

Effect the Community Violence Exposure On The Quality Of Life For Male Adolescents

Sahar Ahmad Shafik¹ * Amal I. Fouad^{2**}

¹Assistant Professor of Community Health Nursing, Faculty of Nursing, *Helwan University, Egypt. ²lecturer in geriatric health nursing, faculty of nursing, fayoum university, Egypt.

Abstract: Exposure to community violence can seriously threaten healthy adolescent development.

The aim of this study was to evaluate the effect of Community Violence exposure on the Quality of life for male adolescents.

Design: A quasi –experimental design was used. Setting: the study was conducted in two governmental male secondary schools in Al – Zahra. Helwan distracts.

Sample: A stratified multi-stage cluster random sample was used for selection of the male secondary school. The total number of the 2nd-grade male adolescent for two schools were 200 .

Tools: data were collected by using six parts 1- Interviewing questionnaire to assess socio-demographic characteristics for students and their family ,2-students knowledge about community violence.3 - Recent Exposure to Violence Scale, 4- Quality of life scale and 6- Strengths and Difficulties Questionnaire,

Results: The study findings indicated that Nearly three-quarters of male adolescent were exposed to community violence .All the exposed male adolescent were victims direct violence while . Nearly three-quarters of them were witnessing to indirect violence during the last year. , more than one-quarter of male adolescent had poor knowledge regarding community violence exposure. Also, most of the male adolescent had a poor quality of life. Statistically, significant relation observed between male adolescent violence exposure and each of emotional symptoms, conduct problems, hyperactivity and intention , peer relation problems and pre-social behavior life ,before educational program which improved after educational program implementation.

Conclusion: The study concluded that male adolescents knowledge about community violence exposure, Quality of life and mental health problems improved after implementing the educational program. This improvement was proved statistically .

Recommendations: The study recommended that a continuous educational program for male adolescents is strongly needed to improve knowledge, Quality of life about community violence exposure and Also, Future researchers to detect the need of adolescent

Key words: Adolescents , Community violence , Mental health problems & Quality of life.

I. Introduction

Community violence is defined as deliberate acts intended to cause physical harm to a person or persons in the community .Although the direct victims are obvious, its indirect victims are far more numerous. They are affected because they are: bystanders, witnesses or familiar with victims, or are cognizant of or anxious about the potential for violence, [1] .

Community violence is widespread among settings or social groups; its consequences impact significant portions of the community over a substantial period of time .A male adolescent living in inner-cities are exposed to more violence than those living in middle- to upper neighborhoods. A male adolescent living in areas with the highest crime rates report the most violence exposure; they are also in the city's poorest neighborhoods. Although higher crime rates increase the likelihood of direct exposure to community violence, exposure occurs through various modalities (media, witness, hearsay, victimization, war/terrorism) and extends beyond urban centers, [2].

Exposure to community violence affects the overall development of adolescents, consists of being a victim of or witnessing a physical and emotional assault, and/or witnessing or committing burglaries, robberies, and/or homicides. Exposure to community violence produces negative effects on male adolescents , such as problems with academic achievement and behavior issues, including dissociation, defiance, anger, and aggression in school , [3].

Community violence exposure among adolescents may manifest into depressive symptoms, leading to feelings of helplessness, which may negatively motivation to obtain goals and maintain nonviolent behaviors, [4].

Male adolescent exposure to community violence a witnesses or victims is a significant public health problem with negative consequences for several aspects of male adolescent adjustment. Community violence exposure in male adolescent has been associated with difficulties in emotional, behavioral, and adaptive

functioning including depression, anxiety, posttraumatic stress disorder, aggression, poor academic functioning and achievement, and health problems, [5].

The quality of life defined by the World Health Organization (WHO) as “an individual’s perception of position in life in the context of the culture and value systems in which lives, and in relation to individual’s goals, expectations, standards and concerns” [6]. A male adolescent with community violence exposure is vulnerable to emotional and behavioral problems leading to poor quality of their lives, [7].

In 2000, an estimated 199 000 youth homicides(9.2 per 100 000 population) occurred globally. In other words, an average of 565 children, adolescents and young adults between the ages of 10 and 29 years die each day as a result of interpersonal violence. Community violence rates vary considerably by region, ranging from 0.9 per 100 000 in the high-income countries of Europe and parts of Asia and the Pacific to 17.6 per 100 000 in Africa and 36.4 per 100 000 in Latin America , [8].

Over 80% of a male adolescent living in urban areas have witnessed community violence; as many of 70% of them report being victims of this violence . Culture plays a role in the level of community violence to which male adolescent are exposed. Although a national phenomenon, violence is particularly acute in urban neighborhoods , [9].

School nurses act to create safe school environments by collaborating with school personnel, parents, healthcare providers, and community members. They promote evidenced-based education and programs related to violence prevention. School nurses also intervene to prevent violence and decrease the effects of violence for individual students. As with many physical illnesses that may present with subtle symptoms or symptoms that appear unrelated to the untrained eye, the effects of violence present as multi-variant patterns which can be difficult to diagnose, [10,11].

1.1. Significance of the study:

In Egypt , children and male adolescents are affected by widespread violence, exploitation , human trafficking and inadequate family care. Research by UNICEF in 2013 confirmed both a high degree of acceptance of community violence as a disciplinary method and high prevalence of violence against male adolescent with at least 80% of male adolescent aged 13-17 reporting recent exposure to at least one from community violence(physical, emotional or sexual) [12].

Community violence exposure for male adolescent is very high in Egypt

An analysis of 10 separate community violence prevalence studies by the A **National Council of population study quoted in al-Ahram** (February -7-2015) [13]. showed consistent findings: 1 in 4 man experience Community violence over their lifetimes, and between 6-10% of man suffer community violence in a given year. Nurses promote community violence prevention by advancing a peaceful school environment requires time, attention to detail, and community education. The individual, family and society all have significant roles in successful violence prevention in the community violence advancing education of the school community that builds skills in communication, problem-solving, anger management, coping and conflict resolution , [14,5].

1.2. Aim

The study was carried out to evaluate the effect the community Violence exposure on the Quality of life for male adolescent , through:

- 1- Assessing the male adolescents knowledge and quality of life to detect adolescent needs .
- 2- Developing and implementing educational program based on the previously detected needs .
- 3- Evaluating the educational program on improving the male adolescent knowledge and their Quality of life.

1.3. Study hypothesis:

Educational program may have direct or indirect on improve knowledge for male adolescents about community violence exposure and their Quality of life .

II. Subject and methods

2.1. Study design: A Quasi-experimental design was used in carrying out the study

2.2. Study Setting: the study was conducted in two governmental male secondary schools in Al – Zahraa, Helwan distracts namely: Zahraa Helwan Secondary School For Boys & Hoda Shaarawy School For Boys

2.3. Subjects:

A stratified multi-stage random sample technique was used for selection of male secondary school

First stage: The total number of governmental male secondary school in Al zahraa are (3), two were chosen randomly for the conduction of the study .

Second stage: One class from 2 grade and one from 3 grade were selected randomly from each school.

Third stage: All school students in the selected classrooms were taken, the total number of students for the two schools were 220 students according to certain criteria:

- 1- Their aged ranged between 12-≤16 years, which are considered as adolescents and education program will have great benefit for maintenance of their health.
- 2- Acceptance letter from their parents to participate in the study.

2.4. Tools of the study:

One tool were used for data collection : An interviewing questionnaire, it was constructed by the researchers after reviewing relevant literatures. The questionnaire was divided into six parts:

Part I: Included socio- demographic characteristics of students and family such as age, number of siblings , birth order, ever failed at school, student live, previous academic year scores, father and mother education ,occupation , crowding index (person/room) and social level score.

Part II: Students knowledge about community violence (meaning of community violence ,nature of community violence, types of violence) This part used before and after implementation of educational program to evaluate the effect of the program.

Scoring system: for knowledge items, a correct complete answer was scored (Two points) and a correct incomplete answer was scored (One point), while the wrong answer or don't know was given (Zero), according to male adolescent answers, their knowledge was categorized into (Good knowledge) $\geq 75\%$, (Average knowledge) $\geq 50\% - < 75\%$ and (Poor knowledge) $< 50\%$.

Part III : Recent Exposure to Violence Scale (REVS)

REVS is a child/adolescent self –report scale developed by **Singer et al at 1995** [15].It is a 22 item scale that measures the exposure to violence as both witness and victim across multiple contexts (home, at school. or in the neighborhood) in the past year excluding things the adolescents may have seen or heard about from other people or from TV, radio, the news, or the movies. The scale measuring the specific acts of violence (psychological violence, physical violence and sexual violence) with 2 subscales measuring 1) witnessed in neighborhood, at school and at home (11 items) . 2) victimized in neighborhood , at school and at home (11 items) .

Scoring system :The scale is scored on a 3-points Likert scale (0=never exposed .1=sometimes exposed.2=Almost every day). For each of the 2 subscales the score ranges from 0-22.Cut off point was selected as little/no violence exposure ≤ 7 . Moderate violence exposure 7-14 and high violence exposure ≥ 14 .

Part VI: Strengths and Difficulties Questionnaire (SDQ)

SDQ is a brief behavioral screening questionnaire for children and adolescents (from 11-17 years) developed by Robert Goodman 1999 .It is used to assess the behavioral, emotional and social problems among the students during the last six months .It enquires 25 attributes subdivided into 5 scales (emotional symptoms, conduct symptoms, hyperactivity and inattention , peer relationship symptoms and pro-social behavior) .Responses to each item are either not true, somewhat true or certainly true. For each of the 5 scales the score ranges from 1-10. Somewhat true is always scored as 1 , but the scoring of not true and certainly true varies, either 0 or 2 with the item. The total Difficulties Score is generated by summing the scores from all scales except the pro- social score. Resultant score can range from (0-40).

Part V: A Quality of Life scale (QoL) was originally developed by **Varni et al., (2006)** [16].and then adapted and translated into Arabic language to suit the level of study subjects understanding. Peds QL consists of 23 items including the following: 1- Physical functioning 8 items (difficulty in walking, difficulty in running, difficulty in doing exercise or sports, difficulty in lifting heavy things, difficulty in taking a bath or doing personal hygiene, difficulty in doing routinely chores, having pain in all body, and feeling tired when doing any little effort), 2- Emotional functioning (5 items) (feeling frightened, feeling sad, sleeping trouble, being worried of the future, and being worried for medical tests waiting), 3- Social functioning (5 items) (being alone most of time, other kids refuse him, other friends made fun of him, unable do things as others, and difficulty in playing with other friends), 4- School functioning (5 items) (difficulty in paying attention in class, school home work is hard for him, missing school due to illness, missing school to go to hospital, and his scholastic achievement level decreased). This part used before and after implementation of educational program to evaluate the effect of the program.

Scoring system:

The QOL scale (4 items) (physical functioning, emotional functioning, social functioning, and school functioning) are grouped together on the actual questionnaires then reversed scored and linearly transformed to a 0-100 scale so that higher scores indicate better QOL. To reverse score, transform the 0-4 scale item to 0-100 as follows: 0=100, 1=75, 2=50, 3=25 and 4=0.

QOL for male adolescent was classified according to their responses into (Good) (>75), average (50- <75), and (Poor) (<50).

2.5. **pilot study** was conducted on 20 students, who were excluded from the main study sample, to test the applicability of the tools. The necessary modifications were done accordingly.

2.6. **Ethical consideration:** Consent to participate in the study was obtained from parents of school students . Confidentiality was assured to all students of the study

2.7. Field work:

Official letters from the Faculty of Nursing, Helwan University were forwarded to the Ministry of Education with the aim of the study to obtain their permission to visit the schools and conduct the study.

After approval of the Ministry of Education, official letters were addressed to the directors of the schools. Each director was informed about the time and date of data collection.

Each student was interviewed individually after explaining the purpose and method of the study and obtaining his / her approval to participate in the study with confidentiality.

Content **validity** of the tools was tested by a panel of five experts in community health nursing field, and corrections were done accordingly based on their responses.

Reliability test : Cronbach Alpha Coefficient was used to ascertain the reliability of tool (II) and tool (III) $r=0.85$ for tool (III) and $-.88$ for tool

The educational program was developed based on review of related literature and assessment tools (pretest).

Data were collected during the period from January , 2016, to June 2016.

Time plan was established and the students were organized into 6 groups (30 -35 students).

The program in a school day started from 8 .00 a.m. to 2 .00 p.m. Each group of students attended 6 sessions.

The duration of each session was 20-45 minutes according to the presented items. Each session was followed by a summary of the essential program items discussed.

III. The educational program construction. Contained 3 phases:

3.1. Phase I: Preparatory phase was done by using the assessment tools after being revised and tested for general information about meaning of community violence ,nature of community violence, types of violence and Quality of life .

3.2. Phase II: Developing and implementing the program .The **general objective** of the program was to improve knowledge and quality of life for male adolescents about community violence exposure and mental health problems. The program contents covered the following major area: general information about meaning of community violence ,nature of community violence, types of violence . measures the exposure to violence as both witness and victim across multiple contexts (home, at school. or in the neighborhood) in the past year excluding things the adolescents may have seen or heard about from other people or from TV, radio, the news, or the movies. measuring the specific acts of violence (psychological violence, physical violence and sexual violence) assess the behavioral, emotional social problems and quality of life.

The methods used were lectures, discussions, brainstorming, demonstration and re-demonstration. Data show and handouts were used as teaching media.

3.3. Phase III: Evaluation was done to measure their improvement through the difference between pre-post test.

3.5. Statistical Design:

Data was analyzed using the statistical Package for Social Sciences (SPSS) version 20 . The first part of data was descriptive data, which were revised , coded, tabulated and statistically analyzed using the proportion percentage, arithmetic means, standard deviation, and range. The second part of data dealt with ,relation between different variables. The mean and standard deviation of the total score were calculated.

- 1- The arithmetic mean (X) as an average describing the center tendency of observation.
- 2- The standard deviation (SD) as a measure of dispersion of the results around the mean.
- 3- Correlation study (r) .

Degrees of Significance of the results were:

Non significant(NS) if $p > 0.05$
Significant (S) if $p < 0.05$
Highly Significant (HS) if $p < 0.01$

IV. Results

Figure (1): Frequency distribution among study sample related to class grade

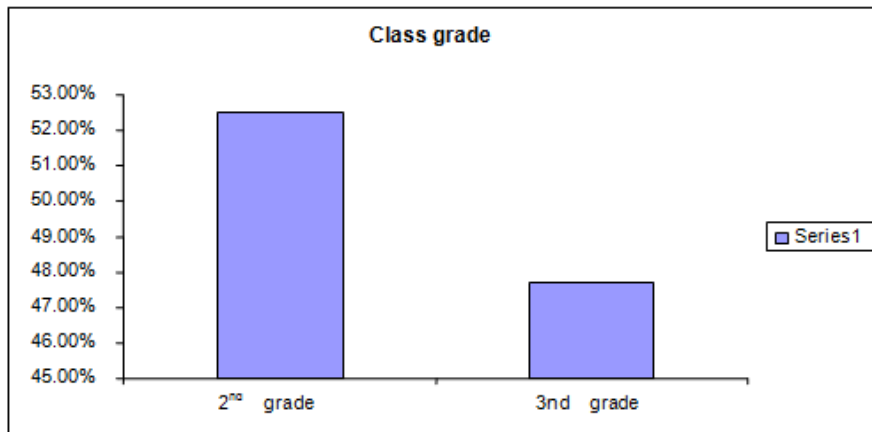


Table (1): Distribution of the Students' according to their socio-demographic characteristics.(n=200)

Characteristics	No	%
Age (Years) :		
15-	123	61.5
16 or more	77	38.5
Mean ± S.D.	14.43± 0.50	
No. of Siblings		
None	8	4.0
1-2	130	65.0
3-4	50	25.0
5 or more	12	6.0
Birth order		
1 st	102	51.0
2 nd	71	35.5
3 rd	22	11.0
4 th or more	5	2.5
Ever failed at school:		
No	180	90.0
Yes	20	10.0
Students live with :		
- both parents	72	36.00
- mother or father only	100	50.00
- Relative e.g grandparents	28	14.00
Previous academic year scores		
Failed (≤50%)	6	3.0
Satisfactory (50-≤65%)	18	9.0
Good (65-≤75%)	40	20.0
Very good (75-≤85%)	32	16.0
Excellent (≥85%)	104	52.0

Table (2): Distribution of the students according to their socio-demographic characteristics of their families (n=200).

Mother's Age (years) n=191		
30-	33	17.2
40-	138	72.4
50+	20	10.4
Mean ± S.D.	42.92 ± 5.42	
Father's Age (years)n =178		
40-	65	36.5
50+	113	63.5
Fathers education : n =178		
- Illiterate	95	53.4
- Read and write	46	25.9
- Secondary education	33	18.5
- High education	4	2.2
Fathers occupation n =178:		
- Workers	105	58.9
- Officer	52	29.3
- Retired	21	11.8
Mothers education :n=192		

- Illiterate	59	30.7
- Read and write	66	34.4
- Secondary education	53	27.6
- High education	14	7.3
Mothers occupation: n=192		
- Workers	86	44.8
- Housewives	106	55.2
Crowding Index (person/room):n=200		
≤2	66	33.0
2<4	86	43.0
4≤5	33	16.5
5+	15	7.5
Min-Max	1-5	
Mean ± S.D.	2.25±0.65	
Social level Score: n=200		
Low social level	33	16.5
Low middle social level	66	33.0
High middle social level	70	35.0
High social level	31	15.5

9 dead mothers, 22 dead fathers .

Table (3): Distribution of students according to community violence exposure during the past years. (n=200).

Item	No	%
Students community violence exposure :		
- Yes	140	70.0
- No	60	30.0
Nature of community violence exposure (n=140):		
- Direct Violence (Victimization)	104	74.3
- Indirect Violence (Witnessing)	36	25.7
Direct Violence act (n=140)		
physical	42	30.0
Psychological	90	64.3
Sexual	8	5.7
Context of victimization (n=104)		
Home .	39	37.5
School	43	41.3
Neighborhood	22	21.2
Context of witnessing (n=36)		
Home .(domestic violence)	11	30.5
School	18	50.0
Neighborhood (bullying)	7	19.5

*more than one answer is allowed

Table (4): Mean score of students' knowledge about community violence before & after the program. (n=200).

Variables		Range						Paired t-test	
		Pre	-	34.00	Mean	±	SD	t- test	P-value
Meaning of community violence	Pre	22.00	-	34.00	27.751	±	2.365	35.542	<0.001*
	Post	34.00	-	47.00	45.872	±	5.635		
Nature of community violence	Pre	29.00	-	45.00	39.020	±	3.455	29.609	<0.001*
	Post	40.73	-	55.746	49.853	±	4.268		
Types of violence	Pre	21.00	-	34.00	27.811	±	2.335	34.706	<0.001*
	Post	38.00	-	44.00	44.020	±	4.235		
Total student knowledge about community violence	Pre	57.00	-	77.00	66.376	±	4.217	29.922	<0.001*
	Post	70.00	-	121.00	89.914	±	10.236		

Table (5): Mean score of student according to their emotional , behavioral and social difficulties before & after implementation of the educational program.(n=200).

Variables	Pre			Post			T	P-value
	Mean	±	SD	Mean	±	SD		
Emotional Symptoms .	21.193	±	2.001	28.215	±	1.542	25.465	<0.001*
Conduct problems	9.249	±	1.822	18.245	±	2.354	35.456	<0.001*
Hyperactivity and inattention	2.690	±	0.959	8.224	±	3.240	13.546	<0.001*
Peer relationship problems	15.888	±	1.561	20.549	±	2.645	19.564	<0.001*
Pro-social behaviors	13.751	±	1.667	23.244	±	1.250	15.840	<0.001*
Total(SDQ) difficulties score	66.376	±	4.217	89.914	±	10.236	29.922	<0.001

T: paired t-test Statistically significant at p<0.05

Table (6): Percentage distribution of male adolescent according to their quality of life pre and post educational program implementation (n=200)

Male adolescent quality of life items	Pre program			Post program			X2	P value
	Poor	Average	Good	Poor	Average	Good		
	%	%	%	%	%	%		
Physical function	67.6	25.4	7.0	1.4	39.4	59.2	76.3	<0.001**
Emotional function	74.6	18.4	7.0	2.8	47.9	49.3	79.1	<0.001**
Social function	53.5	33.8	12.7	1.4	21.1	77.5	70.2	<0.001**
School function	74.6	21.1	4.3	4.2	35.2	60.6	81.9	<0.001**
Total Quality of life	87.4	5.6	7.0	22.5	18.3	59.2	61.0	<0.001**

Table (7) :Correlation between students personal characteristics , total knowledge score and community violence exposure

Socio-demographic items	Total Knowledge score level		community violence exposure		Total Quality of life	
	r	P value	R	P value	r	P value
Age	0.44	>0.05	0.11	>0.05	0.22	>0.05
Social level score	0.18	>0.05	0.23	>0.05	0.24	>0.05
Previous academic years scores	0.24	>0.05	0.02	>0.05	0.28	>0.05
Crowding Index(person/room)	0.15	>0.05	0.16	>0.05	0.18	>0.05

Table (8): Correlation between students community violence exposure and their emotional behavior and social difficulties

Correlation between community violence exposure and their emotional behavior and social difficulties	
R	P-value
0.622	<0.001*

Table(1) shows that the mean age of the studied male adolescent was 14.43 ±0.50 years,61.5 % of them their age 15≤ 16 years or more. Regarding the number of siblings 65.0% of them 1-2 . Concerning the birth order, it was found that 51.0 % of the studied male were the first child in their families. Regarding the student live 50.0% of them live with mother or father only .Concerning the academic years score 52.0% of them excellent scores..

Figure (1): Illustrated that 53.0% Of the student in the Second grade while 47.0 % of the student in the third grade ..

Table 2 shows that, the mean age of the studied mothers was 42.92 ±5.42 years,72.4 % of them ranged between 40- years, 34.4% of them read and write. Regarding the occupation,55.2% of the mothers were housewives . 63.5% of father age ranged 50 + years .Concerning the father education of more than thirds of them illiterates . Regarding the father occupation ,58.9% of the father workers .concerning the crowding index (person/room) , 43.0%of them ranged between 2 ≤ 4 . regarding the social level score , 35.0% of them high middle social level.

Table 3 According to research hypothesis ,illustrates students exposure to community violence in the past year . 70.0% of student were exposed to community violence.74.3% of them exposed victims to direct violence during the last year. 25.7% of student exposure to witnessing indirect violence. Regarding the direct violence 64.3% and 30.0% of them were victims to physical , psychological respectively. Minor percentage 5.7% of student reported sexual violence victimization . Concerning the context of direct violence exposure , 41.3% of the students were abused by their family members at home 37.5% of them were exposed in schools by teachers and peers and approximately 21.2% of them were victimized at neighborhood by bullies or employers. The table also reveled that schools were reported as the main context for indirect community violence exposure as reported by 50.5 % of the student . Another context of indirect violence reported by the students were homes and neighborhood (30.5% and 19.5 % respectively).

Table 4 According to research hypothesis ,explained the difference in male adolescent knowledge about community violence exposure pre and post program. As regards, the male adolescent knowledge about community violence exposure , the mean total student knowledge 66.376± 4.217 of the male adolescent had poor knowledge about community violence pre program, but improved to 89.914 ±10.236 after the implementation of the program ≤ 0.001*

Table 5 According to research hypothesis , shows that the mean 21.193±2.001 of students had emotional problems, 9.249±1.822 and 2.690±0.959 of them were abnormally conduct problems and hyperactive .The table also portrays that 15.888 ± 1.561 of students had problems regarding peer relationships and 13.751±1.667 of the students and abnormal pro social manifestation . Also this table revealed that, there was a highly statistically significant improvement in most items related to emotional , behavioral and social difficulties after implementation of the program.

Table (6): According to research hypothesis revealed that the improved the quality of life of male adolescent pre and post educational program. This improvement was statistically significant difference in total quality of life pre-post educational program $P < 0.001$

Table 7: Correlation between students personal characteristic, total knowledge about community violence exposure their male adolescent total quality of life . Shows that there was a positive correlation with statistically significant difference between the male adolescent total knowledge score level, community violence exposure and their male adolescent total quality of life score level ($P < 0.01$).

Table 8 : Correlation between students male adolescent community violence exposure and their emotional behavior and social difficulties. Shows that there was a positive correlation with statistically significant difference between the male adolescent community violence exposure and their emotional behavior and social difficulties total score level ($P < 0.01$).

V. Discussion

Adolescents are exposed to community violence through personal victimization, witnessing violent acts, and learning about violence in the community . Substantial empirical evidence has demonstrated that exposure to violence is related to internalizing behaviors such as depression and anxiety and has a negative impact adolescent physical and mental health [17].

Socio-demographic characteristics of the present study indicate that more than half of student were in 2nd grade, while less than half were in 3rd grade (Figure,1). This study was in agreement with **Abd-Elhaleem (2014) [18]**, who performed a survey about students violence are reported that two-thirds

According to the socio-demographic characteristics of the students , the current results revealed that less than two-thirds of students age > 15 years, with a mean age of 14.43 ± 0.50 years. This result was in the same line with **Atkin and Ahmad (2011) [19]**, who performed a survey about students violence are reported that the mean ages of student violence were 14.84 ± 3.22 . and the initiation of violence usually occur at an earlier age than in past, similar results were found in . **Levi et al (2012) [20]**, who reported that the age of onset of violence started between 9-18 years. Regarding a number of siblings , the present study clarified that less than two-thirds of students had one or two siblings . Regarding birth order more than half of them the first birth order . More than half of students live with mother or father only , Also , excellent of previous academic year scores. This result in line with. **Taylor (2010)[21]** .Family stability is also of great importance in the perpetuation of student violence. This is obvious from the present study. Where about around half of them were from broken families. Divorce or deaths of one or both parents were the main reasons reported for student separation from his family.

Regarding the educational level of mothers, the present study result showed that one -third of them can read and write only, while a minority of them were high education .This finding was incongruent with **.Wanke (2014) [22]**, who performed a study about adolescent violence are reported that less than two-thirds of the mothers had read and write . This may be due to more than half of students living in rural areas. Regarding mother occupation, More than half of mothers were a housewife. This finding agreed with **Datt and Parul (2014) [23]**, who found that more than two-thirds of mothers were a housewife. This could be due to the lost interest to work after being married and busy most of the time to achieve housework.

Regarding the educational level of the father, the present study result showed that more than half of them had illiterate while one-third of them was read and write. This finding was in accordance with **Wanke (2014) [22]**, who performed a study about community violence are reported that less than half of them of the father had illiterate . Regarding father occupation, more than half of them were working . This finding was in the same line with . **Alobaidi (2013) [24]**, who stated that exposure to violence is usually expected to be more prevalent in less-educated and lower socioeconomic families'. This might be due no educated people formed a large percentage of the population. On the other hand, financial may influence mental wellbeing and it has become a very subjective variable. This finding agreed with. **Dott and parcel(2014) [23]**, who found that more than two-thirds of fathers were working. As regard the social level score, one-third of them low middle social level . This results in line with. **Taylor (2010) [21]**, The majority of students exposure the violence had the low social levels. .This study was similar to another one done by **Burnham (2014) [25]**, who found that exposure to violence transcends socioeconomic status, affecting all levels of income, education, and occupation. Some research documents increased exposure to and severity of violence among lowers socioeconomic groups. The aim of the current fact sheet is to emphasize how socioeconomic factors, such as employment and education, are affected by exposure to violence.

Regarding exposure the students of violence as both witness and victim across multiple contexts (home , school, or in neighborhood) in the past year, evidence drawn from the present study revealed that approximately nearly three-quarter of the students reported exposure to community violence .This study was similar to another one done by **Finklehor et al ,(2015) [26]**. Who performed a study about trends in childhood violence and abuse exposure national surveys are reported that 60% of respondents ages 10-17 had

been exposure to community violence in the past years ,Also , **Richters and Martinez (2014)** [27]. reported that even young children in Washington , where exposure to high levels of violence , with 29% of first and second graders being victimized by some form of violence and 61% witnessing violence against someone else. In the same line **Lafta et al (2014)** [28].reported that the main type of violence reported was witnessing violence(55.4 %),exposure of friends or relatives to violence (51.4%),(exposure to witnessing or exposure to sexual assault was least reported (3.8%.) The most frequent feeling recorded was of worry (31.5%).Analysis of the feelings and behavioral changes in relation to the participants' history of exposure to violence revealed a significant association with witnessing shooting or stabbings, displacement, friends or relatives' exposure to violence, and viewing corpses. There is a high prevalence among adolescents' men of exposure to, or witnessing violence that showed an association with their mental condition, which, if proved causally, may be a leading cause for future devastating effects on their health, wellbeing and quality of life. Picture raised from the data gathered in this study suggest that nearly three-quarters and one-half of the students were victims of psychological and physical violence respectively. A minor percentage of the students reported sexual violence victimization. These percentages are an approach to that reported by **Osofsky at (2012)** [29]. Who performed a study about violent and aggressive behavior in youth are reported that 30% of adolescent had been victims of one form. Violence exposure occurs in different social contexts of adolescents lives including families and communities and often co- occurs in the form of multiple violence exposures. The home is the setting where most children first experience exposure, as either witness to or victim of violence. Data on family violence in the United States indicate that there were about 3 millions of reports of alleged maltreatment to child protective services on 2012 . with 28% of those reports being substantiated , **Osofsky (2011)** [29]. Who performed a study about violence and aggressive behavior in youth are reported that. One-third of the violence affected adolescent were directly exposed to violence at their homes. Additionally, the home was reported as the main context for indirect community violence as reported by one-third Unsurprisingly , results drawn from the current study show that approximately less than half of the violence –affected adolescents reported being exposed to high rates and various forms of direct violence in school, and also about half of them were witnessing indirect violence .In agreement . **Singer et al (2013)** [15].Who performed a study about adolescent exposure to violence and associated symptoms of psychological trauma , reported that the percentage of children and adolescent exposed to violence at school remains high. Approach figures were reported by **Flannery et al (2014)** [30].Who performed a study about exposure to violence and victimization at school .reported that 56% of the adolescent had witnessed at least one violent incident at school, while 44% of students reported that they had been a victim of violence at school. Results of the current study also indicated that nearly three- quarter of abused students reported victimization by direct violence and more than one quarter of them were indirectly witnessing violence in the neighborhood .This high present of neighborhood violence could be attributed to the political instability and conflict in Egypt since 2011According to research hypothesis concerning students ' knowledge about community violence , the current study found that the students' knowledge score was improved in relation to community violence (meaning of community violence, nature of community violence, and types of violence) after implementing the educational program. This improvement was statistically significantly different in total students' knowledge (pre – post educational program). These results agreed with **Lynch (2013)** [31].Who performed a study about the consequence of children exposure to community violence who reported that improvement in students' knowledge about meaning of community violence, nature of community violence, and types of violence) after face to face education, which achieved positive effects on awareness of students regarding knowledge of community violence . Indeed, the association of community violence exposure with mental health problems has been well documented .Research has found pervasive detrimental effects of violence exposure on the occurrence of internalizing problems(e.g, emotional problems), externalizing and behavioral problems (e.g, conduct problems, hyperactivity, and inattention) and social outcome (e.g, pro-social manifestations and peer relationship problems) across childhood and adolescence. These results agreed with **Cooley et al (2012)** ,**Schwab et al (2014)**,**Buka et al (2011)**.**Lunch (2013) &fang et al (2013)** [32, 33,34,31,35]. Consistent with prior researchers , the current study demonstrated that each of abnormal emotional symptoms, conduct problems, hyperactivity and inattention , peer relationship problems and pro-social behavior were significantly higher among youth who self – reported violence exposure. Improved after implementing the educational program. This improvement was statistically significantly different in total students' knowledge (pre – post educational program). , (Similar findings among young people of comparable age with respect to emotional disorders. Hyperactivity and intention, conduct disorder reported by **Fang et al(2013)** [35]. Adolescent's experience with violence has been linked to a Variety of negative outcomes, one of particular importance having academic success, Researchers have linked exposure to chronic abuse and violence with lower school grades. Similarly, the result of the current study proved that exposure to the community violence significant effect on students academic achievement. **The National Prevention Council at 2015** claimed that children and adolescents living in poverty are at an increased risk for violence exposure, **Goodman et al (2015)**

[36]. In accordance, findings drawn from the current study suggest that community violence exposure was significantly higher adolescent belonging to disadvantaged low social level families.

Regarding students quality of life, the current study found that, more than two-thirds of students had poor quality of life regarding to physical function (difficulty in walking, difficulty in running, difficulty in doing exercise or sports, difficulty in lifting heavy things, difficulty in taking a bath or doing personal hygiene, difficulty in doing routinely chores, having pain in all body, and feeling tired when doing any little effort) and school function (difficulty in paying attention in class, school homework is hard for him, missing school due to exposure of violence and his scholastic achievement level decreased) before program, which improved after application of the educational program. This improvement was statistically significantly different in pre-post educational program. These findings were the same line with **Al-attar and Sabir (2012)** [37]. Who performed a study about The prevalence of community violence in Erbil province, Zanko who reported that, the lowest mean scores for students regarding physical status and the school activity. This could be due to the negative impact of students on the quality of life of students especially in terms of physical well-being and school activity. The poor school activity score could be due to the students, not regular go to school due to exposure the different types of community violence. As result, they are intermittently absent from school which ultimately gave a negative impact on their school activity.

As for students emotional function, the current study found that, nearly three quarters of students had poor quality of life level regarding emotional function (feeling frightened, feeling sad, sleeping trouble, and being worried of the future) before educational program, which improved after application of the educational program. This finding supported by **Abu Shosha (2014)** [38]. Who performed a study about Needs and concerns of Jordanian student about violence who reported that psychological status score regarding quality of life for students was affected because students feel different from their peers and elaborate negative feelings toward their life. This could be indicated that the exposure the community violence may cause aching in the students general appearance leading to feeling of shame and rejection.

As for students social function score, the current study found that, more than half of students had poor quality of life regarding to social activity (being alone most of time, other kids refuse him, other kids made fun of him, unable do things as others, and difficulty in playing with other kids) before educational program, which improved after application of the educational program. This improvement was statistically significantly different in pre - post educational program. This finding supported by **Pauisri et al. (2012)** [39]. Who performed a study about Knowledge and attitude of student about violence at Srinagarind Hospital who reported that, the majority of the studied educational had poor social activity. The difference in finding after application of the educational program could be due the effect of educational program of the student knowledge.

The study finding stated that there was a positive correlation with statistically significant difference between student 'total knowledge score Level, community violence exposure and their students quality of life score level ($p < 0.001$). This finding was in agreement with **Yunak et al. (2013)** [40]. Who performed a study about Adolescents' Experiences of Living with the rural area about the exposure the violence, who reported that, there was a highly statistical significant relation between students' total knowledge score level, community violence exposure and their students quality of life score level after educational program.

The study finding stated that there was a positive correlation with a highly statistically significant difference between community violence exposure and their emotional behaviors and social difficulties score level ($p < 0.001$). This finding was in agreement with **Buka et al. (2013)** [34]. Who performed a study about Youth exposure to violence prevalence, risk, and consequence, who reported that there was a highly statistically significant relationship between community violence exposure and their emotional behaviors and social difficulties after educational program

VI. Conclusion

Based on the research hypothesis of the present study, nearly three-quarter of Students who have been exposed to community violence reported being victimized to direct community violence and witnessed indirect violence during the past year. Applying the educational program led to significant improvement of their knowledge about community violence and in addition to improving the quality of their life.

Also, a significant relation was observed between student's violence and emotional symptoms systems, conduct problems, hyperactivity and intention, peer relation problems, pro-social behavior.

VII. Recommendation

Based on the findings of this study, the following recommendations were suggested:

1. The Periodic educational program to all male adolescent about community violence prevention the educational programs will help them to deal effectively with high levels of exposure to violence.
2. 2-Synchronized intervention for male adolescent seem to be critical for helping to reduce violence and to help male adolescent to foster resilience.

3. Further researches are needed in other areas especially rural areas. To implement an educational program about community violence exposure and evaluation it is an effect.

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