

VIOLENCE AMONG ADOLESCENT STUDENTS IN MANSOURA, EGYPT

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ABSTRACT

This work was carried out on adolescent students in Mansoura to study the prevalence, determinants and health impacts of violence among secondary school students. A total of 1088 students were selected by cluster sampling techniques from public general and technical secondary schools of both urban and rural areas. Data was collected through an anonymous self-administered questionnaire during the class time.

More than 28% of students initiated violence within the past year prior to the study. The vast majority (82.3%) of these assaults was initiated with bare hands. The victims were injured in 20.1% of cases. The com-

monest injury was contusion (74.2%) and wounds (35.5%).

Multivariate logistic regression analysis pointed to eight predictive variables for violent behavior. These are male gender, imitation of television violence, risk-taker, often fight verbally, often cruel to animals, disruptive in class, subjected to corporal punishment and contribution to family income.

There is a need for both community and school-based intervention program addressing the problem of violence and its modifiable risk factors.

INTRODUCTION

Adolescent violence, defined as behaviors that are intended to cause

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physical harm to another person, is now recognized as a public health problem with multiple social, psychological and financial consequences (1). It requires the effort of health care professionals and not to be dealt with primarily by law enforcement and judicial systems (2). Epidemiological data demonstrate that adolescents have the highest rates of lethal and non lethal victimization from violence. Indeed violence stems from a large number of personal and environmental factors (3).

In Egypt, to the best of authors' knowledge, the problem of adolescent violence is not fully investigated and epidemiological data necessary for planning of preventive and control measures are lacking. Only one study was carried out in Alexandria and found that violence was widespread among adolescent students (4). Accordingly, this study was undertaken to find out the extent of violent behavior adopted by secondary school students and its determinants in Mansoura, Egypt.

Population and methods :

This study was carried out during the period from November, 2002 to April 2003 in Mansoura, Egypt. A

cross-sectional survey was carried out. The target population was secondary school students enrolled in governmental schools. Approval of the local Directorate of education was obtained. Eastern and Western educational zones as well as rural sector were represented. Both general and technical secondary schools were represented. One girl and one boy general secondary school was randomly selected from each of the Eastern and Western educational zones as well as one mixed school from the rural sector. Five technical (boy and girl commercial, boy and girl industrial and mixed agricultural) schools were selected from Mansoura city. This distribution represents different social strata and both sexes as well as urban and rural sectors of the community. From each selected school, one class (cluster) from different grades was randomly selected. A total of 30 classes were studied from ten schools. Ten classes from each grade. A total of 1154 students were registered in the chosen classes. Of these 1088 (94.3%) students participated in the study. Others were either absent (4.9%) or refused to complete the questionnaire (0.8%).

In coordination with the school au-

thority, the investigators spent about 45 to 60 minutes in each class. The students were briefed about the study, encouraged to participate and motivated to express their experiences. It was emphasized that all data collected was strictly confidential. Students were requested to complete the self-administered questionnaire to reveal their personal and family background, self-reported behavior as well as violence towards others during the last year and sequel of such violence. The social score was calculated according to Fahmy and El-Sherbiny⁽⁵⁾.

Data was analyzed using SPSS (Statistical Package for Social Sciences) version 10. The Chi-squared test was used as a test of significance. Significant factors affecting prevalence of violence on univariate analysis were entered into multivariate logistic regression analysis. $P \leq 0.05$ was considered to be statistically significant.

RESULTS

Table (1) reveals that 28.3% of studied students reported initiation of violent assault during the last year. The vast majority of these assaults were with bare hands (82.5%) fol-

lowed by throwing stones (14.9%), sharp tools (4.9%), belt (4.5%) and slipper (3.6%). The victims were injured in 20.1%. The most common injury is contusion (74.2%), wounds (35.5%) and fracture (11.3%). Only 32.3% of injured victims sought medical care.

Table (2) shows that violent behavior is significantly higher among students of technical schools, second grade students, older age groups and male gender. Violent behavior is not related to residence, father's education and occupation, mother's education and occupation as well as social class. On the other hand violent behavior is significantly higher among students with smoking fathers (table 3).

Table 4 shows that violent behavior is significantly higher among students with family problems, those who are subjected to corporal punishment either at school or home and those who contribute to family income.

Table (5) shows that violent behavior is significantly higher among students who smoke, imitate television violence, have friends, are risk-takers, often tell lies, destroy other's

belongings, fight verbally, threaten to attack others physically, cruel to animals, truant from school, disruptive in classes and those who reset for examination or repeated the grade.

On logistic regression analysis it was found that females are 0.4 times less likely to initiate violence than males. Other risk factors associated

with violence are imitation of TV violence (OR=2.3), risk-taking (OR=4.6), often fight verbally (OR=1.8), often cruel to animals (OR=2.8), disruptive in classes (OR=2.1), subjected to corporal punishments (OR=2.6 at school, 2.1 at home and 2.9 at both school and home) and contribution to family income (OR=2.3 for summer job and 1.9 for year-round job).

Table (1): Violence adopted by students studied and its sequel

Violent behavior and its sequel	Number	%
(n=1088)		
Initiation of violent assaults:		
NO	780	71.7
Yes*	308	28.3
Hands	254	82.5
Sticks	46	14.9
Throwing stones	16	5.2
Sharp tools	15	4.9
Belt	14	4.5
Slipper	11	3.6
Heavy objects	9	2.9
(n=308)		
Injuries inflicted on the victim:		
NO	246	79.9
Yes*	62	20.1
Contusions	46	74.2
Wounds	22	35.5
Fracture	7	11.3
Loss of consciousness	2	3.2
(n=62)		
Medical care sought by the victims:		
NO	25	40.3
Yes	20	32.3
Don't know	17	27.4

* Categories are not mutually exclusive.

Table (2): Violence in relation to general characteristics of students

	Total	Violence		Sign. Test	OR (95% CI)
	N	%			
School nature:					
General	498	123	24.7	$\chi^2=5.9$, P=0.015	1(r) 1.39(1.1-1.8)
Technical	590	185	31.4		
Grade: 1 st	368	83	22.6	$\chi^2=15.1$, P=0.001	1(r) 1.88(1.34-2.83) 1.3(0.9-1.8)
2 nd	365	129	35.3		
3 rd	356	96	27.0		
Age group: 14-	402	81	20.1	$\chi^2=28.6$, P=0.000	1(r) 1.8(1.33-2.47) 3.47(2.01-5.99)
16-	611	192	31.4		
18+	75	35	46.7		
Sex: Male	576	235	40.8	$\chi^2=94.1$, P=0.000	1(r) 0.24(0.18-0.33)
Female	512	73	14.3		
Birth order: Single	40	8	20.0	$\chi^2=1.9$, P=0.59	1(r) 1.73(0.73-4.27) 1.56(0.67-3.76) 1.56(0.65-3.87)
First	281	85	30.2		
In-between	507	142	28.0		
Last	260	73	28.1		

OR= Odds ratio, CI= Confidence Interval, r= reference group.

Table (3): Violence in relation to family background and structure.

	Total	Violence N	%	Sign. Test	OR(95% CI)
Residence: Rural	515	155	30.1	$\chi^2=1.5$, $P=0.21$	1(r)
Urban	573	153	26.7		0.85(0.64-1.11)
Father's education:				$\chi^2=7.1$, $P=0.13$	1(r)
Illiterate	270	88	32.8		0.74(0.46-1.2)
Primary	140	37	26.4		1.07(0.67-1.73)
Preparatory	123	42	34.1		0.84(0.56-1.27)
Secondary	204	59	28.9		0.66(0.45-0.97)
Above secondary	294	71	24.1		
Father's occupation:				$\chi^2=8.6$, $P=0.07$	1(r)
Farmer	96	30	31.3		0.79(0.47-1.33)
Profes./ semiprof.	377	100	26.5		1.05(0.63-1.74)
Manual worker	412	133	32.3		0.54(0.27-1.08)
Trades/business	102	20	19.6		0.72(0.37-1.42)
Others	101	25	24.8		
Mother's education:				$\chi^2=5.1$, $P=0.3$	1(r)
Illiterate	503	156	31.0		0.72(0.42-1.24)
Primary	90	22	24.4		1.08(0.58-2.0)
Preparatory	58	19	32.8		0.79(0.53-1.18)
Secondary	183	48	26.2		0.72(0.5-1.04)
Above secondary	233	57	24.5		
Mother's occupation:				$\chi^2=0.95$, $P=0.62$	1(r)
House wife	779	226	29.0		0.91(0.66-1.27)
Profes./ Semiprof.	254	69	27.2		0.76(0.38-1.49)
Others	55	13	23.6		
Income:				$\chi^2=1.1$, $P=0.57$	1(r)
Just sufficient	730	208	28.5		1.08(0.76-1.55)
Insufficient	199	60	30.2		0.84(0.56-1.27)
Excess and save	159	40	25.2		
Social class:				$\chi^2=4.2$, $P=0.24$	1(r)
High	248	58	23.4		1.41(0.88-2.25)
Middle	166	50	30.1		1.25(0.74-2.09)
Low	127	35	27.6		1.41(0.99-2.03)
Very low	547	165	30.2		
Father's smoking:				$\chi^2=8.5$, $P=0.004$	1(r)
NO	549	137	25.0		1.49(1.13-1.98)
Yes	482	160	33.2		

OR= Odds ratio, CI= Confidence Interval, r= reference group.

Table (4): Violent behavior in relation to family circumstances and disruption

	Total	Violence		Sign. Test	OR (95% CI)
		N	%		
Living accommodation:					
Separate home/flat	957	261	27.3	$\chi^2=4.9$, $P=0.09$	1(r)
Shared with relatives	110	41	37.3		1.58(1.03-2.44)
Shared with others	21	6	28.6		1.07(0.37-2.97)
Family problems:					
NO	895	238	26.6	$\chi^2=7.3$, $P=0.007$	1(r)
Yes	193	70	36.3		1.57(1.12-2.21)
Family disruption:					
Intact family	945	266	28.1	$\chi^2=4.5$, $P=0.21$	1(r)
Divorce/separation	32	13	40.6		1.75(0.8-3.77)
Death(one or both parents)	80	18	22.5		0.74(0.41-1.31)
One or both parents working abroad	31	11	35.5		1.4(0.62-3.13)
Subjected to corporal punishment:					
NO	291	54	15.5	$\chi^2=48.5$, $P=0.000$	1(r)
At school	253	83	32.8		2.14(1.42-3.24)
At home	368	102	27.7		1.68(1.14-2.94)
At both school and home	176	78	44.3		3.49(2.25-5.43)
Contribution to family income:					
NO	662	135	20.4	$\chi^2=55.7$, $P=0.000$	1(r)
Summer job	319	122	38.2		2.42(1.78-3.28)
Year-round job	107	51	47.7		3.56(2.28-5.55)

OR= Odds ratio, CI= Confidence Interval, r= reference group.

Table (5): Violent behavior in relation to self-reported behavior of students

	Total	Violence		Sign. Test	OR (95% CI)
		N	%		
Student's Smoking:					
NO	989	249	25.2	$\chi^2=52.5$, P=0.000	1(r) 4.27(2.73-6.68)
Yes	99	59	59.6		
Imitation of TV violence:					
NO	924	216	23.4	$\chi^2=73.5$, P=0.000	1(r) 4.19(2.93-6.0)
Yes	164	92	56.1		
Have friends:					
NO	231	46	19.9	$\chi^2=10.2$, P=0.001	1(r) 1.77(1.23-2.56)
Yes	857	262	30.6		
Risk-taker:					
NO	611	98	16.0	$\chi^2=103.4$ P=0.000	1(r) 4.12(3.1-5.5)
Yes	477	210	44.0		
Often tell lies:					
NO	901	235	26.1	$\chi^2=12.8$, P=0.000	1(r) 1.81(1.29-5.56)
Yes	187	73	39.0		
Destroy others belongings:					
NO	989	256	25.9	$\chi^2=31.5$, P=0.000	1(r) 3.17(2.04-4.92)
Yes	99	52	52.5		
Often fight verbally:					
NO	754	150	19.9	$\chi^2=85.7$, P=0.000	1(r) 3.61(2.71-4.83)
Yes	334	158	47.3		
Often threaten to attack others physically:					
NO	908	209	23.0	$\chi^2=75.7$, P=0.000	1(r) 4.1(2.89-5.78)
Yes	180	99	55.0		
Often cruel to animals:					
NO	1044	275	26.3	$\chi^2=49.3$, P=0.000	1(r) 8.4(4.0-17.9)
Yes	44	33	57.0		
Truant from school:					
NO	1009	258	25.6	$\chi^2=51.4$, P=0.000	1(r) 5.02(3.03-8.33)
Yes	79	50	63.6		
Disruptive in class:					
NO	969	236	24.4	$\chi^2=68.2$, P=0.000	1(r) 4.76(3.15-7.21)
Yes	119	72	60.5		
Re-sat for examination or repeated a grade:					
NO	885	229	28.9	$\chi^2=13.8$, P=0.000	1(r) 1.83(1.31-2.54)
Yes	203	79	38.9		

OR= Odds ratio, CI= Confidence Interval, r= reference group.

Table (6): Logistic regression analysis of significant predictors of violence

Predictors	B	P	OR (95% CI)
Sex:			1(r)
Male	-		
Female	-0.93	0.000	0.4(0.3-0.6)
Imitation of TV violence:			1(r)
NO	-		
Yes	0.84	0.000	2.3(1.5-3.6)
Risk-taker:			1(r)
NO	-		
Yes	0.94	0.000	4.6(1.8-3.6)
Often fight verbally:			1(r)
NO	-		
Yes	0.6	0.02	1.8(1.3-2.6)
Often cruel to animals:			1(r)
NO	-		
Yes	1.02	0.000	2.8(1.2-6.4)
Disruptive in class:			1(r)
NO	-		
Yes	0.76	0.003	2.1(1.3-3.5)
Subjected to corporal punishment:			1(r)
NO	-		
At school	0.97	0.000	2.6(1.6-4.2)
At home	0.73	0.002	2.1(1.3-3.3)
At both school and home	1.07	0.000	2.9(1.7-4.8)
Contribution to family income:			1(r)
NO	-		
Summer job	0.85	0.002	2.3(1.4-3.9)
Year-round job	0.66	0.000	1.9(1.3-2.8)
Constant		-2.5	
-2 Log likelihood		946.1	
model χ^2		291.95	
Number		1088	

This model predicts 76.3% of variance in violent behavior.

OR= Odds ratio, CI= Confidence Interval, r= reference group.

DISCUSSION

School violence is a serious problem, especially in public schools. Improving the quality of education is difficult without also addressing the school violence. Since regardless of how good the teachers and/or curriculum are, violence makes it difficult for students to learn.

This study revealed that 28.3% of studied students took the initiative of violent assaults. This is much lower than 39% reported in Alexandria, Egypt (4). Alarming figures were reported in USA, a country where violence has reached epidemic proportion (6-8). The vast majority of violent assaults were with bare hands followed by sticks and throwing stones (82.5%, 14.9% and 5.2% respectively). This is in agreement with the findings of Youssef et al.(4) in Alexandria, Egypt.

Violence-related behavior is associated with serious physical and psychological consequences for the adolescents. Although the full extent of the inflicted injuries could not be ascertained in a proportion of victims because they may be strangers and never seen thereafter; the victims were injured in 20.1% of violent as-

saults. Contusions, wounds and fracture are the most frequent injuries to be reported (74.2%, 35.5% and 11.35% of the injured victims respectively). This is in agreement with Youssef et al.(4) in Alexandria, Egypt.

Although almost all reported injuries were non-fatal and the assaulters may not know whether or not the victims sought medical care, 32.3% of injured victims sought medical care. This can be partly attributed to the characteristics of the population studied. Since students were drawn from a normative conservative population, non-lethal forms of aggression are more frequently expected. The tools used have far less harmful effects than handguns which can result in the serious fatal outcomes of interpersonal violence in the American society(4).

Multiple factors contribute to and shape anti-social behavior over the course of development. Some factors related to characteristics within the child, but many others related to factors within the social environment (e.g. family, peers and school) that enable, shape and maintain aggression, anti-social behavior and related behavioral problems (9).

Violence is more encountered among students of technical schools than those of general secondary schools. It is possible that students who are more likely to engage in violent behaviors are less likely to achieve higher education score. This is supported by the finding that students who re-sat for examination or repeated a grade are more likely to be engaged in violence assaults. Furthermore, these students may be transferred to technical schools. This is in agreement with other studies (4,9). Also older students are more likely to be engaged in violence than the youngest, these older students are more likely to be those who repeated a grade or change to technical education.

The present study demonstrated that the male gender is a significant independent predictor of physical violence as has been shown in many previous studies (4,6-11). This gender variation has been attributed to the effects of masculinizing chromosomes and hormones in arousing aggressive drives (12). Also females are more conservative than males.

Aggressive behavior in the form of risk-taking, cruel to animals, fighting

verbally, disruptive in class and threatening to attack others are strong predictors of physical violence. It is clear that verbal fights arouse aggressive drives that escalate into a threat of physical attack that paves the way for an assault. Such students are apt to welcome physical violence without fearing sequel, either for themselves or for their victims. In addition, their rebellion against social norms and standards is reflected by their habit of smoking. This is particularly true as, in a society such as Egypt; smoking by this age group is totally unacceptable behavior. Hence, the engagement of smokers in other forms of unacceptable behavior is not surprising(4).

Kashani et al., (11) reported that the use of verbal as well as physical aggressiveness is significantly associated with the diagnosis of conduct disorders. Furthermore, untreated conduct disorders are strong predictors for serious violence and a wide array of delinquent act (13). Although our study did not attempt at a diagnosis, it demonstrates a significantly higher likelihood of physical violence among adolescents who reported disturbing behavior, which may raise the possibility of conduct disorders.

These youngsters were more likely to admit that they often tell lies, damaged others property and were cruel to animals. They were often truant from school or run away from home. This reflects the weak bond between children and nurturing agencies that was viewed by Saner and Ellickson (10) to increase the likelihood of serious violence among boys. This finding underscores the role of school and family in moderating student's behavior. It is the role of public health professionals to strengthen the affiliation of youngsters to their family and school. These findings are worth considering when attempts are made to minimize the risk of violent behavior by targeting the bond between students and their family and school.

A considerable number of researchers have revealed the contribution of the corporeal punishment (4,9,14-18) and physical abuse (4,19-23) to the later use of violence against others. Our study illustrates that exposure to physical violence in a disciplinary context acts independently in the generation of interpersonal violence. Owing to the cross-sectional design of the study, the direction of causality could not be established. It is possible that the

students were subjected to harsh disciplinary means because of their violent behavior. But it is equally possible that their violent behavior is the mere consequence of exposure to violence. However, a prospective study conducted by Widom⁽²⁴⁾ provided dramatic support for the notion that violence breeds violence. It has been postulated that youngsters exposed to violence assume an active role by becoming the agent of aggressive violence rather than its passive victims⁽²⁵⁾.

Another source of modeling violent behavior that poses a danger is the media. Previous studies have emphasized the contribution of televised violence to the development of aggressive and violent behavior^(4,26-30). This is confirmed in our study. The imitation of the scene watched is not uncommon in this age group. In multivariate analysis the imitation of television violence is a predictor of violence after controlling for other factors. This is expected since violent programs are stylized to demonstrate violence as the primary effective strategy for solving problems and resolving conflicts that receive social affirmation with little evidence that alternatives have been considered^(26,28). Moreo-

ver, televised violence provides young people with the means of harming others not previously present in their repertoire of behavior (31).

Univariate analysis showed that students who reported disrupting class discipline and failing at school (as indicated by re-sitting an examination or repeated a grade) showed significantly higher tendency to violent behavior. In fact, previous studies have pointed to the association of learning difficulties, low academic orientation and school failure with disruptive and violent behavior (10,13,31,32). However, on multivariate analysis only the likelihood to disrupt class discipline was found to act independently. Apparently, their way of conducting themselves in a classroom setting is part of more serious pattern of behavior.

It is interesting to note that students who at a higher risk of interpersonal violence are the ones more likely to have friends with whom they spent leisure time. As physical assaults are usually initiated by a group of youngsters rather than individually, it can be said that these students associate with friends who conform to their standards, which makes attack-

ing strangers possible during their leisure time. It is postulated that student's engagement in property damage and violence related behavior is strongly predicted by the pattern of behavior of their peers (31). Outside of home, one of the major factors contributing to youth violence is the impact of peers. More serious behavior problems and violence are associated with smaller number of youths who are failing academically and who band together, often with other youth rejected by prosocial peers. Antisocial children with earlier ages of onset tend to make friends with children similar to themselves. Consequently they reinforced one another's anti-social behavior. Association with anti-social peers has been shown to be related to the later emergence of new anti-social behavior during adolescence among youth who had not exhibited behavioral problems as children (9,32).

The key risk factors for serious adolescent aggressive behavior originate in the family (33). Weak bonding and ineffective parenting (poor monitoring, excessively harsh, inconsistent discipline and inadequate supervision) and exposure to violence at home a climate that supports aggres-

sion and violence put children at risk for being violent later on in life. Also less adult supervision allows youths to spend more time with delinquent peers (9). However, in our study father's smoking, corporal punishment, family problems and contribution to family income are the only factors within the family that are associated with violence. This can be contributed to the conservative nature of studied population, where there are still strong family ties. Many other studies reported the low parental education, large family size, single parent family, low income, paternal unemployment, family troubles and poor socio-economic status are strongly associated with violent behavior (4,7,9,13,17,25,30-39). In this study the logistic regression model identified a large number of independent predictors amenable to modification. Personal characteristics of the students in addition to exposure to corporal punishment, contribution to family income and imitation of television violence, all these predictors are modifiable or preventable.

Youth violence is a complex problem and will require complex solution. It is better to identify risk factors of violence from early childhood. By

understanding the social, political and developmental aspects of violence and understanding the nature and characteristics of resilient children, we can better prepare our youth for life. We may not be able to protect our adolescents from exposure to violence, but we most certainly can help them develop the necessary skills to survive such exposure and work to enhance and strengthen their access to protective factors so that they can experience a healthy transition from adolescence to adulthood in this new millennium⁽⁷⁾. Further studies are needed to understand how child, family, school/community and peer factors interact in our society which is totally different from the Western communities. Such studies will help in definition of the most appropriate targets for prevention and early intervention in different setting. The approach of identifying adolescents who may be prone to committing interpersonal violence is consistent with public health model of violence prevention.

Regular violence counseling should be incorporated into the routine school health care. Care providers as well as teachers need to be aware of the problem of violence. They must master the skills of early

identification of students who are at risk or who have been either victims or perpetrators of violence. School health care providers must increase attempts to prevent and manage the medical, social, psychological and financial consequences of students' violence.

Mass media and family intervention will contribute to less aggressive and hostile behavior outside home settings. These preventive measures need to be urgently implemented so as to prevent further rising of violence among our adolescent students.

REFERENCES

1. Chafee TA, Bridges M, Boyer CB. (2000) : Adolescent violence prevention practices among California Pediatricians. Arch Pediatr Adolesc Med; 154: 103-1044
2. From the CDC. (1992) : Physical fighting is a common form of interpersonal violence among high-school students – United States, 1999. JAMA; 267: 3009–3010
3. Rachuba L, Stanton B, Howard D. (1995) : Violence crime in the United States: an epidemiological profile. Arch Pediatr Adolesc Med; 145: 945-960
4. Youssef RM, Attia MS, Kamil MI. (1999) : Violence among schoolchildren in Alexandria. Eastern Mediterranean Health Journal; 5(2): 282-298
5. Fahmy SL, El-Sherbini AF. (1983) : Determining simple parameters for social classifications for health research. Bull High Institute Public Health; 23(5): 1-14
6. Hausman AJ, Spivack H, Prothrow-Stith D. (1994) : Adolescents' knowledge and attitudes about and experience with violence. J Adolesc Health; 15:400-6
7. Pratt HD, Greydanus DE. (2000) : Adolescent violence: concepts for a new millennium. Adolesc Med; 11(1): 103-25
8. Ellickson P, Saner H, McGuigan K.A. (1997) : Profile of violent youth: substance use

and other concurrent problems. *Am J Public Health*; 87(6):985-91

9. NIMH (National Institute of Mental Health) Child and adolescent violence research at the NIMH. (2000) : NIH publication No.00-4700. Updated December 08,. Web site: <http://www.nimh.nih.gov>

10. Saner H, Ellickson P. (1999) : Concurrent risk factors for the adolescent violence. *J Adolesc Health*; 19(2):94-103.

11. Kanshani JH, Deuser W, Reid JC. (1991) : Aggression and anxiety: a new look to an old nation. *J Am Acad Child Adolesc Psychiatry*; 30: 218-23

12. Lewis DO. From abuse to violence: psycho physiological consequences of maltreatment. (1992) : *J Am Acad Child Adolesc Psychiatry*; 31: 383-91.

13. Rivara FP, Farrington DP.

(1995) : Prevention of violence. Role of the pediatrician. *Arch Pediatr Adolesc Med*; 149: 421-9

14. Muller RI, Hunter JE, Stollak G. (1995) : The intergenerational transmission of corporal punishment: a comparison of social learning and temperament models. *Child Abuse and Neglect*; 19: 1323-103

15. Dubanoski RA, Inaba M, Gerkewicz K. (1983) : Corporal punishment in schools: myths; problems and alternatives. *Child Abuse and Neglect*; 7: 271-8

16. McCord J. (1988) : Parental behavior in the cycle of aggression. *Psychiatry*; 51: 14-23

17. Sheline JL, Skipper BJ, Broadhead WE. (1994) : Risk factors for violent behavior in elementary school boys: have you hugged your child today? *Am J Public Health*; 84: 661-3

18. Trickett PK, Kuczynski L. (1986) : Children's misbehaviors and parental discipline strategies in abuse and non-abuse families. *Development Psychology*; 22: 115-23
19. Cavaiola AA, Schiff M. (1988) : Behavioral sequelae of physical and/or sexual abuse in adolescents. *Child Abuse and Neglect*; 12 : 181-8
20. Hoffman-Plottkin D, Twetymen CT. (1984) : A multimodal assessment of behavioral and cognitive deficits in abused and neglected pre-schoolers. *Child Development*; 55: 794-802
21. Kinard EM. (1995) : Mother and teacher assessment of behavior problems in abused children. *J Am Acad Child Adolesc Psychiatry*; 34: 1043-53
22. Powers JL, Eckenrode J. (1988) : The maltreatment of adolescents. *Child Abuse and Neglect*; 12: 189-99
23. Widom CS. (1989) : The cycle of violence. *Science*; 244: 160-6
24. Marans S. (1994) : Community and children's development: collaborative interventions. In: Chiland C, Young JG (eds.) *Children and violence*. Vol.2 Northvate, New Jersey, Jason Aronson Incorporated: 109-24
25. Christoffel KK. (1994) : Reducing violence-how do we proceed? [Editorial] *JAMA*; 4: 539-41
26. Charren P, Gelber A, Arnold M. (1994) : Media children and violence: a public policy perspective. *Pediatrics*; 94: 631-7
27. Sege R, Dietz W. (1994) : Television viewing and violence in children: the pediatrician as agent for change. *Pediatrics*; 94: 600-7
28. Turner CW, Hesse BW, Peterson-Lewis S. (1986) : Naturalistic studies of the long-term effects of televised vio-

- lence. *J Social Issues*; 2: 51-73
29. Wood W, Wong FY, Chachere JG. (1991) : Effects of media violence on viewer's aggression in unconstrained social interaction. *Psychological Bulletin*; 109: 371-83
30. Peatsch J, Bertrand LD. (1997) : The relationship between peer, social and school factors and delinquency among youth. *J School Health*; 67: 27-32
31. Kaplan HI, Sadock BJ. (1988) : Synopsis of psychiatry. 5TH ed. Baltimore, Williams and wilkins: 90-4
32. Grizenko N, Pawliuk N. (1994) : Risk and protective factors for disruptive behavior disorders in children. *Am J Orthopsychiatry*; 64: 534-44
33. Klein K, Forehand R, Armistead I, Long P. (1997) : Delinquency during the transition to early adulthood: family and parenting predictors from early adolescence. *Adolescence*; 32: 61-80
34. McLanahan S, Booth K. (1989) : Mother-only families: problems, prospects and politics. *J Marriage and Family*, 51: 557-80
35. Acock AC, Kiecott KJ. (1989) : Is it family structure or socioeconomic status? Family structure during adolescence and adjustment. *Social Forces*; 68: 553-71
36. Takeuchi DT, Williams DR, Adair RK. (1991) : Economic stress in the family and children's emotional and behavioral problems. *J Marriage and Family*; 53: 1031-41
37. Griffitt W, Veitch R. (1971) : Hot and crowded: influence of population density and temperature on interpersonal affective behavior: ambient effective temperature and attraction, *J Personal Social Psychology*; 17: 92-8

38. Schowengerdt RT. (1996) :
The relationship between
paternal socioeconomic
levels and potential for
child abuse. Nurse Pract:
21(3): 144-6
39. Sayre JW. (1994) : Violence: a
growing danger to children.
Turk J Pediatr:36(1): 49-55

العنف بين الطلبة المراهقين

فى المنصورة - مصر

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أجرى هذا البحث على طلبة وطالبات المرحلة الثانوية فى ريف وحضر المنصورة وذلك لدراسة معدل إنتشار العنف بين الطلاب والعوامل المحددة له والآثار الناتجة عنه.

تم إختيار ١٠٨٨ طالباً وطالبة باستخدام العينة العنقودية من المدارس الثانوية العامة والفنية ممثلة لكل من الريف والحضر. وتم تجميع البيانات باستخدام استبيان غير معروف ويستوفى ذاتياً.

وجد أن أكثر من ٢٨٪ من الطلبة بدؤوا بالعنف خلال السنة السابقة للبحث. واستخدم غالبيتهم (٨٢٪) اليدين فى العنف. وقد أصيب ٢٠.٥٪ من ضحايا العنف بإصابات مختلفة كان أكثرها الكدمات والجروح (٧٤.٢٪ و ٣٥.٥٪ على الترتيب).

وقد أوضح تحليل الإنحدار اللوجستى أن هناك ثمانية عوامل تتكهن بحدوث العنف، وهذه العوامل هى : الذكورة وتقليد العنف بالتلفزيون والميل للمخاطرة والدخول فى معارك كلامية وتعذيب الحيوانات والمشاغبة فى الفصول الدراسية والتعرض للعقاب البدنى (فى البيت أو المدرسة) والمشاركة فى زيادة دخل الأسرة.

إن الأمر يتطلب تطبيق برامج وقائية وتدخلية على مستوى كلا من المجتمع والمدرسة تتناول عوامل التكهن بالعنف القابلة للتغير.