43	26.2%	146	33.4%	189	31.5%	
18 years	51	31.1%	48	11.1%	99	16.5%	
C. Residence	No	%	No	%	No	%	X ² =19.6 P value = .0001
Rural	61	37.2%	246	56.4%	307	51.2%	
Urban	103	62.8%	190	43.6%	293	48.8%	
Total	164	100%	436	100%	600	100%	

Table 8: Comparison between female student's violence practices at school with type of the school, age and residence

Female Student's Violence Practices at School							
A. Type of School	Practice		No Practice		Total		Significance
	No	%	No	%	No	%	
Public	61	59.2%	339	68.2%	400	66.7%	X ² =3.1 P value=.07
Private	42	40.8%	158	31.8%	200	33.3%	
B. Age	No	%	No	%	No	%	X ² = 57 P value=.0001
15 years	6	5.8%	32	6.4%	38	6.3%	
16 years	25	24.3%	249	50.1%	274	45.7%	
17 years	30	29.1%	159	32.0%	189	31.5%	
18 years	42	40.8%	57	11.5%	99	16.5%	
C. Residence	No	%	No	%	No	%	X ² =35.9 P value=.001
Rural	25	24.3%	282	56.7%	307	51.2%	
Urban	78	75.7%	215	43.3%	293	48.8%	
Total	103	100%	497	100%	600	100%	

In table 9; female student's exposure of violence at school is more in those fathers and mothers with higher education (43.9%), (37.2%) respectively, and in those fathers with semi-professional work (45.7%) and not working mothers (47.6%), hence; statistical significant difference between female student's father's, mother's education and job and their exposure of violence at school is found as p value less than .05, .001. As regarding income of student's families; 61.6% was enough and saved. There is no statistical significant difference with female student's exposure of violence at school and student's families' income as p value more than .05.

In table 10: Violence practices of female students at school are more in those whose fathers have intermediate education 51.5% and in those whose mothers illiterate 45.6% with high statistical significant difference between father's, mother's

education and practices of female students to violence at school as p value less than .05, .001. Female student's violence practices at school are more in those whose fathers with semi-professional work 65%. There is high statistical significant difference between female student's father jobs and their practice of violence at school as p value less than .05, .001. The case different regarding mother's jobs; female student's violence practices at school are more in those whose mothers are not working 38.8% with no statistical significant difference between female student's mother's jobs and their practices of violence at school as p value more than .05. As regarding income of female student's families, there is no statistical significant difference between the incomes of student's families with their practices of violence at school as p value more than .05.

Table 9: Female violence exposure at school according to their fathers and mothers education, job and income

Fathers Education	Exposed		Not exposed		Total		Significance
	No	%	No	%	No	%	
Illiterate	25	15.2%	23	5.3%	48	8.0%	X2=36 P value=.0001
Primary	7	4.3%	27	6.2%	34	5.7%	
Intermediate	60	36.6%	154	35.3%	214	35.7%	
Higher	72	43.9%	232	53.2%	304	50.7%	
Fathers job	No	%	No	%	No	%	
Not working	29	17.7%	34	7.8%	63	10.5%	X2=31 P value= .002
Un-professional	12	7.3%	36	8.2%	48	8.0%	
Semi-professional	75	45.7%	179	41.1%	254	42.3%	
Professional	48	29.3%	187	42.9%	235	39.2%	
Mother Education	No	%	No	%	No	%	
Illiterate	52	31.7%	72	16.5%	124	20.7%	X2=24 P value=.05
Primary	9	5.5%	33	7.6%	42	7.0%	
Intermediate	42	25.6%	149	34.2%	191	31.8%	
Higher	61	37.2%	182	41.7%	243	40.5%	
Mother job	No	%	No	%	No	%	
Not working	78	47.6%	163	37.4%	241	40.2%	X2=22 P value=.03
Unprofessional	5	3.0%	56	12.9%	61	10.2%	
Semi-professional	43	26.2%	90	20.6%	133	22.2%	
professional	38	23.2%	127	29.1%	165	27.5%	
Income	No	%	No	%	No	%	
Enough & saved	101	61.6%	232	53.2%	333	55.5%	X2=7 P value=0.29
Enough & saving	51	31.1%	151	34.6%	202	33.7%	
Not enough	12	7.3%	53	12.2%	65	10.8%	
Total	164	100%	436	100%	600	100%	

Table 10: Relation between students violence practices at school and their fathers and mothers education, job, and income

Fathers Education	Practice		No Practice		Total		Significance
	No	%	No	%	No	%	
Illiterate	16	15.5%	31	6.2%	47	7.8%	X2=30.9 P value =.0001
Primary	5	4.9%	29	5.8%	34	5.7%	
Intermediate	53	51.5%	161	32.4%	214	35.7%	
Higher	29	28.2%	276	55.5%	305	50.8%	
Father's Jobs	No	%	No	%	No	%	
not working	16	15.5%	47	9.5%	63	10.5%	X2=38.5 P value =.0001
Unprofessional	3	2.9%	45	9.1%	48	8.0%	
Semi- Professional	67	65.0%	187	37.6%	254	42.3%	
Professional	17	16.5%	218	43.9%	235	39.2%	
Mothers Education	No	%	No	%	No	%	
Illiterate	47	45.6%	77	15.5%	124	20.7%	X2=59.7 P value =.0001
Primary	11	10.7%	31	6.2%	42	7.0%	
Intermediate	20	19.4%	171	34.4%	191	31.8%	
Higher	25	24.3%	218	43.9%	243	40.5%	
Mothers job	No	%	No	%	No	%	
Not working	40	38.8%	201	40.4%	241	40.2%	X2=8.1 P value=.08
Unprofessional	8	7.8%	53	10.7%	61	10.2%	
Semi-Professional	33	32.0%	100	20.1%	133	22.2%	
Professional	22	21.4%	143	28.8%	165	27.5%	
Income	No	%	No	%	No	%	
Enough & saved	59	57.3%	274	55.1%	333	55.5%	X2=.23 P value=.89
Enough & no saving	34	33.0%	168	33.8%	202	33.7%	
Not enough	10	9.7%	55	11.1%	65	10.8%	
Total	103	100%	497	100%	600	100%	

4. Discussions

Violence against women is both varied and widespread worldwide and in the Egyptian society. In

the US, the rate of violence against females is 3 to 6 times that of males; 1 in every 5 women has been physically assaulted compared to 1 in every 14 men.

For both adolescent and adult populations, injuries that result from interpersonal violence are also significantly more common among females (**Tajaden & Thoennes, 2000**). **Eltukhy, 2011** found that physical violence represents especially about 68.8%, psychological 70%, sexual 5%, and FGM 73.3%. **Murakami et al, 2006** found collectively that physical violence represent about 47.1%, psychological 47.5% and sexual 5.4%. The prevalence of interpersonal violence among adolescents generally varies from 9% to 35%, depending upon the population surveyed and how interpersonal violence is defined. But in this study it was found that physical violence exposure at home represents about 17%, psychological 32.2%, economic 4%, FGM 2.8 % and sexual 2.2% from the exposed students.

CRIN, 2006 find in a study in Southern African region, for example, teachers were reportedly more likely to use caning, beatings, and whippings on boys, while being more likely to use verbal abuse and psychological humiliation for the girls. In this study teacher's most frequently used blaming of female students 11.5% or ask them to get out of class 5.7%, other forms of violence exposure at school were hitting by teacher or isolation , each one accounts 3.3%, hitting by friends 2.5% and hearing bad words 1%.

In Egypt; according to 2005 Egypt Demographic and Health Survey (EDHS), 47 percent of ever-married women reported ever having experienced physical violence since the age of 15 (**El-Zanaty and Ann, 2006**). In Egypt 37% of females use violence against their children and extending to early adolescence, 13% use severe hitting which lead to body injuries, 5% use hitting by anything in their hands, 3% use hitting and biting with threatening, 16% use severe hitting that lead to fractures, loss of conscious, and permanent disability (**UNICEF 2004**). **Nansel, et al 2004** mention subtypes of physical violence children and young people were most commonly experiencing as; twisting of the ear, pulling hair, and being slapped on the head or face. Slap hand or arm (86.1% of 267); hurt (90.6% of 171); kick (96.8% of 123); hit (96.3% of 109). Severe forms of physical violence were reported less commonly (crushing fingers, cutting, choking, and burning) as sever hitting 8.4%, cut with sharp objects 0.5%, tie with rope 0.4%, and no burning 0%. Where it's found in this study that the most frequent subtype of physical violence was (hitting by hand 7%, hitting by knife 1.3%, tie by rope 2.8%, and burn 1.5%). Fortunately; both results of Nansel study and this study show lesser percentages of severe physical violence than that mentioned by UNICEF that reached up to 16%. Other forms of physical violence in this study includes

isolation for long time represents 3%, and deprivation from sleep for long time 1.3%.

Pickett et al, 2005 found that the most common types of psychological victimization are: calling names, insulting, making you feel stupid, and stealing your belongings. Typical acts of psychological violence by adults are shouting (73.3% of 262); swearing (66.1% of 236), and threatening with bad marks (95.2% of 232), calling names (83.3% from 197); stealing belongings (94.9% from 137); and isolating, but in this study the following in psychological violence were the most frequent: (always say you are failing 6.3% and followed by blaming or refuse your opinion each one was 5.8%), 5.3% ask to do hard work, 4.7% prevent the female students to visit her friends and 3.8% calling with bad words.

Pinheiro, 2006 findings of subtypes of sexual violence exposure as follow: pulling clothes 3%, asking to have sexual acting 6% and unwanted kissing 0.8%. Fortunately, in this study the results show lower percentages; we found sexual words 1%, asking to have sexual acting 0.2%, forced kissing 0.3%, and forcing for un-respected behaviors 0.7 %. According to the 2005 Egypt DHS, only about one-third "35 %" of Egyptian women who have been physically or sexually abused (**El-Zanaty and Ann, 2006**). Prevalence of sexual abuse in married women in Lower Egypt study was conducted with 936 women from Dakahlia governorate, 93.6% was the response rate, 11.4% reported being sexual abuse; in additional to other sexual problems, and one third of women 36.2% thought this was frequent (**Bayoumi, 2008**). National sample of American adolescents results were as the following: about 29% of girls reported being subjected to psychological violence in their romantic relationships and 31% reported being subjected to physical violence (**Halpern et al, 2001**). Moreover, nearly 4% of adolescent girls reported having been forced into sexual relations against their will in the context of a romantic relationship (**Ackard et al, 2003**).

CRIN, 2006 found that FGM affects between 100 and 140 million women and girls globally and is a common feature in 28 countries in Africa. Female genital cutting/mutilation (FGC/M) in a 2005 DHS study found that in Egypt between 86- 97% of women age 15-49 had undergone FGM. In Mali; 92 % of women age 15-49 had undergone FGC/M in 2006; in Burkina Faso; 77 %; and North Sudan; 90 %. The prevalence varies widely, from 5 % in the Democratic Republic of Congo to 98 % in Somalia and to a lesser extent prevalent in the Arabian Peninsula and the Gulf region. It also occurs among some minority groups in Asia, and among immigrant women in Europe, Canada and the United States (**UNICEF, 2003 &**

2010). In this study FGM was low than expected as FGM 2.8% from the exposed female students to violence as adolescent female student's may shamed to report FGM or may be due to recall bias. In condemning FGM, the WHO cites its negative effects on the physical and psychological health and education of girls as manifested in related early sexual encounters and marriage that linked to early transition to adulthood, thus demonstrating FGM as inconsistent with the rights of girls to education and schooling –not to mention that it denies them the right to be children. By encouraging child brides, FGM exposes girls to the dangers of GBV (gender based violence) particularly sexual abuse and HIV infection as well as other reproductive health complications. **UNICEF, 2010** found that female genital cutting/mutilation (FGC/M) causes serious injury to millions of young women every year. In this study; the frequent violence subtypes of FGM were (occur without anesthesia and painful for each one 1.2%, still remember pain 0.3% and presence of complication 0.2%).

Anderson et al, 2004 find a correlation between higher levels of female education and increased vulnerability to gender-based violence. The reason suggested is that female empowerment involves women's resistance to patriarchal norms, which in turn provokes men to violence in an attempt to regain control. However, it is also suggested that female empowerment can increase the risk of physical violence only up to a certain level. **Eltukhy, 2011** found in a study includes 120 students, urban students represent the majority of the sample 80.9%, socio-demographic characteristics were: educational level of the majority of parents was below secondary school 65.8%, while the majority of mothers were housewives 77.5%, only two fifth of fathers were employed 42.5%, and there was no significant relation between exposure to school violence and socio-demographic characteristics of the students. In this study we found that exposure of school girls to violence was high in the following: fathers and mothers with high education level 43.9%; 37.2% respectively; fathers with semi- professional jobs 45.7%; and not working mothers 47.6%, and there was a statistical significant difference between student's exposure to violence at school and socio-demographic characteristics of the students contrary to the findings of Eltukhy study.

Significant association is found between the paternal and maternal level of education and violence. Paternal level of education was not associated with emotional or psychological abuse. However; maternal level of education was significantly associated with their spouses' level of education and with physical abuse (**Stanić, 2006**). **Almeras et al, 2002** found that low parental education was also associated with

higher vulnerability of violence, in part because of its linkage with childhood experiences with aggression, which concordant with this study as violence practice of female secondary school were associated with fathers with intermediate education and illiterate mothers with significance difference. **Rhee et al, 2007** found that low parental education and income were found to be significant predictors of violence among children in Egypt and Korea. **WHO, 2005** reported that Lower education was associated with significantly more partner violence in many countries. In other words, education seems to have a protective effect. **Refaat, 2001** found that 144 women finishing 12 years of schooling were 10 times less likely to be abused than illiterate women.

As regarding the age of the studied students and exposure of violence **Akiba, 2002** demonstrate that there is association between physical violence and age as it declines with increasing age ($p=0.00$), but there is no such association with psychological violence although sexual victimization demonstrate increasing rates with age, but this association is not statistically significant. This may be due in part to the low frequency of reporting sexual victimization, the situation in this study show a high statistical significance difference between age and female student's violence exposure or practices at schools as p value less than 0.05, .001, in which female violence exposure occurred at young age 16 years while female practice of violence at secondary school occurred in older age "age of 18 years".

As regarding the location of the studied students; (**Culley et al, 2006**) mention that there were no significant differences for rates of physical and sexual violence by location when comparing students from Tbilisi and the regions; but psychological violence was significantly higher in the rural than in the urban. In this study; female student's exposure to violence in schools was more common in urban residents 62.8% than rural with highly significant difference between residence and exposure to female students to violence at schools. In another study the prevalence of physical abuse among rural residents was more than urban residence 44 % compared with 19 % among city residents. **Murakami et al, 2006** found that as regarding the social class of the studied students, there was no significant difference between economic class and exposure to physical, sexual, or psychological violence in the schools, and this is the same in this study as there is no statistical significant difference with female student's exposure of violence or practice of violence at secondary school and student's families' income as p value > 0.05 .

Afifi, 2006 found as regarding the effect of exposure to violence on adolescents, depression was common sign in a study among adolescents in Egypt

and Oman, a history of abuse during adolescence predicted depression in almost all the models. Although there was no significant gender difference for Oman sample, the rate of depressive symptoms for Alexandria (Egypt) showed that the incidence of symptoms in girls was almost always double that in boy. **Eltukhy, 2011** found in those exposed to violence 35% acquired injuries, 10% had fractures and 33% have psychological effects. In this study 41% of students have residual effects from exposure to violence; mostly 35% have psychological effects, wounds 4.2%, fractures 1.8%, with no residual deformity, and this agreed with previous studies as the most common effect of exposure to violence is psychological. **Watts and Zimmerman, 2002** found that violence affects a woman's health in many ways. The consequences of violence can be short-term, medium-term or even long-term; these effects can be direct or indirect, and range from physical injuries, psycho-somatic and psychological (mental and emotional) disturbances. It also affects how a woman deals with her health and her chances for health. Among the typical direct physical consequences are stab wounds and battering injuries as well as fractures, head injuries and damage to the spinal cord. Frequent psychosomatic complaints involve pain in the head, back, breast, and abdomen; as well as gastrointestinal disorders; and disturbances in menstruation and reproductive health.

Tajaden & Thoennes, 2002 demonstrate the roots causes of violence against women as follow unequal power relations between men and women and pervasive discrimination against women in both public and private spheres. Patriarchal disparities of power, discriminatory cultural norms, and economic inequalities serve to deny women's human rights, low educational attainment, being under 25 years old, having witnessed her father's violence against her mother, living in an urban area, and having low socioeconomic status. In this study the most frequent causes of violence from point of view of the enrolled female students were exposure to violence 26.3%, to be strong 25.8%, problems at home 24.8%, and low education 16.7%. **Ackard et al, 2003** mention that as regarding socioeconomic status as a risk factor of violence, fifteen studies have reported no association between socioeconomic status (defined as parents' level of education or employment status, as family income) and DV (dated violence). Three studies measured parents' level of education rather than their income and found an association with violence. However **Tourigny et al, 2006** reported a negative association between education level and DV, concluded that education level was positively associated with DV, so that the higher the educations level, the higher the risk for victimization. One

possible explanation for this result is that a higher level of education could lead to more prestigious employment that requires more hours of work, which would in turn lead to a lower level of parental investment and/or supervision. **Gofin et al 2000** find that low socio economic of the family is associated with future violence, prevalence of self reported assault among youth at low social class was about twice that among middle class youth, low education of mother and high density of the house were associated with youth violence.

Rivera, 2005 said that research into individual-level risk factors indicates that violence is a learned behavior. For instance; persons who witness or experience violence as children were more likely to use violence as adults. A study of Mexican and Egyptian youth showed that those in both countries who were victims of intra-family violence were also more likely than non-victims to report that they have been perpetrators of violence. The same results have been reported in studies in the United States and other developed countries. This illustrate that exposure to violence is a risk factor for its occurring and this is agreed with this study; as the most frequent causes of violence from point of view of the enrolled female students were exposure to violence 26.3 % and estimating of odd's ratio in the study; the results showed that violence exposure of female students at their home or schools is a risk factor of practicing violence at home or schools. Also, **Bingenheimer, et al, 2005** found that exposure to parental corporal punishment increases the risk of aggressive conduct in children and adolescents. There are positive and moderate size associations between parental corporal punishment and children's aggression. **Osgood and Chambers, 2000** studies have shown that adolescents exposed to violence are more likely to engage in violent acts, often as preemptive strikes in the face of perceived threat. Neighborhood adults who are involved in crime pose a risk because young people may emulate them.

Conclusion and Recommendations:

As violence exposure is a predictor and risk factor to violence practice, the following recommendations are useful in violence prevention:-

At the Level of Ministry of Education

Developing national violence prevention programs and holding periodic training courses to raise awareness of teachers and social workers about the problem of violence among adolescent schools, how to early predict behavioral problems and how to manage violence.

At the Level of Ministry of Health

Apply training courses to educate and increase the performance of school physicians and nurses

regarding managements of school violence and early detection of psychiatric problems in adolescent schools.

At the School Level

Teachers give more attention and supervision to students, develop recording system for any violent events that happened at school, teachers should be a role model in shaping children, adolescent's development, the curriculum of school must include alternatives for releasing adolescent's energy as recreation, sports, reading, journeys, increase link and communication between parents and school regarding violence, good relation between peers with enforcing values and ethics and decreasing peer pressure and finally education of students, parents, teachers and the community as a whole about how to adopt anti-violence attitudes and behaviors.

At the Family Level

Keeping socially competent family, high attention of parents to their adolescents and deal with them kindly instead of violence, parents should avoid discrimination between boys and girls, it is important for parents to educate children early in their life for religious faith, good morals and ethics and how to communicate with other people with kindness; parents should be good models for their children and adolescents.

At the Community level

Community Leaders have a duty of arousing the public about the problem of violence among adolescent schools and community as a whole as a public health problem, and community development which promote health of the youth, promote social changes of false believes.

Role of mass media should be integrated with all previous levels.

Corresponding author

Samar S.Ahmed

Department of Community Medicine, Environment and Occupational Medicine. Faculty of Medicine, South Valley University

drs_samar@yahoo.com

References

1. **Ackard, D.M., Neumark-Sztainer, D., & Hannan, P. (2003).** Dating violence among a nationally representative sample of adolescent girls and boys: Associations with behavioral and mental health. *Journal of Gender Specific Medicine*, 6(3), 39-48.
2. **Afifi, M (2006).** Depression in Adolescents: Gender Differences in Oman and Egypt, *Eastern Mediterranean Health Journal* 12:1-2: 61–71.
3. **Akiba M. (2002)** Student Victimization: National and School System Effects on School Violence in 37 Nations. *American Educational Research Journal*. 39(4): 829- 853.
4. **Almeras D, Bravo R, Milosavljevic Montano S. (2002).** Intimate Partner Violence Against Women: Latin America and the Caribbean. (In Spanish) CEPAL, United Nations. Available at: <http://www.isis.cl/temas/vi/doc2.htm>. Accessed November 30, 2006
5. **Anderson M, Kaufman J, Simon TR, Barrios L, Paulozzi L, Ryan G, (2004).** School-associated violent deaths in the United States, *JAMA*;286(21):2695-702.
6. **Bayoumi.A.,F (2008).** Domestic violence from medico-legal point of view, an essay. Department of Forensic. Faculty of Medicine, Cairo University.
7. **Bingenheimer, J. B., Brennan, R. T., & Earls, F. J. (2005).** Firearm violence exposure and serious violent behavior. *Science*, 308, 1323-1326.
8. **CDC, (2007).** Centers for Disease Control and Prevention. The effectiveness of universal school-based programs for the prevention of violent and aggressive behavior: a report on recommendations of the Task Force on Community Preventive Services. *MMWR* 56(RR-7):1-12
9. **CRIN (2006).** Violence against girls: their experience and protection in West Africa. <http://www.crin.org/resources/infoDetail.asp?ID=8359> accessed 23rd March 2010.
10. **Culley MR, Conkling M, Emshoff J, Blakely C, Gorman D. (2006).** Environmental and contextual influences on school violence and its prevention. *J Prim Prev*. May;27(3):217-227.
11. **Ellickson PL, and McGuigan KA. (2000).** Early predictors of adolescent violence. *Am J Public Health*;90:566-72.
12. **Eltukhy, M.A (2011).** Prevalence of Violent Students in Kasr Al Ainy Secondary School of Nursing. Family medicine Master Degree Thesis. Faculty of Medicine. Cairo University.
13. **El-Zanaty, F and Ann Way, (2006).** Egypt Demographic and Health Survey 2005. Done by Egypt Ministry of Health and Population; in cooperation with Egypt National Population Council, 222–223.
14. **Gofin R, Palti H, Mandel MF (2000).** Fighting among Jerusalem adolescents: personal and school-related factors. *J Adolesc Health*; 27:218-23.
15. **Halpern, T. C., Oslak, S. G., Young, M. L., Martin, S. L., & Kupper, L. L. (2001).** Partner violence among adolescents in opposite-sex romantic relationships: Findings from the national

- longitudinal study of adolescent health. *American Journal of Public Health*, 91(10), 1679-1686.
16. **Murakami S, Rappaport N, Penn JV. (2006).** An overview of juveniles and school violence. *Psychiatr Clin North Am. Sep*; 29(3):725-741.
 17. **Nansel TR, Craig W, Overpeck MD, Saluja G, Ruan WJ. (2004).** Cross-national consistency in the relationship between bullying behaviors and psychosocial adjustment. *Arch Pediatr Adolesc Med Aug*; 158(8):730-736.
 18. **Orpinas P, Horne AM, Staniszewski D. (2003).** School bullying: changing the problem by changing the school. *School Psychology Review*; 32(3):431-444.
 19. **Osgood, D. W., & Chambers, J. M. (2000).** Social disorganization outside the metropolis: An analysis of rural youth violence. *Criminology*, 38, 81-111.
 20. **Pickett W, Craig W, Harel Y, (2005).** Cross-national study of fighting and weapon carrying as determinants of adolescent injury. *Pediatrics. Dec*;116(6):e855-863.
 21. **Pinheiro, PS (2006).** World Report on Violence against Children. Geneva, United Nations Publishing Services.
 22. **Refaat N, (2001)** —Female Genital Mutilation and Domestic Violence Among Egyptian Women, *Journal of Sex and Marital Therapy* 27: 593–596.
 23. **Rhee D, Yun SC, Khang YH. (2007).** Co-occurrence of problem behaviors in South Korean adolescents: findings from the Korea youth panel survey. *J Adolesc Health* 40:195-7.
 24. **Rivera L, (2005)** —Intra-familial Physical Violence among Mexican and Egyptian Youth, *Rev. Saude Publica* 39(5): 709–715.
 25. **Stanić I. (2006).** Violence and child abuse [in Croatian]. *Narodni zdravstveni list*. Available at: <http://www.zzjzpgz.hr/nzl/5/zlostavljanje.htm> Accessed: 26-10- 2006.
 26. **Tajaden, P., Thoennes, N. (2000).** Full report of the prevalence, incidence, and consequences of violence against women: Findings of the national violence against women, DC: National Institute of Justice. Centers for Disease Control and Prevention.
 27. **Tajaden and Thoennes, (2002).** Extent, Nature and Consequences of Intimate Partner Violence: Findings of the National Violence against Women Survey (Washington: National Institute of Justice, Centers for Disease Control and Prevention, 2000).
 28. **Tourigny, M., Lavoie, F., Vézina, J., & Pelletier, V. (2006).** Incidence et facteurs associés à la violence subie dans les fréquentations amoureuses des adolescents [Violence in adolescents' romantic relationships: Incidence and associated factors]. *Revue de Psychoéducation*, 35(2), 323-354.
 29. **UNFPA, (2010).** UNFPA State United Nation Family Planning Organization. Chapter 7. available at: <http://www.unfpa.org/swp/2005/english/ch7/index.htm>. Accessed on January 28, 2010.
 30. **UNGA, (2010).** 61st Session. Secretary General's Study on Violence against Women. Available: <http://www.un.org/womenwatch/daw/vaw/violenceagainstwomenstudydoc.pdf>.
 31. Accessed on January 28, 2010.
 32. **United Nations Children's Fund (UNICEF), 2003:** The situation of childhood and motherhood in Egypt. A rights-based analysis. Arab Republic of Egypt, 22-37.
 33. **United Nations Children's Fund (UNICEF), 2004:** Children used as domestic servants one of the most hidden forms of child labor. Sydney, Australia: UNICEF. Available at: www.unicef.org.au/mediaCentre-Detail.asp?ReleaseID=534.
 34. **United Nations Children's Fund (UNICEF), 2010:** Female Genital Mutilation/Cutting. Accessed from http://www.unicef.org/publications/files/FGM-C_final_10_October.pdf on January 28, 2010.
 35. **USAID, (2010)** “Cross Generational Sex: Risks and Opportunities.” Accessed from http://www.igwg.org/igwg_media/crossgenssex.pdf on January 28, 2010.
 36. **Viachova A & Biason L. (2005).** Women in an Insecure World. Geneva, September. Accessed from http://www.dcaf.ch/women/pb_women_ex_sum.pdf on January 28, 2010.
 37. **World Health Organization WHO (2002):** Adolescent friendly health services. An Agenda for change, WHO/FCH/CAH/02.14, Geneva, p. 3-42.
 38. **World Health Organization. WHO (2005).** Multi-country Study on Women's Health and Domestic Violence against Women. Geneva.
 39. **Watts C, Zimmerman C 2002.** Violence against women global scope and magnitude. *Lancet*;359:1232–7.