

VIOLENCE AMONG EGYPTIANS: PREVALENCE, RISK FACTORS AND MANAGEMENT

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ABSTRACT

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, and against a group or community that either results in or has a high likelihood of resulting injury, death, psychological harm, developmental problems, or deprivation. **Aim of the study:** The present study aims to assess the prevalence of experienced violence among Egyptians. **Design:** A descriptive exploratory design was utilized in this study. **Sample:** Snowball sample of 1000 participants was recruited for the conduction of this study. **Setting:** The study was carried out at community settings. **Tools:** Socio-demographic data-sheet and violence assessment questionnaire were used for data collection. **Results:** Findings of this study indicated that, 63.1% experiencing violence, common types of violence were verbal and emotional. **Conclusion:** Ignorance and lack of civilization were the main risk factors of violence. **Recommendation:** National programs for violence management and prevention are recommended.

Keywords: *Violence, Prevalence, Risk Factors, Risk Factors Management*

INTRODUCTION

Violence is defined by the World Health Organization as “the intentional use of physical force or power or threat against oneself, another person, or against a group or community that either results in injury, or has a high likelihood of resulting death, psychological harm, mal development, or deprivation (The Violence Prevention Alliance, 2004). In 1996, the Forty-Ninth World Health Assembly adopted Resolution WHA49.25, which declared violence as a major and increasing public health problem across the world. In this resolution, the Assembly drew attention to the grave consequences of violence – both in the short-term and the long-term – for individuals, families, communities and countries, and stressed out the damaging effects of violence on health care services (Forty-Ninth World Health Assembly Geneva, 1996).

Violence can be caused due to many causes, including frustration, exposure to violent media, violence in home and a tendency to see other people's

actions as hostile even when they're not. Certain situations also increase the risk of hostility, such as drinking, verbal abuse and other provocations and environmental factors like heat and overcapacity (Liu, 2006).

The deliberate use of physical force or power threatened or actual, against oneself or another person, against a group or community, that either results in or has a high probability of resulting in injury, death, psychological harm, mal- development or dispossession. The definition used by the World Health Organization associate intentionality with the committing of the act itself, irrespective of the outcome it produces. Excluded from the definition are accidental incidents – such as most road traffic injuries and burns. The expenses of violence, both on human and as well as economic can take a toll on nations, and costs economies many billions of US dollars each year in health care, legal costs, malingering from work and lost productivity (The Violence Prevention Alliance, 2004).

Aggression versus violence has become a bane of modern societies with offspring and adults hurting others and bringing harm to innocent people through violent behavior. Psychologists and law enforcement authorities are worried with unprovoked violent behavior exhibited by individuals and are trying to find reasons for their aggression. The words violence and aggression are used so frequently and interchangeably that many think them to be synonymous (Steven, 2011).

Types of violence: Physical violence; occurs when someone uses a part of their body or an object to have power over a person's actions, the effects of physical abuse be a bruise or a cut, The psychological effects of physical abuse should not be underestimated. Verbal Abuse; occurs when someone uses verbal communication, whether spoken or written, to cause harm to an individual, those effects of verbal abuse be depression, anxiety and low self-esteem. Financial abuse; occurs when someone controls an individual's economic resources without the person's consent or misuses those resources; cultural violence; occur when an individual is harmed as a result of practices that are part of her or his culture, religion or tradition (Gondim, Muñoz & Petri, 2011).

Risk factors of violence include: individual factors: biological, demographic factors, history of abuse and education, substance abuse, relationships: family and partners, proximity to and acceptability of violence - Community: institutions of violence, neighborhood, transient communities, loss of social fabric/ cultural support, social isolation and societal cultural acceptance of violence, social power discrepancy (Stephen & Morris, 2007).

Significance

Violence is a major public health problem worldwide. Each year, millions of people die as the result of injuries due to violence. Many survive injuries but live with permanent disabilities. Violence is a leading cause of death among people aged 15-44 years worldwide, accounting for 14% of deaths among males and 7% of deaths in females (WHO, 2018).

Significant advances have been made in the understanding of the phenomena of violence and efficient

prevention methods have been taken. Addressing the problem of community Violence successfully, however, demands the involvement of all disciplines in the community, including healthcare professionals, families, educators, community leaders, law enforcement officials, legislators, faith-based organizations and the media (Gofin Palti & Mandel, 2000). To join this effort as well as to support victims of violence and abuse, nurses must recognize the public health approach to violence, know the underlying dynamics of violent behaviors and use skill in formulating proper responses to clients who have been victimized.

As nurses play a pivotal, multifaceted role in the assessment and treatment and promote health for all individuals; this research could provide nurses and other health professionals with an in-depth understanding related to this topic which could be reflected positively on the quality of individual life. Moreover, it is hoped that, findings of this study might facilitate in improving quality of the individuals' health and establish evidence-based data that can promote nursing practice and research.

The Aim of the study

The present study aims to assess the prevalence of experienced violence among Egyptians

Research Questions

To fulfill the aim of the study the following questions were formulated:

- Q1: What are the most common types of violence among Egyptians?
- Q2: What is the prevalence of violence as experienced by Egyptians?
- Q3: What are the common risk factors of the violence as perceived by Egyptians?
- Q4: What are the common management strategies of violence as perceived by Egyptians?

RESEARCH METHODOLOGY

Research Design

The selected design for the current study is descriptive exploratory research design.

Sample

Sample of convenience of 1000 participants was recruited for the conduction of this study. Sample was collected according to the following criteria related to: age from 18 years and more, both sex (male and female), with all educational categories were included in the study.

Setting

This study was carried out at community settings such as schools, faculties, coffee-shops, public places, and libraries.

Ethical Considerations

A written approval was obtained from the Vice Dean of Education and Students Affairs- Faculty of Nursing-Cairo University to conduct the current study. All subjects were informed that participation in the current study is intentional, and the data collected will be used only for research purpose, and anonymity and confidentiality of each participant was protected by allocation of a code number for each response. The participants were informed that they can leave at any time during the study without giving reasons.

Tools

Data were collected over period of two months by using socio-demographic data sheet and violence assessment questionnaire.

1. Socio-Demographic data Sheet. It includes socio-demographic data about the client such as age, sex, educational status, occupation and income etc.
2. Violence Assessment Questionnaire: This questionnaire was developed by the investigator after reviewing the related literature. This questionnaire included (9) question about exposure to violence, types of violence, recurrence of exposure for violence, last time exposure to violence, the common risk factors and management strategies. The entire questionnaire is an open questions questionnaire. The questionnaire was tested for content validity by providing it for a panel of expertise in psychiatric mental health nursing department to revise wording and content of the questions.

Pilot Study

A pilot study was conducted in order to test the reliability and validity of the questionnaire items and clarity of questions. A total of 10 participants were recruited for the pilot study. All subjects incorporated in the pilot study met the criteria for inclusion. The pilot study revealed minimal modifications in the questionnaires. Subjects included in the pilot study were excluded from the main study sample.

Procedure

A review of the past, current Arabic and English related literature covering various aspects of the problem was done, using available, text books, articles, periodicals, journals, and internet to get acquainted with the research problem and develop the study tools.

An official permission was obtained from administrative personnel to conduct the study. Explaining the purpose of the study, assured the participants about confidentiality and anonymity for participants was done by the investigator. The investigator collected the data through semi – structured interview for about 30 minutes.

Data Management and Analysis

Data was analyzed using statistical package for social science (SPSS) version 20. Numerical data were expressed as mean \pm SD and range. Qualitative data were expressed as frequency and percentage. For qualitative data, comparison between two variables was done using chi-square test. Probability (*P*-value) less than 0.05 was considered significant and less than 0.001 was considered as highly significant.

Presentation and Data Analysis

The findings of the current study will be presented in the following sequence:

Part I: Includes socio-demographic data for the study participants

Part II: It includes prevalence, types, risk factors, and management strategies of violence.

Part III: Socio-demographic data for the study participants.

Table 1: Distribution of age and gender for the study participants (n=1000)

Items	No	%
18 years-	759	75.9
26 years-	207	20.6
41 years-64 years	34	3.4
Total	1000	100
Mean \pm SD	23.8 \pm 6.5	
Male	426	42.6
Female	574	57.4
Total	1000	100%

Table 1 showed that more than three quarters (75.9%) are aged between 18 years to less than 26 years with mean age = 23.8 and SD = 6.5. As regards to participants' gender more than half of the studied sample (57.4%) was female.

Table 2: Frequencies of the study participants regarding place of residence and income (n=1000)

Items	Study participants (n=1000)	
	No	%
Place of residence		
Urban	627	62.7
Rural	314	31.4
Total	1000	100
Enough	628	62.8
Not enough	369	36.9
Total	1000	100

Table 2 revealed that nearly two thirds of the study participants (62.7%) were coming from urban areas. Moreover, the table exposed that 62.8% had enough income.

Table 3: Level of education among the studied participants (n=1000)

Items	No	%
Cannot read or write	24	2.4
Read and write	40	4.0
Primary	14	1.4
Middle	266	26.6
University	635	63.5
Post- studies	21	2.1
Total	1000	100%

Table 3 stated that, more than two thirds (63.5%) of study participants had university level education, meanwhile, only more than one quarter of them (26.5%) had middle level education.

Table 4: Marital status of the studied sample (n=1000)

Items	No	%
Single	749	74.9
Married	221	22.1
Separated	30	3.0
Total	1000	100%

As observed in table 4, about three quarters (74.9%) of studied participants were single and 22.1% of them were married.

Table 5: Occupational status among the studied participants (n=1000)

Items	No	%
Student	649	64.9
Working	232	23.2
Not working	119	11.9
Total	1000	100%

As reported in table 5 about two thirds (64.9%) of the studied participants were students. Moreover, 23.2% were working.

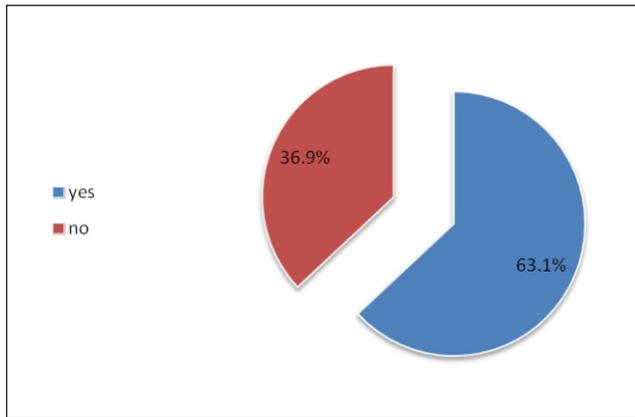


Figure 1: Prevalence of experiencing violence among the studied sample (n=1000)

Figure 1 illustrated that, near two thirds (63.1%) of studied participants experience violence through the past three months.

Table 6: Distribution of types of violence as experienced by the studied participants (n=631)

*Type of violence	No	%
Physical	73	7.3
Verbal	270	27.0
Emotional	142	14.2
Financial	85	8.5
Harassment	58	5.8
Domestic	89	8.9
Social	64	6.4
Total	781	78.1%

*The responses are not mutually exclusive

As seen in table 6, more than one quarters (27%) of studied participants experiencing verbal violence followed by 14.2% experiencing emotional violence.

Table 7: The most common types of violence among the study participants regarding gender (n=631)

	Male		Female	
	No.	%	No.	%
Physical violence	32	5	25	3.9
Verbal violence	80	12.5	200	31.25
Emotional violence	29	4.5	51	8
Financial violence	45	7	20	3.1
Harassment	6	0.9	50	8
Domestic violence	25	3.9	45	7
Social violence	35	3.9	20	3.1

Table 7, revealed that, verbal violence was the most common type of violence in relation to gender, also the table revealed that, the most common types of violence among female were verbal, emotional, harassment, and domestic violence (31.25%, 8%, 8% and 7%) respectively. The most common types of violence among male were verbal, financial, and physical violence (12.5%, 7%, and 5%) respectively.

** The results also added that, the young adult age group (18-25) was the most age group experience all types of violence.

Table 8: Frequencies of violence experience in the last three months (n=631)

Number of times experiencing violence	No	%
1-5	574	91
6-10	51	8.1
11-15	4	0.6
16-20	2	0.3
Mean \pm SD	2.8 \pm 2.4	
Total	631	100

In above table, majority of the studied participants (91%) experiencing violence from one to five times throughout the last three months.

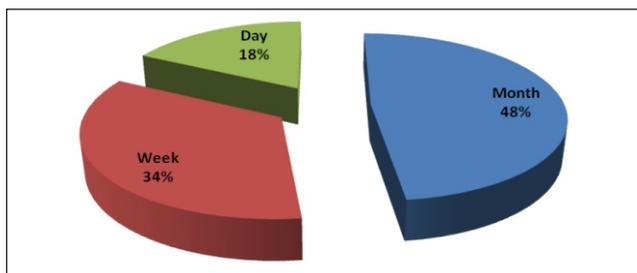


Figure 2: Distribution of last time experiencing violence by the studied sample (n=631)

Regarding figure 2, nearly half of the studied participants (48%) experienced violence form one month.

Table 9: Responses of the studied participants when experiencing violence (n=631)

*Reaction toward violence	No.	%
Hitting	217	34.4
Crying	147	23.3
Apathy	163	25.8
Aggression	256	40.6
Isolation	115	18.2
Total	898	100

**responses are not mutually exclusive*

As regards to table 9, 40.6% responded in aggressive way when experiencing violence, followed by 34.4% hitting others when experience violence.

Table 10: Risk factors of violence as perceived by the studied participants (n=631)

*Risk factors	No.	%
Bad parenting	124	19.7
Ignorance	302	47.9
Lack of civilization	204	32.3
Provocation	122	19.3
Unemployment	115	18.2
Culture and habitats	72	11.4
Total	939	100.0

**responses are not mutually exclusive*

According to table 10, 47.9% of the studied participants reported that ignorance was the main risk factor of violence followed by lack of civilization (32.3%).

Table 11: Management strategies of violence as perceived by the studied participants (n=631)

*Management strategies	No.	%
Understanding and problem solving	273	43.3
Being quite	299	47.4
Illiterate prevention	299	47.4
Religions awareness	210	33.3
Avoidances	184	29.2
High finances	197	31.2
Legal equality	25	4.0

**responses are not mutually exclusive*

In relation to table 11, 47.4% of the studied participants stated that being quite and illiterate prevention were the main management strategies of violence followed by (43.3%) stated that understanding the problem and solving management strategies to prevent violence.

DISCUSSION

The current study has three quarters of the studied sample namely adolescent and early adults and this could be related to their prevalence distribution as a majority of the Egyptian community and this age group is still emotionally immature and lacks experience in dealing with demanding situations. This goes in agreement with Zayed, Ahmed & Halawa, (2014) who declared that in their study that the mean age of the study population was 16.1 years.

Additionally, this age group (18-25) was the highest group experiencing all types of violence and this might be attributed to their availability and being in contact most of time with the external environments like universities, schools and work environment. Congruently with the Office of the Surgeon General (2001) who reported that violence statistics confirm youth between the ages of 12 and 24 are the most likely age group to be victims of violent crimes.

As violence had become a worldwide problem that threatens the lives and protection of people everywhere, this study result reported that more than half of the studied group was female and nearly half of them were male that may contribute to the nearly equal proportion of male and female in Egypt. In a similar study conducted to determine the pattern and predictors of violence among adolescent female students in a nursing school in Egypt, results stressed that, 100% of this sample of high school nursing students experienced at least one form of violence in their communities and schools. These high levels are different than those found in previous studies in other communities which showed that violence experience level was slightly near to half in Namebia, more than half in Wales and Austria respectively (Malak, 2015).

More than two thirds of participants were coming from urban regions. This result might be interpreted as, the rapid, rushing life style of urban areas may results in more violence experienced by urban people, in contrast with rural areas which seem to be calmer in nature and less stressful and having less violence. Similarly, Zayed, Ahmed & Halawa, (2014) stressed that, all violence incidences were significantly higher in students living in urban areas in contrast to rural ones with the exception of school exposure score. Additionally, they stated also in Jordan that urbanization had negative aspects including poverty, inequality, changes in family composition and the breakdown of social networks, those factors that all may donate to violence.

Verbal violence was the highest type of violence experienced by study sample, this could be related to the larger presentation of female and moreover, verbal violence was the easiest way of acting violence toward female. Contradicting to Al-Fayez, Ohaeri & Gado, (2012) who indicated that, 14.6–17.6% reported experience of psychological abuse for at least six times per year. In addition to, physical abuse was 3.4–6.4%. Even though, 58–62% and 84–87%, affirmed that they had never been psychologically or physically abused, respectively.

Regarding the experience of violence, more than two thirds of participants experience violence, majority of them has experienced it from one to five times in the last three months and nearly half of them experience it at least one month ago. These high rates highlight the significance of the problem that exist and one should raise concern about preventive measures of adolescents'

exposure to violence.

Study findings may be mainly useful within the background of recent political changes in Egypt and the surrounding region; the charged atmospheres that go together with political revolutions and lack of safety measures in schools may worsen existing adolescent violence, additionally, it is making violence as an evolving public health issue in the region.

Zayed, Ahmed & Halawa, (2014), found that, the highest median of exposure to violence has been experienced by school teachers, as teachers play an important role as educators and facilitators, however teachers sometimes use of physical punishment.

As regards to risk factors of violence, results added that nearly half of participants reported that ignorance and low level of education were the most common risk factors that may lead to violence in the Egyptian society. In difference with Zayed, Ahmed & Halawa, (2014) who stated that, students with highly educated mothers had higher score school violence. They explained this as the highly educated mothers are usually working mothers in order to increase the family income, but it can act as a source of stress on mothers as they don't have enough time for care of their children.

The results were in agreement with a study carried out by Pun et al., 2016 where families with low educated mothers were less likely to engage in acting violence. On the opposing, students whose fathers were illiterate showed higher domestic violence scores (Mohamed *et al.*, 2016). They also confirmed that physically offensive parents were less educative than their counterparts.

In congruent with the current study results regarding risk factors, (Nixon, 2014) stated that, more than half of students reported family history of violence. The physical pain experienced may cause aggressive drives with motives to harm others and thus it is anticipated that these students will be violent towards the perpetrators of such violence. Moreover, children and adolescents who witness violence between their parents are found to show greater predisposition to commit violence.

CONCLUSION

This study concluded that about two thirds of the studied participant's experienced violence. The common types of violence were verbal and emotional violence. Moreover, the study concluded that ignorance,

lack of civilization were the main risk factors and being quiet and understanding and problem solving were the common management strategies.

RECOMMENDATIONS

- Educational curricula should include violence management strategies.
- Integrate violence prevention into social and

educational policies, and thereby promote gender and social equality.

- Promote primary prevention responses.
- Increase collaboration and exchange of information on violence, implement and monitor a national action plan for violence prevention.

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