

An Educational Intervention Concerning Violence Related Attitudes, Behaviors and Influences among Adolescents

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Abstract:

Background: Violence against adolescents is understood as being any sort of mistreatment of adolescents within or outside of the family environment. The aggressor inflicts light or severe damage, the causes of which can be related to individual, family, socioeconomic, environmental or cultural factors. **Aim:** The aim of this study was to investigate the effect of implementing an educational intervention concerning violence among adolescents. **Sample& setting:** Assessment was done for (500) students from seven prep-schools (one school from each educational sector) in Beni Sueif Governorate to assess violence-related attitudes and behaviors among adolescents and assess factors that lead to violence related attitudes and behaviors among adolescents. One school was selected randomly from the seven schools of seven educational sectors' to implement the program. The sample was consisted of 138 students. **Tools:** Four main tools were used for data collection; Individual Adolescent Characteristics as: Sociodemographic questionnaire, Attitude toward Violence Scale, Aggression Scale and Leisure Activity Teen Conflict Survey, Family Characteristics (Family Relationship Characteristics Scale), School Characteristics (Classroom Climate Scale) and Community Characteristics (Children's Exposure to Community Violence Scale). **Results:** The main findings of the study revealed that: Violence attitude among the studied sample was positive (>25) in 36.2%, aggressive behavior was in 24.2% among of the studied children, adolescents' views concerning school characteristic was negative (<20) in 80% of the studied adolescents, in relation to reporting of violent behavior, and prevalence of exposure to violent acts and crimes was positive (>30) among 48.2% of the studied adolescents. **Conclusion:** The program has succeeded in inducing statistically significant improvement in the study samples' attitude toward violence, aggressive behavior, and prevalence of cohesion was detected among 20% of the studied children had positive awareness toward reporting of violent behavior to school personnel after implementation of the program. **Recommendations:** The study recommended that nurses must work to increase awareness and develop the skills of both teachers and parents, to use alternatives other than the corporal punishment.

Key words: Violence, adolescents, aggression, individual adolescent characteristics, family characteristics, school characteristics, community characteristics

Introduction:

Adolescence is the period of time during which an individual transforms from a child to an adult ranging from ten to twenty-one years. The period of adolescence may be divided into three stages; early (10 - < 15 years), middle (>15 - <17 years) and late adolescence (>17-21 years) (Hay et al., 2001; and Wong et al., 2006). In the other hand, adolescence is the most dynamic period in human development. It is a time when patterns of behavior and relationships have lifelong effects on the individual, the family and the society (**McKinney et al., 2000; Stanhope & Lancaster, 2001; and Low, 2006**).

Violence may or may not be physical, and most violence in our communities isn't. The means of violence vary: there are lots of ways to harm a person. Some people have a range of means at their disposal, others have only a few. The means of violence available to the rich are different to those available to the poor. Institutions have different means available to them than private individuals. Women have different means available than men. Young people have different means available to them than adults. Most of us will use the means of violence available to us from time to time, some more than others (**Sercombe, 2002**).

Violence against children is never justifiable or acceptable. International human rights law is based on respect for every person's human dignity. Children have suffered violence at the hands of adults unseen and unheard for centuries. But now that the scale and impact of violence against children is becoming visible, they cannot be kept waiting any longer for the effective protection to which they have an unqualified right (**World Report on Violence against**

Children, 2006).

The consequences of violence against children vary according to its nature and severity. But the short- and long-term repercussions of violence can be devastating. Exposure to violence in early childhood can affect the maturing brain. Prolonged exposure in children, whether as victims of or witnesses to violence, can disrupt nervous and immune systems and lead to social, emotional and cognitive impairments, as well as behaviors that cause disease, injury and social problems. Violence can result in health-risk behaviors such as substance abuse and early sexual activity. Related mental health and social problems include anxiety and depressive disorders, impaired work performance, memory disturbances and aggressive behavior (**United Nations General Assembly, 2006**).

The link between growing up in the context of family violence and the continuation of violent behavior onto the next generation is becoming increasingly highlighted in current family violence discourse. There is also evidence to suggest that where there is violence between parents, and/or parents are violent towards a young person, there is greater risk of the young person becoming violent towards his or her parent (**Ulman & Strauss, 2003; and Bobic, 2004**). Furthermore, adolescents who abuse their parents often abuse their siblings as well (**Eckstein, 2004; and Crichton-Hill, & Meadows, 2006**).

Aim of the study:

The aim of this study was to investigate the effect of implementing an educational intervention concerning violence among adolescents.

Research Hypothesis:

The educational intervention concerning violence will have a positive effect on adolescents' attitudes and behaviors.

Subjects and Methods:**Research Design:**

Quasi-experimental research design was utilized in this study, with pre/post and follow-up assessments to evaluate the effect of implemented health educational program to improve the attitudes and behaviors of students towards violence related attitudes, behaviors and influences among adolescents.

Research Setting:

The study was conducted at public prep-schools affiliated to seven educational sectors (as one school from each sector), in Beni Sueif Governorate.

Study sample:

The study sample consisted of 500 students having violent actions, attending the prep-schools, and observed by psychologist and sociologist having violence related attitudes and behaviors. One school from each educational sector was selected randomly (seven schools). Then one class of the Modern School of Beni Sueif in City east of the Nile from each grade was chosen randomly (138 students) to apply the program, with the following inclusion criteria:

- Both sexes were included.
- Between 12-15 years old.
- Free from physical handicaps.

Tools of Data Collection:**I. Individual Adolescent Characteristics:**

- **Sociodemographic questionnaire** of the student and his/her family. It was developed by the researcher. This questionnaire includes student's name, age, and sex, as well as level of education, and marital status for parent; number of family members, number of rooms in home, presence of media in home, area of residence and school name (Questions 1-20).
- **Attitude toward Violence Scale:** It was developed by **Houston Community Demonstration Project (1993)**. It consists of 6 items, was used to measure attitudes toward violence and its acceptability, particularly in relation to fighting. Item 4 was modified and item 6 added by **Bosworth and Espelage (1995)**. Responses were measured on 5-point likert scale where the higher scores indicate a positive attitude toward violent strategies and limited use of nonviolent strategies. Point values are assigned as follows: Strongly agree = 5, Agree = 4, Neither = 3, Disagree = 2, Strongly disagree = 1. Items 2 and 5 are reverse scored. The range of possible scores is from (6 to 30). The positive value in our study was (≥ 25) where the negative value (< 25).
- **Aggression Scale:** It was developed by **Orpinas and Frankowski (2001)**. It consists of 11 items, was used to measure frequency of self-reported aggressive behaviors (e.g., hitting, pushing, name calling, threatening). Point values are assigned as, First response = 0, Second response = 1, Third response = 2, Fourth response = 3, Fifth response = 4, sixth response = 5, seventh response = 6. This scale scores are ranged between 0 and 66 points. Each point represents one aggressive behavior the student reported engaging in during the week prior to the survey. The

positive value in our study was (≥ 50) where the negative value (< 50).

- **Leisure Activity Teen Conflict Survey:** It was developed by **Bosworth and Espelage (1995)**. It consists of 10 items, was used to measure the amount of time a student spends every day in a number of leisure activities (e.g., reading, watching TV, working at the computer, doing homework). Point values are assigned as follows; 0 min = 1, 1-30 mins = 2, >30-60 mins = 3, >1-2 hrs = 4, >2-4 hrs = 5. Scores are derived by summing all responses, with a possible range of 10 to 50. Higher scores indicate higher involvement in constructive activities. The high value in our study was (≥ 25) where the low value (< 25).

II. Family Characteristics: Family Relationship Characteristics Scale: It was developed by **Tolan et al., (1997)**. It consists of 38 items, was used to measure four aspects of family relationship characteristic thoughts to distinguish risk for serious antisocial behavior; cohesion, beliefs about family, structure, and deviant beliefs. Youth are asked to indicate the extent to which they agree with various statements about their family. This measure includes four subscales assessing aspects of family relationships, including structure, cohesion, beliefs about family, and deviant beliefs. All subscales are scored by computing mean scores of the items listed, as follows; strongly disagree = 1, Disagree = 2, Agree = 3, strongly agree = 4. Cohesion includes items 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25 and 26. A maximum score of 4 indicates more cohesion among family members. Beliefs about family

include items 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10. A maximum score of 4 indicates more positive beliefs about the family. Structure, include items 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37 and 38. A maximum score of 4 indicates more family structure. Deviant beliefs include items 11, 12, 13 and 14. A maximum score of 4 indicates greater sense of deviant beliefs. The positive value in our study was (≥ 20) where the negative value (< 20).

III. School Characteristics: Classroom

Climate Scale: It was developed by the **Multisite Violence Prevention Project (2004)**, Adapted from **Vessels (1998)**. It consists of 18 items, was used to measure three components of students' perceptions of their classroom climate: Student-student relationships, student-teacher relationships, and awareness reporting. Point values are assigned as, strongly disagree =1, somewhat disagree =2, somewhat agree =3, strongly agree = 4. Point values are summed and then divided by the total number of items for each subscale. Intended range for each subscale is 1-4. Student-Student Relationships; a higher score indicates a more positive relationship among students. Student-Teacher Relationships; a higher score indicates a more positive relationship between students and teachers. Awareness-reporting; a higher score indicates a stronger awareness of the need for reporting violent incidents. The positive value in our study was (≥ 30) where the negative value (< 30).

IV. Community Characteristics:
Children's Exposure to Community

Violence Scale: It was developed by **Richters and Martinez (1990)**. It consists of 12 items, was used to measure the frequency of exposure (through sight and sound) to violence in one's home and neighborhood. Point values are assigned as follows; Never = 1, Once or twice = 2, A few times = 3, Many times = 4. Point values are summed and then divided by the total number of items. Intended range is 1-4, with a higher score indicating more frequent exposure to acts of crime and violence. The positive value in our study was (≥ 30) where the negative value (< 30).

Field work:

Agreements were taken from the directors of the schools, teachers, Psychologists and sociologists to select and collect students who behave violence acting with other students. The program took a period of 8 weeks, 1 day / week. Implementing the program took 2 months. The actual work of the program started by selecting one school randomly from the seven school sectors. The program was conducted in a classroom from each grade. The sample on which the program was implemented consisted of 138 students, who were divided into small groups consisting of 10 students (14 groups). The researcher introduced herself to students and an orientation to the program and its aim were done at the beginning of the program. Then, the data (pretest) were collected using the Arabic questionnaire. Any clarification needed for students was given by the researcher. At the beginning of the first session, an introduction about the program was done. Each session started with the summary feedback about the previous session, simple words and Arabic language were used to suit the students' level of understanding.

Educational Program:

The theoretical part of program was divided into eight sessions. Teaching continued for 8 days, each session takes 45 minutes, one session every week for two months, to complete the program contents for each class. Different methods of teaching were used as lectures, group discussions, demonstrations, re-demonstration, role playing, and problem solving methods. Suitable teaching aids were prepared and used during the program implementation such as data show, slides, and pictures. During the implementation of the program the following was used:

- CD (Compact Disc) self explanatory was used, it was given to the students.
- Handout: A booklet, developed by the researcher, was used in the educational session and given to the educated group by the researcher.

Plan of the Educational Program:

- First session includes welcome, identification between the researcher and team members, pretest, characteristics of adolescents and definition of terms related to violence.
- Second session includes factors, causes, and types of violence related - behavior and the consequences on the phenomena of violence.
- Third session deals with training about relaxation techniques on all parts of the body.
- Fourth session presents training about relaxation techniques as using of deep breathing and demonstration of the full relaxation of the body.
- Fifth session represents training about role playing (psychodrama).

- Sixth session includes training communication skills and the role of an effective dialogue with a close friend.
- Seventh session includes the self-restraint and control of anger.
- Eighth session is concerned with end of the program and post test.

Pilot Study:

A pilot study was conducted on 10 % of the study sample (prep-school students) in the Modern School of Beni Sueif in City east of the Nile, Beni Sueif educational sector. The pilot setting, selected in this thesis was included in the main study sample, but the pilot sample was not included in the main study sample in order not to contaminate the study sample. The aim of pilot study was to test clarity of language, applicability of items, and time consumed for filling in the tools' items. According to the results of the pilot study, no modifications were done on the questionnaires.

Administrative Design:

Written letters including the aim of the study were issued from the Dean of the Faculty of Nursing, Beni Sueif University, to the Directorate of Education in Beni Sueif to obtain permission to collect the research sample from schools under the Directorate, which asked the researcher to address to the Security of the Ministry of Education and the General Authority for Public Mobilization and Statistics. After these approvals have been taken a letter was sent to the Directorate of Education in Beni Sueif in order to allow the researcher to take the survey sample, after assessment conveying the educational sectors to choose one school randomly from each sector. Taking statements and approvals to

enter these schools for collecting data and follow-up was with the help of the social worker and psychologist, and managers of schools to complete the work for the best. Confidentiality of the study was assured clearly too every student participating in the study. Consent from every student before the beginning of the educational intervention was taken.

Ethical Considerations:

- Explanation of the aim of the study was done to students to obtain their permission to participate.
- The pilot study sample was not included in the main study sample.
- Subjects were assured about confidentiality of the information gathered and its use only for their benefits and for the purpose of the study.

Statistical Design:

The collected data were organized, revised, stored, tabulated and analyzed using the number and percentage distribution, statistical analysis was done by a personal computer (PC). Proper statistical tests were used to determine whether there was a significant difference or not. Using statistical package for social science (SPSS), version 12, as follows:

- Description of quantitative variables as mean, SD and range
- Description of qualitative variables as number and percentage
- Chi-square test was used to compare qualitative variables between groups.
- Fisher exact test was used instead of chi-square when an expected cell <5.
- Unpaired t-test was used to compare quantitative variable in

parametric data ($SD < 50\%$ mean) between two groups.

- Spearman correlation test was used to rank different variables versus each other positively or inversely.
- Mc Nemar's test was used to compare matched pairs before and after intervention in qualitative variables:
 - P value >0.05 insignificant
 - P <0.05 significant
 - P <0.01 highly significant

Results:

The distribution of the studied adolescents as regards attitude toward violence in **table (1)**, this shows that the prevalence of violence attitude among the studied sample was positive (>25) for 36.2 %.

The distribution of the studied adolescents as regards aggression scale in **table (2)** demonstrates that the prevalence of aggressive behavior (>50) was 24.2% among the studied adolescents.

Table (3) shows the Changes in Houston scale for violence attitude before, immediately after, and after 3 months of intervention. It indicates that statistically significant decrease in positive children's attitudes compared to before intervention, either immediately after or after 3 months by using Mc Neman's test.

Table (4): illustrates the changes in aggression scale of Orpinas before, immediately after, and after 3 months of intervention. This table shows that aggressive behavior was improved after intervention with statistically significant difference in between by using Mc Nemar's test.

The distribution of the studied children as regard family characteristic

in **table (5)**, it shows that belief score less than 20 was increased after intervention, while negative structure markedly dropped immediately after intervention with statistically highly significant difference but no significance after 3 months follow up, while structure was increased markedly with highly significant difference by using Mc Nemar's test.

Table (6): illustrates the changes in school characteristic score before and after intervention. This table shows that prevalence of Cohesion in more than 20% of the studied children had positive awareness toward reporting of violent behavior.

Table (7): demonstrates the changes in community characteristic before and after intervention. This table shows no statistically significant change in community characteristics score by using Mc Nemar's test.

Discussion:

The present study demonstrated that prevalence of violent attitudes among the studied sample accounted for more than one third of the sample. The adolescent in this life stage has more confused about beliefs and values, these may be attributed to values implemented in home as way of rearing, characteristics of this stage of rapid acting and response, moody, and fear of exposure to violence, which may lead to strong beliefs of aggressive and acceptance of violence.

This result goes on line with **Anderson et al., (2006)**, who revealed that attitudes toward violence were significantly correlated with aggressiveness ($r=0.399$, $p=0.01$). The mean score on aggression was 5.91 (scale was 0 to 16). The mean of the sum total score of violent attitudes was 31.29; scores could range from 12 to

60.

In a similar study, **Brady (2007)** highlighted that understanding attitudes toward violence and one's aggression level is important for understanding an individual's behavior. Individuals who view violence more favorably and those who have more aggressive tendencies may be inclined to certain types of behavior.

The present study findings revealed that prevalence of aggressive behavior represented almost one quarter among the studied children. This result measures frequency of self-reported aggressive behaviors (e.g., hitting, pushing, name calling, threatening) and the number of times they did that behavior during the last 7 days. This result goes on line with **Jones and Gardner (2002)**, who reported that the estimated prevalence of violence is 20 to 30% of adolescents' experience dating violence.

As regards, the prevalence of abuse it was 36.6%, and emotional, physical, sexual and combined abuse prevalence represented 12.3%, 7.6%, 7.0% and 9.7% respectively, in a study carried out by **Affi et al., (2003)**, who also showed that abuse is widely prevalent among preparatory school and secondary school children in Iknasya. Because the students in this study were selected randomly to represent the adolescent student mix, the results may be generalized to adolescent school children in Upper Egypt and those living in similar conditions. Beni Sueif is a district that is mostly rural, overcrowded and with services' availability similar to many other areas in Egypt.

The higher prevalence of physical violence than the present

study, compared with others as that of **Ez-Elarab et al., (2007)** may be due to the use of different tools and different sample characteristics. In their cross-sectional study enrolling a total of 500 elementary students from two mixed schools (private & public) 250 from each in North Cairo Educational Zone. Data collected from students, parents and teachers were: violence behavior, home and family atmosphere, peer relation, exposure to violence at school; being victimized, witness, or initiator, and other risk factors. Prevalence of different forms of violence was higher in the public school than the private one; physical violence represented 76%, and 62% respectively.

Investigating the effect of the intervention program which was applied in the present study, the results revealed significant improvement in the study sample's attitude toward violence, reduced aggressive behavior, increase in leisure activity with significant change, negative structure (family characteristics) markedly dropped after intervention with highly statistically significant difference, and prevalence of cohesion in one fifth of the studied children who had positive awareness toward reporting of violent behavior. However no statistically significant change in community characteristics. Negative family belief was increased immediately after implementation of the program "post test" as well as on "follow up test". However, negative family belief was decreased (improvement) and leisure activity score returned as before program, this may be due to the long vacation period in mid school year and no statistically significant change in community characteristics (slightly higher rate of exposure to violence in community) after 3 months of implementation of program, which

may be due to the current events of the Revolution of 25 January, 2011 in Egypt.

However, **Carter (2004)** reported that a fair amount of researches have been done on the efficacy of juvenile violence prevention programs. These successful early childhood violence prevention programs have a set of common characteristics. They attempt to ameliorate a variety of factors associated with youth violence.

Although participants of the current study affirmed that they would like to receive the information from their parents; unfortunately, the parents are unable to provide their children with sound information on how to react with violent situations, how to avoid violent situations and using relaxation technique to reduce violence. The parents and youth share the same needs, both need to know how to react with violent situation and how avoid violent situations, and both also need to be empowered to talk about these issues freely and responsibly. Clinicians and health advocates dedicated to working with adolescents can play an active part in preventing victimization by influencing research and practice, developing model prevention and intervention programs, and ensuring that public policy takes into account the youth of today as well as the youth of the future (**Johnsson et al., 2007**).

The Centers for Disease Control and Prevention (2002) identified that mentoring is the pairing of a young person with a volunteer who acts as a supportive, nonjudgmental role model. This strategy may provide children and adolescents with positive adult influences when they do not otherwise

exist. The quality of mentoring programs can vary and success depends, in part, on properly training mentors and equal participation by all parties. Research has shown that mentoring, when implemented correctly, can significantly improve school attendance and performance, reduce violent behavior, and improve relationships with parents and friends.

A number of programs have been developed to prevent violence. Most are school-based programs which use a group of formats and target students in grades 7-12. These programs typically try to change attitudes about violence and gender stereotyping, teach conflict management or problem solving skills, and frequently include activities that increase awareness and dispel myths about relationship violence. Only a few studies have empirically investigated the effectiveness of these prevention programs, several of which have shown promising results especially in increasing knowledge about violence, changing norms, and improving communication skills (**Powers & Kerman, 2006**).

The Centers for Disease Control and Prevention (2010) highlighted that universal, school-based prevention programs have been found to reduce rates of aggression and violent behavior among students. These programs are delivered to all students in a school or a particular grade and focus on many areas, including emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, and team work. Many of these programs help children learn social skills by having them observe and interact with others. Some programs incorporate didactic teaching, modeling, and role-playing

to enhance social interaction, teach nonviolent methods for resolving conflict, and strengthen nonviolent beliefs among young people.

Although many of these programs may have some impact on attitudes and beliefs related to violence, the prevention of violence requires an integrated and comprehensive approach in schools and communities. Efforts should include community collaboration, education, prevention programs, as well as treatment for perpetrators and support services for victims (**Cheng et al., 2008**).

Behaviors learned during adolescence have implications for the future, with the risk of violence and victimization patterns continuing into adulthood. Since substantial amounts of socialization among adolescents occur in the school setting, school nurses can play a central role in identifying and intervening in adolescence violence. Following competencies, school nurses can aid in this role. An example of a set of competencies is presented that covers four basic areas: scope of problem, screening and prevention, treatment, and legal/policy. Elements of each competency include: outcomes, key components, methodology, and tangibles, e.g., screening tools, copies of policies, assessment guidelines, and referral lists (**Kelley & Walton-Moss, 2003**).

Conclusion:

Based on the findings of the present study, it can be concluded that: Generally, the program has succeeded in inducing statistically significant improvement in the study sample's attitude toward violence, aggressive behavior. Negative structure markedly dropped after intervention, and prevalence of cohesion was found in 20% of the studied children having positive awareness toward reporting of violent behaviors after implementation of the program.

Recommendations: Based on the results of the study, the following recommendations can be deduced:

1. Educational programs toward violence should be implemented by the nurses, not just for students, but for the entire school community as teachers, staff and parents in order to eliminate the phenomenon of violence.
2. Nurses must work to increase awareness and develop the skills of both teachers and parents, to use alternatives other than the corporal punishment.
3. The nurse in Maternal/Child Health (MCH) centers must make efforts to evaluate children who are not in school, including homeless, incarcerated and those who have dropped out of school or have been expelled to protect them from violence and reduce their vulnerability to violence.

Table (1): Distribution of the studied adolescents as regards attitude toward violence.

Houston score	No.	%
Negative (<25)	319	63.8%
Positive (≥25)	181	36.2%
Total score (Mean ±SD)	25.4±2.1	20-30

Table (2): Distribution of the studied adolescents as regards aggression scale

Aggression scale	No	%
Non aggressive behavior (<50)	379	75.8%
Aggressive behavior (≥50)	121	24.2%
Total score (Mean ±SD)	51.6±3.3	43-66

Table (3): Changes in Houston scale for violence attitude before, immediately after, and after 3 months of intervention

Houston Score	Before	Immediately After	After 3 Months
Negative (<25)	126(92%)	137 (100%)	137(100%)
Positive (≥25)	11(8%)	0	0
P-value	-	<0.05 S	<0.05 S
Total score (Mean ±SD)	14±3.9	12±1.9	12±1.8

Table (4): Changes in aggression scale of Orpinas before, immediately after, and after 3 months of intervention

Aggression Scale	Before	Immediately After	After 3 Months
Non aggressive behavior (<50)	126(92%)	136(99.3%)	137(100%)
Aggressive behavior (≥50)	11(8%)	1(0.7%)	0
P- value	-	<0.05 S	<0.05 *
Total score (Mean ±SD)	23±9.7	16.7±4	16.4±4.9

* Statistically significant at $p < 0.05$

Table (5): Distribution of the studied children as regard family characteristic

Family characteristic scale	Before	After	After 3 months
Cohesion			
Negative (<20)	1(0.7%)	0	0
Positive (≥ 20)	136(99.3%)	137(100%)	137(100%)
Total score (Mean \pmSD)	18.4\pm4	18.5\pm5	19\pm0.4
P		>0.05NS	>0.05NS
Belief			
Negative (<20)	2(1.4%)	8(6%)	3(2.2%)
Positive (≥ 20)	135(98.6%)	129(94%)	134(97.8%)
Total score (Mean \pmSD)	35\pm4.9	30\pm5	32.7\pm4
P		<0.05S	>0.05NS
Structure			
Negative (<20)	13(9.5%)	2(1.4%)	1(0.7%)
Positive (≥ 20)	124(90.5%)	135(98.6%)	136(99.3%)
Total score (Mean \pmSD)	19\pm5.4	38\pm5.3	38.3\pm4.9
P		<0.001HS	<0.001HS

Table (6): Changes in school characteristic score before and after intervention

School characteristic scale	Before	After	After 3 months
Negative (<30)	4(2.9%)	0	0
Positive (≥ 30)	133(97.1%)	137(100%)	137(100%)
P		<0.05 S	<0.05S
Total score (Mean \pmSD)	51\pm7	55\pm5	54\pm5

Table (7): Changes in community characteristic before and after intervention

Community characteristic scale	Before	After	After 3 months
Negative (<30)	10(7.3%)	12(8.7%)	12(8.7%)
Positive (≥ 30)	127(92.7%)	125(91.3%)	125(91.3%)
P		>0.05 NS	>0.05 NS
Total score (Mean \pmSD)	118.3\pm5	18.5\pm5	18.9\pm5

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