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Substance abuse and violence among homeless youth in Fayoum governorate

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Abstract---Background: Homelessness is a global phenomenon with considerable variations. Substance Abuse and Violence are significant problems among homeless youth, compared to the general population. Aim: This study aims to assess Substance Abuse and Violence among Homeless Youth in Fayoum Governorate. Study Design: : A descriptive research design was used for conducted this study. Setting: The study was conducted in Fayoum Governorate especially the greatest streets with the aid of Atfal Bala Maawa mobile units. Sample: Convenience sample was used in this study to collect data for about 3 months. Tools: Tool I:- Demographic characteristics of homeless youth, homeless youth knowledge regarding violence, homeless youth knowledge regarding substance abuse. Tool II:- Youth Risk Behavior Survey. Results: The presenting study showed that, 55.0% of homeless youth poor knowledge regarding violence, 30% of them had average knowledge, 15% of them had good knowledge regarding violence, 45.0% of the homeless youth poor knowledge regarding substance abuse, 35% of them average knowledge and 20% of them had good knowledge regarding substance abuse, 92.8% of them carrying weapon, 71.5% of them hadn't physically forced to sexual assault, 78.5% of them trying cigarette smoking. 14.2% of them trying drinking alcohol, 35.7% of them trying using marijuana

during homeless youth life. Conclusion: The study was concluded that, the majority of homeless youth carrying weapons and had not physically forced to have sexual assault, more than half of them had poor knowledge regarding violence and less than half of them had poor knowledge regarding substance abuse, more than two thirds of homeless youth trying cigarette smoking, the minority of them trying drinking alcohol, two fifth of them using marijuana. Recommendations: The study recommended continuous Educational programs for homeless youth.

Keywords---homelessness, substance abuse, violence, youth.

Introduction

Homelessness means an individual who lacks a fixed, regular and adequate nighttime residence or living in residence that is a public or private place not designated for regular sleeping accommodation for human beings including a car, park, abandoned building, bus, train station, airport and camping ground. Conditions of homelessness vary widely, depending on whether the individual or family is in an emergency shelter, a transitional housing program and on the streets so that homelessness comes in many forms. Worldwide, in 2020 over 100 million people were homeless and over 1.6 billion people lack adequate housing [1], [2].

Youth means those in the transition period from adolescence to young adulthood, roughly ages 16 through 25. Without adequate psychological support, an estimated 50% of transition-age homeless youth continue experiencing housing instability or homelessness into adulthood [3]. According to The Annual Homeless Assessment Report (AHAR) in 2020 89 % of homeless youth were between the ages of 18 to 24. The remaining 11 % were under the age of 18.

According to The U.S. Department of Housing and Urban Development, 2020 The number of homeless people in the U.S. has gone up every year for the past four years. From a low in 2016, the number of people counted as homeless went up by about six percent by 2020. Upgrading homelessness rate from 32.1% in 2016 to 38.9 % in 2020. According to Egyptian Central Agency for Statistics and Packing (CAMPAS), 2021 Egyptian income poverty increased from 27.8% in 2015, up to 32.5% in 2018, leaving 32 million Egyptian population below the national income poverty line. The poverty rate dropped to 29.2 percent in 2019, before increasing again to about 32 percent in 2020. The outbreak of the coronavirus (COVID-19) pandemic probably contributed to the increase of the poverty rate in 2020.

Homeless youth present a serious public health issue for communities. As a result of unstable living in often dangerous places, the difficulties of surviving on the streets, a lack of access to consistent health care, homeless youth experience greater incidences of illness and injury, increased rates of sexual transmitted infections (STIs), pregnancy, substance abuse, mortality, poor nutrition, dental and periodontal disease, increased future risk of diabetes, heart disease, arthritis and musculoskeletal disorders [4].

According to the World Health Organisation (WHO), 2019 Substance abuse can be defined as the use of drugs in amounts or methods which are harmful to individuals or others. Substance abuse is common among homeless youth reaching up to twice of abusing among housed youth who are more likely to have co-occurring mental health disorders such as depression, anxiety, conduct disorders and to engage in high-risk behaviors, including risky sex. Also they are more likely to engage in violence and sexual victimization such as alcohol and marijuana abuse are associated with both committing a crime and being a victim of a crime. Substance abuse can be both a cause and a consequence of life on the streets [5], [6].

Violence is a behaviour involving physical force intended to hurt, damage or kill someone or something. Violence can take place in any environment or anywhere including the school, family, community or even in business organization. There are three classifications of violence include self-directed violence, interpersonal violence and collective violence. The modes of violence include Physical, Sexual, Emotional, Psychological, Spiritual or Religious violence, Cultural, Verbal violence include uses language whether spoken or written to cause harm to an individual [7], [8].

Community health nurses have important role in homeless youth needs Assessment and providing direct support for them through effective strategies to survive and heal from substance abuse and violence. They must increase the understanding of the prevalence of violence types, substance abuse, barriers and facilitators for homeless youth services [3]. They must understand their roles to eradicate barriers to effective practice with this vulnerable population. They assist other health professionals in screening , diagnosing, treating and rehabilitating homeless youth experiencing substance abuse disorders and perpetual violence, implement strategies to deal with subsequent health issues and help in identifying at-risk homeless youth in order to implement sustainable intervention early [9], [10].

Significance of the Study

Homelessness is affecting an increasing number of people around the world, posing a difficult challenge for governments and service providers as well as being a public health issue. There are 12 million homeless persons in Egypt. Poverty and other socioeconomic challenges beyond the individual's control, as well as migration to cities, contribute to Egypt's high prevalence of homelessness [11]. Homeless youth have higher all-cause mortality and higher prevalence of multiple morbidities, infectious diseases and disabilities [12].

Substance abuse and violence are significant problems homeless youth, compared to the general population. They frequently experience violence and abuse on the streets. Street life increases the likelihood of constantly exposing to and engage in substance abuse [13]. Violence and physical abuse were more than half (62%) of street youth under the age of 18 years in Egypt and had used drugs, while only 3% using injecting drugs, over one third (35%) consume alcohol and this was common among male than female [14]. community health nurses should be aware about health services and clinical strategies to allow

working with this population. They are working as homeless shelter staffs providing health care, participating in assessment, policy development and assurance of solving homeless youth problems especially risky behaviors including substance abuse and violence [15]. Due to the significance of this phenomenon and severity of associated risks. There are greater needs to focus on it trying to face and deal with this vulnerable group and solve their problems or decreasing its severity.

Aim of the study

The aim of this study was to assess Substance Abuse and Violence among Homeless Youth in Fayoum Governorate, through :

1. Assessing homeless youth knowledge regarding violence .
2. Assessing homeless youth knowledge regarding substance abuse .
3. Assessing youth risk behaviors regarding substance abuse and violence.

Research questions:

1. What is homeless youth knowledge regarding substance abuse ?
2. What is homeless youth knowledge regarding violence?
3. What are youth risk behaviors regarding substance abuse and violence?

Subjects and Methods

Research design

A descriptive research design was used to conduct this study.

Research setting

The study was carried out in Fayoum Governorate especially the greatest street where the homeless youth were concentrated on market places, bus, train station and the crowded traffic area with the aid of mobile units which was conducted under the direction of the ministry of social solidarity.

Subjects

The subjects of the existing study were 70 homeless youth who were selected non randomly. A convenience sample technique was used for selection of homeless youth.

Sampling technique

Convenience sample of homeless youth was used in this study to collect data for about 3 months (May\ 2021 – July \ 2021) . It consisted of 70 homeless youth, male: 49 (70%), female: 21 (30%) attending the study setting. who was chosen based on the following criteria:

Inclusion criteria

- Include homeless youth aged from 12-18 years old.
- They were able to participate .

Tools of data collection

The data for this study was collected by using the following tools

1st tool: A Structural Interviewing questionnaire: was used in the study developed by the investigator after reviewing the national and international related literature. It consisted of 3 parts:

Part I: concerned with homeless youth demographic data related to variables such as such as; age, sex, level of education, years living on the streets, place of residence, relation with family, No. of family members and reasons of homelessness.

Part II: concerned with homeless youth knowledge regarding violence such as violence meaning, causes, types, symptoms, complications and prevention of violence.

Part III: concerned with homeless youth knowledge regarding Substance Abuse such as: substance abuse meaning, causes, types, symptoms, health problem, mental and psychological problems, social problems and prevention of substance abuse.

Scoring System

Homeless youth correct answers regarding Violence and Substance Abuse were scored "one" and those wrong answers or unknown were scored "zero".

Total knowledge was classified as follows

1. Poor → < 50%.
2. Average → 50 – 75 %.
3. Good → > 75 % .

Tool 2: The Youth Risk Behaviour Surveillance System (YRBSS)

Developed by the centers of disease control and prevention in 1990 advanced to standard high school YRBS 2019 to monitor priority health risk behaviors that contributed to the leading causes of death, disease, injury and social problems among youth. The survey is conducted biannually by the center for disease control.

The investigator focused on 2 items of the survey (violence and alcohol and drug use) which include :

- Questions concerned with violence related behavior such as: If homeless youth carried weapon, days they carried gun, had someone threatened or injured you, had physical fight, physically forced to have sexual assault and to do sexual things and if they felt unsafe.

- Questions concerned with substance use such as: if they tried smoking cigarette, drinking alcohol and using marijuana, age of first trying these substance, days did they use them, number of cigarettes, alcohol drinks and times of using marijuana.

Scoring system

Violence and substance abuse measured based on homeless youth responses to questions that require (Yes or No) answers: Yes coded as 1 and No coded as 0. Youth who asked ' During past 30 days, on how many days did you.....?' coding their responses with the following scores: 1= 0day, 2= 1day, 3= 2 or 3 day, 4= 4 or 5 days and 5= 6 or more days (Baiden & Tadeo, 2020) (Baiden et al., 2021).

Youth who asked ' How many times did you.....?' coding their responses as 0 = 0times and 1= at least one times. Youth who asked ' How old were you when you had first.....?' (Age of first trying cigarette or alcohol or marijuana use). coding their responses into "0 = never", "1 = 13 years or older (early initiation)", and "2 = before age 13 (very early initiation)." (Baiden & Tadeo, 2020) (Baiden et al., 2021).

Total scoring system for The Youth Risk Behaviour Surveillance System (YRBSS)

Total scores was not calculated from these items, as the study interested in the specific issues that each single item covered. single items therefore used in the analysis.

Scoring the frequency of cigarette smoking, alcohol and Marijuana abuse: Youth who reported smoking over 10 cigarettes per day on average during the last 30 days coded as heavy smokers otherwise less than 10 cigarettes per day coded as little smokers. Youth who reported (having 5 or more drinks of alcohol within a couple of hours) was coded as high risk alcohol abusers otherwise less than 5 drinks of alcohol within a couple of hours was coded as low risk alcohol abusers . Youth who reported using marijuana more than 40 times in previous month was coded as chronic marijuana abusers otherwise less than 40 times in previous month was coded as current marijuana abusers.

Validity

The developed tool was formulated and submitted to three experts from community health nursing staff at Helwan University, Zagaziq University and Fayoum University to assess the content validity, needed modifications were done.

Reliability

To assess reliability, the study tools were tested by the pilot subject's reliability for calculating cronbach's Alpha which was knowledge 0.768 for the interview questionnaire sheet and 0.88 for Youth Risk Behaviour Surveillance System (YRBSS)tools sheet.

Ethical considerations

An official permission to conduct the proposed study was obtained from the scientific research ethics committee. Participation in the study was voluntary and subjects were given complete full information about the study and their role before signing the informed consent. The ethical considerations included explaining the purpose and nature of the study, stating the possibility to withdraw at any time, confidentiality of the information where was not accessed by any other party without taking permission of the participants .Ethics, values, culture and beliefs was respected.

Preparatory phase, It was included reviewing of past, current, national and international related literature and theoretical knowledge of various aspects of the study using books, articles, internet, periodicals and magazines to develop tools for data collection.

Pilot study

The pilot study was conducted on 10% of the study (7 Homeless Youth) to examine the clarity of questions and time needed to complete the study tools. Based on the results, no modifications were done. Subjects included in the pilot study were included from the study sample. the completion of total questionnaire took about 20 minutes.

Field work

A written approval letter was issued from Dean of Faculty of Nursing, Helwan University. The letter was directed to Heads of the Local Branch of the Ministry of Social Solidarity in Fayoum Governorate The purpose of the study and its procedure was explained to them to get their consent and cooperation. Interviewing questionnaire sheet was completed by the investigator from each homeless youth. The actual field work of the study started from the beginning of May 2021 to the end of July 2021(3months) through the academic year 2020-2021. It was done during the morning shifts and evening three days per week (Saturday, Monday and Wednesday). The researcher met every homeless youth individually at greatest streets where the homeless youth were concentrated on market places, bus, train station and the crowded traffic areas with the aid of Atfal Bala Maawa mobile units through which the researcher collected data from homeless youth who visited these units and received its services.

Administrative Item

After explanation of the study aim and objectives, an official permission was obtained from the Dean of Faculty of Nursing, Helwan University and Heads of the Local Branch of the Ministry of Social Solidarity in Fayoum Governorate asking for cooperation and permission to conduct the study.

Statistical analysis

Upon completion of data collection, data was computed and analyzed using statistical Package for the Social Science (SPSS), version 24 for analysis. The P value was set at 0.05. Descriptive statistics tests as numbers, percentage, mean \pm standard deviation (\pm SD), were used to describe the results. Appropriate inferential statistics such as χ^2 test or t test was used as well. Chi-square test (χ^2) was used for comparison between qualitative variables. Spearman correlation measures the strengths and the direction of association between two ranked variables.

Significance of the results

- Highly significant at p-value < 0.01.
- Statistically significant was considered at p-value < 0.05.
- Non-significant at p-value > 0.05.

Results

Table (1): Demonstrates the demographic characteristics of the homeless youth. Regarding homeless youth age 50% of them were between 12 : < 15 years, the mean age was 13.83 \pm 7.34. Regarding to sex 70% of them were males. Regarding homeless youth level of education 58.6% of them were not read and write, while, 37.2% of them 1-3 years living on the streets, 52.8% of them having relation with family, 82.7 % of them the number of family members \leq 5 and 77.1% of them the family poverty the main reasons of homelessness.

Figure (1): Showed that, 70% of homeless were male, while, 30% of them were females.

Figure (2): Showed that, 68.5% of homeless live in rural area, while, 31.5% of them live in urban area.

Figure (3): shows that, 55.0% of the homeless youth poor knowledge regarding violence, 30% of them average knowledge, and 15% of them good knowledge regarding violence.

Figure (4): shows that, 45.0% of the homeless youth had poor knowledge regarding substance abuse, 35% of them had average knowledge and 20% of them had good knowledge regarding substance abuse.

Table (2) : shows that, 92.8% of homeless youth carrying a weapon such as a gun, knife, or club during the past 30 days. While, 92.8% of homeless youth one day during the past 30 days, not carrying a gun, knife, or club, 71.5% of them not during the past 12 months, has someone threatened or injured them with a weapon such as a gun, knife, 57.2% of them during the past 12 months, engaged in physical fighting. Also, 71.4% of them have no physically forced to have sexual assault when they did not want to, 64.2% of them more than 6 months have forced to do sexual things that they did not want to do and 100.0% of them during the past 30 days, having feeling unsafe or presence of danger at street.

Figure (5): shows that, 85.0% of the homeless youth heavy smokers. While, 15% of them little smokers.

Figure (6): shows that, 45.0% of the homeless youth having high risk alcohol abusers. While, 55% of them having low risk alcohol abusers.

Figure (3): shows that, 65.0% of the homeless youth are current marijuana abusers. While, 35% of them are chronic marijuanas abuse.

Table (4): show that, there were highly statistically significant relation between total scores of Homeless youth Cigarette Smoking and their age, sex, level of education, Years living on the streets, place of residence and number of Family members ($p < 0.001$).

Table (5): show that, there were highly statistically significant relation between total scores of Homeless youth total Alcohol Abuse and their age, sex, level of education, Years living on the streets, place of residence and number of Family members ($p < 0.001$).

Table (6): show that, there were highly statistically significant relation between total scores of Homeless youth and total Marijuana Abuse of studied sample and their age, sex, level of education, Years living on the streets, place of residence and number of Family members ($p < 0.001$).

Table (1): Frequency Distribution of Demographic Characteristics of Homeless Youth (n=70)

Demographic Characteristics	No	%
Age:		
12 : < 15	35	50.0
≥15 : < 17	22	31.4
≥17	13	18.6
Mean ± SD = 13.83± 7.34		
level of education:		
Not read and write	41	58.6
Read and write	6	8.5
Primary education	20	28.6
Preparatory education	3	4.3
Secondary education	0	0.0
Years living on the streets		
≥1 years	10	14.3
1-≥3 years	26	37.2
3≥5 years	24	34.2
≤5 years	10	14.3
Relation with family		
Yes	37	52.8
No	33	47.2
Number of Family members:		
≥3	4	5.7
3≥5	8	11.6
≤5	58	82.7
**Reasons of homelessness :		
Death of parent	27	38.6
Divorce	20	28.5
Family poverty	54	77.1
Peer pressure	18	25.7
Maltreatment (physical abuse)	23	32.8

Maltreatment (sexual abuse)	3	4.2
Drug abuse	4	5.7

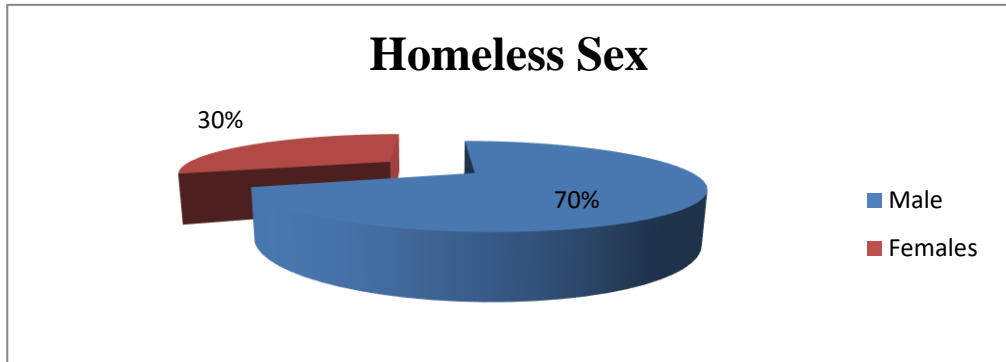


Figure (1): Frequency Distribution of Homeless Youth regarding sex (n=70)

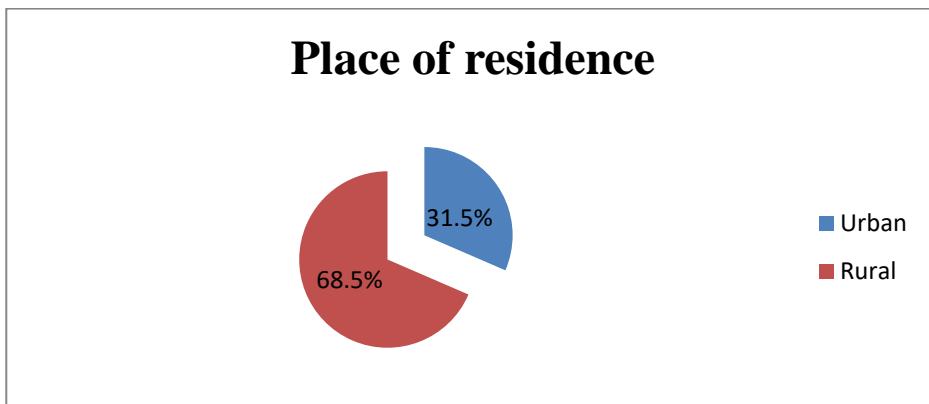


Figure (2): Frequency Distribution of Homeless Youth regarding place of residence (n=70)

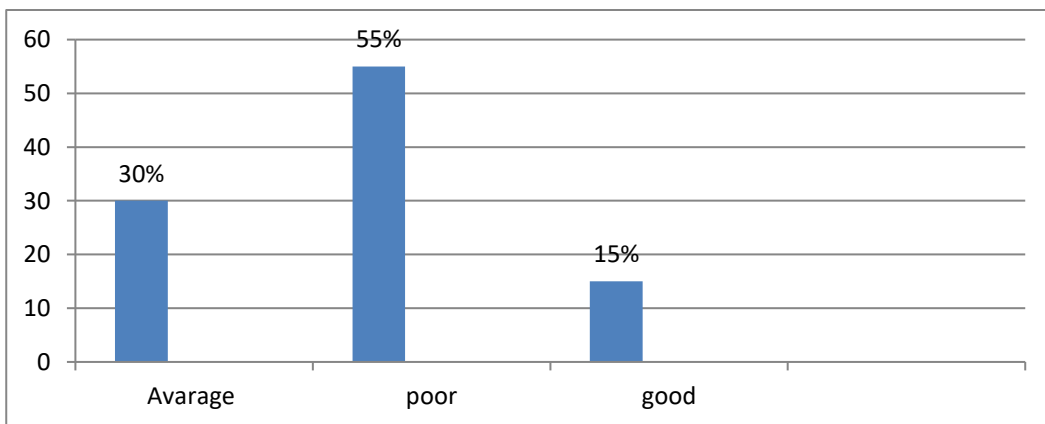


Figure (3): Homeless youth Total Score of Knowledge regarding violence (No=70)

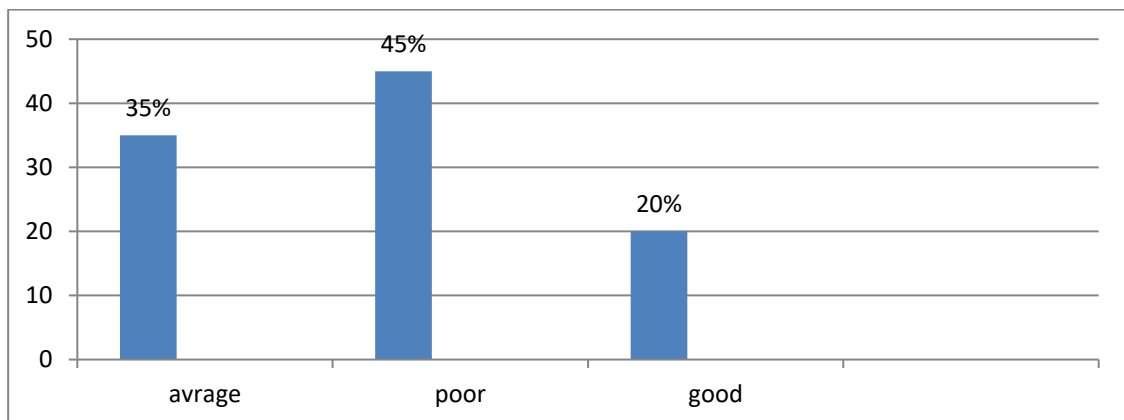


Figure (4): Homeless youth Total Score of Knowledge regarding substance abuse (No=70)

Table (2) :Frequency Distribution of Youth Risk Behaviors regarding Violence (N=70)

Regarding Violence:	YES		NO	
	no	%	no	%
1- Carrying a weapon such as a gun, knife, or club during the past 30 days.	65	92.8	5	7.2
2- During the past 30 days, days homeless youth carrying a gun, knife, or club, n=65				
0 day	5	7.2	65	92.8
1 days	5	7.2	65	92.8
2-3 days	15	21.4	55	78.6
4-5 days	19	27.1	51	78.9
More than 6 days	26	37.0	44	63.0
3- During the past 12 months, has someone threatened or injured you with a weapon such as a gun, knife?	20	28.5	50	71.5
4- During the past 12 months, were you in a physical fight?	40	57.2	30	42.8
5- Have you ever been physically forced to have sexual assault when you did not want to?	20	28.6	50	71.4
**6- During the past 12 months, how many times did anyone force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)				
No	5	7.2	65	92.8
One	30	42.8	40	57.2
2-3	50	71.5	20	28.5
4-5	55	78.5	15	21.5
More than 6	45	64.2	25	35.8
7- During the past 30 days, were you feeling unsafe or presence of danger at street?	70	100.0	0	0.0

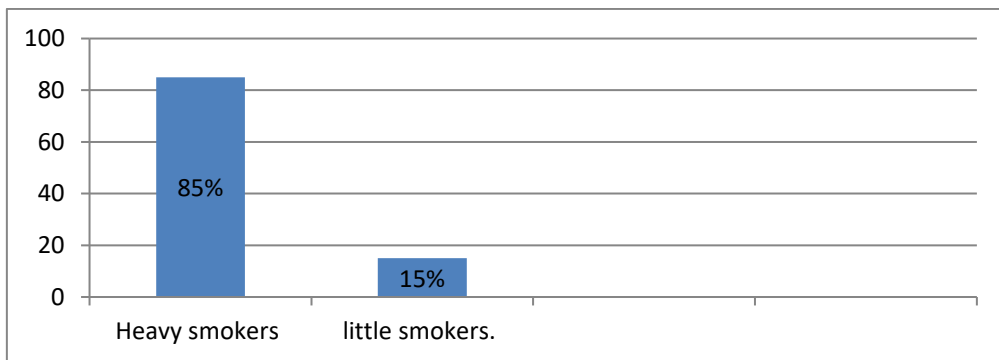


Figure (5): Total Score of risk behaviors of Homeless Youth regarding Smoking Cigarettes (No=55)

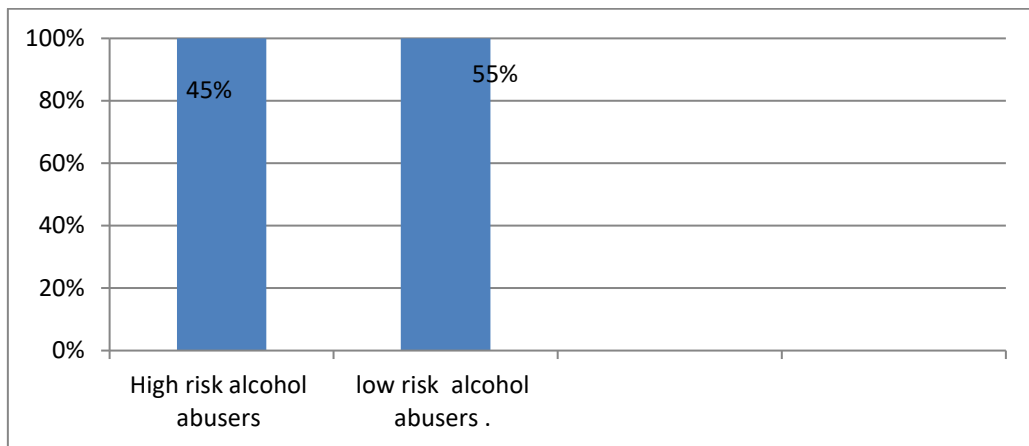


Figure (6): Total Score of risk behaviors of Homeless Youth regarding Drinking Alcohol abuses (No=70)

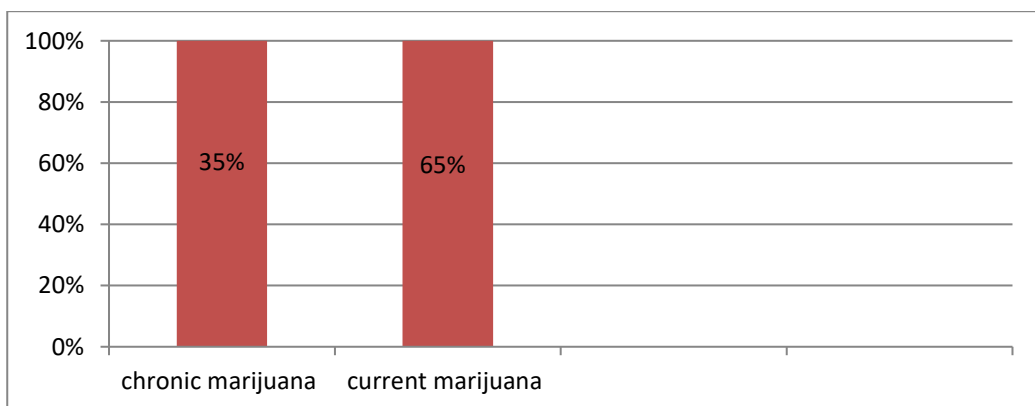


Figure (7): Total Score of risk behaviors of Homeless Youth regarding using marijuana (No=70)

Table (6): Relation between demographic characteristics of Homeless youth and total Cigarette Smoking (n=55)

Demographic data	Little Smoker N=8		Heavy Smoker N=47		X ²	P-value
	No	%	No	%		
Age						
12 : < 15	4	50.0	25	53.2	4.788	<0.001*
≥15 : < 17	3	37.5	10	21.3		
≥17	1	12.5	12	25.5		
Sex						
Male	6	75.0	35	74.5	5.910	<0.001*
Female	2	25.0	12	25.5		
Level of education						
Not read and write	2	25.0	17	36.2	6.712	<0.001*
Read and write	3	37.5	10	21.3		
Primary education	1	12.5	12	25.6		
Preparatory education	1	12.5	5	10.6		
Secondary education	1	12.5	3	6.3		
Years living on the streets						
≥1 years	1	12.5	10	21.3	5.871	<0.001*
1-≥3 years	2	25.0	25	53.3		
3≥5 years	4	50.0	7	14.8		
≤5 years	1	12.5	5	10.6		
Place of residence						
Urban	6	75.0	30	63.8	4.710	<0.001*
Rural	2	25.0	17	36.2		
Number of Family members:						
≥3	4	50.0	20	42.5	6.810	<0.001*
3≥5	3	37.5	17	36.2		
≤5	1	12.5	10	21.3		

(*) High statistically significant at p<0.001

Table (7): Relation between demographic characteristics of Homeless youth and total Alcohol Abuse (n=10)

Demographic data	Low Risk of alcohol abuse n=6		High Risk of alcohol Abuse N=4		X ²	P-value
	NO	%	NO	%		
Age						
12 : < 15	3	50.0	2	50.0	5.489	<0.001*
≥15 : < 17	2	33.3	1	25.0		
≥17	1	16.7	1	25.0		

Sex						
Male	5	83.3	3	75.0	6.564	<0.001*
Female	1	16.7	1	25.0		
Level of education						
Not read and write	1	16.7	1	25.0	4.881	<0.001*
Read and write	2	33.2	1	25.0		
Primary education	1	16.7	1	25.0		
Preparatory education	1	16.7	16	25.0		
Secondary education	1	16.7	0	0.0		
Years living on the streets						
≥1 years	1	16.7	0	0.0	5.479	<0.001*
1-≥3 years	2	33.2	1	25.0		
3≥5 years	2	33.2	1	25.0		
≤5 years	1	16.7	2	50.0		
Place of residence						
Urban	2	33.2	2	50.0	6.583	<0.001*
Rural	4	66.8	2	50.0		
Number of Family members:						
≥3	2	33.2	2	50.0	5.289	<0.001*
3≥5	3	50.0	1	25.0		
≤5	1	16.8	1	25.0		

(*) High statistically significant at $p < 0.001$

Table (8) : Relation between demographic characteristics of Homeless youth and total Marijuana Abuse (n=25)

Demographic data	Current Marijuana Abuse N=16		Chronic Marijuana Abuse N=9		X ²	P-value
	NO	%	NO	%		
Age						
12 : < 15	9	56.3	3	33.3	6.244	<0.001*
≥15 : < 17	5	31.2	4	44.4		
≥17	2	12.5	2	22.3		
Sex						
Male	10	62.5	5	55.5	7.288	<0.001*
Female	6	37.5	4	44.5		
Level of education						
Not read and write	6	37.6	3	33.4	8.542	<0.001*
Read and write	2	12.5	2	22.2		
Primary education	3	18.7	1	11.1		
Preparatory education	2	12.5	2	22.2		
Secondary education	3	18.7	1	11.1		
Years living on the streets						
≥1 years	5	31.2	3	33.4	6.034	<0.001*

1-≥3 years	4	25.0	2	22.2		
3≥5 years	4	25.0	1	11.1		
≤5 years	3	18.8	3	33.4		
Place of residence						
Urban	6	37.5	3	33.4	6.342	<0.001*
Rural	10	62.5	6	66.6		
Number of Family members:						
≥3	5	31.3	4	44.4	6.772	<0.001*
3≥5	8	50.0	3	33.4		
≤5	3	18.7	2	22.2		

Discussion

Substance abuse refers to a pattern of harmful substance use such as alcohol, marijuana, street and prescription opioids, stimulants...etc resulting in significant impairments. Its negative effects damage the youth population more severely as compared to stably housed counterparts because of their high-risk behaviors [16].

Homeless youth 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]. Therefore, the study was conducted to assess Substance Abuse and Violence among Homeless Youth in Fayoum Governorate.

According to the demographic characteristics of the homeless youth, the current study revealed that, half of them age between 12 < 15 years, with a mean age of 13.83± 7.34 years. This result was in the same line with Kay et al., [18]. The study conducted in Turkey about "Contributing factors to aggressive behaviors in homeless youth in Turkey". who performed a survey about homeless youth are reported that the mean ages of homeless youth were 13.84± 3.22. From the researcher point of view, the school age is the average age of being homeless among homeless youth in Egypt.

Regarding homeless youth sex, the present study clarified that the majority of them had male. Regarding homeless level of education more than half of them not read and write. Also, regarding years living on the streets one thirds of them live in street between 1 ≥ 3 years. This result in line with Robers et al., [19]. The study conducted in U.S. about "Indicators of homeless crimes and safety" who found that, 70% of them had male. Regarding homeless level of education 60% of them not read and write. Also, regarding years living on the streets 38% of them live in street between 1 ≥ 3 years.

Regarding the homeless youth place of residence, more than two thirds of them live in rural area and more than half of them have relation with family. Also, regarding to number of family members the majority of them the family members

more than ≤ 5 and more than two thirds of them the reasons of homelessness due to family poverty. This finding was agree with Hutchinson & Albanese [20]. The study conducted in Morocco about “Needs to know Including single homelessness in Joint Strategic Needs Assessments”. Found that, 70% of the study sample live in rural area, 85% of them the family members more than 6 persons and 89% of study sample the reasons of homelessness due to family poverty and divorce of parent. From the researcher point of view, the reasons for the increase in the number of homeless youth are poverty and the high number of divorces especially in rural areas in Egypt.

Regarding to total score knowledge regarding violence, shows that, more than half of homeless youth had poor knowledge regarding violence. while, one thirds of them had average knowledge and the minority of them had good knowledge regarding violence. This finding was agree with, Finlayson et al., [21]. The study conducted in London about “How Homeless Health Peer Advocacy Reduces Health Inequalities.” found that ,55.0% of the homeless youth poor knowledge regarding violence , 30% of them average knowledge and 15% of them good knowledge regarding violence. From the researcher point of view, the homeless youth need participate the educational program to improved the knowledge regarding violence to decrease the phenomena of violence in Egypt.

Regarding to total score knowledge regarding substance abuse, shows that, less than half of homeless youth poor knowledge regarding substance abuse, one thirds of them average knowledge, and one fourth of them good knowledge regarding substance abuse. This finding was agree with, Cornes et al., [22], the study conducted in England. London about “personalization and the new eligibility regulations: a discussion paper about the future of care and support services for homeless people, found that, 45.0% of the homeless youth poor knowledge regarding substance abuse , 35% of them average knowledge and 20% of them good knowledge regarding substance abuse. the investigator point of view, due to the psychological state of homeless youth, family disintegration and their presence on the street for long periods, as well as the low level of education leads to a poor in youth knowledge about the dangers of addiction.

Regarding homeless youth risk behaviors regarding violence, the present study shows that, the majority of homeless youth carrying a weapon such as a gun, knife, or club during the past 30 days. Also, the majority of homeless youth one days during the past 30 days, days homeless youth not carrying a gun, knife, or club, and not during the past 12 months, has someone threatened or injured you with a weapon such as a gun, knife , the study agree by Sampson et al., [23], the study conducted in Bangladesh about “Neighborhood and Violent Crime: A Multilevel Student of Collective Efficacy “found that , shows that, 92.8% of homeless youth carrying a weapon such as a gun, knife, or club during the past 30 days. While , 92.8% of homeless youth one days during the past 30 days, days homeless youth not carrying a gun, knife, or club, 71.5% of them not during the past 12 months, has someone threatened or injured you with a weapon such as a gun, knife. From the researcher point of view, Risk factors are characteristics within the homeless or conditions in the family, school or community that increase the likelihood youth will engage in unhealthy behavior such as: the use of alcohol, tobacco and other drugs, violence, suicide, or early

sexual activity. The more risk factors present in a youth life, the greater the likelihood problems will develop in adolescence.

Regarding homeless youth risk behaviors regarding violence, the present study shows that, more than half of them during the past 12 months, were engaged in a physical fight. Also, the majority of them no physically forced to have sexual assault when you did not want to, more than two thirds of them more than 6 months did anyone force them to do sexual things that you did not want to do and all of them during the past 30 days, were you feeling unsafe or presence of danger at street, the study agree by Dryfoos [24], The study conducted in Oxford University Press, New York about "Adolescents at Risk, Prevalence and Prevention." found that, 57.2% of them during the past 12 months, were you in a physical fight. Also, 71.4% of them no physically forced to have sexual assault when you did not want to, 64.2% of them more than 6 months did anyone force them to do sexual things that they did not want to do and 100.0% of them during the past 30 days, were you feeling unsafe or presence of danger at street. From the researcher point of view, explained as violence has a negative effect on the homeless youth health either short term or long term. Effects as a result of exposure to physical violence can lead to destroy their live and leave affects continue with them in the future

Regarding total Score of risk behaviors of homeless youth regarding smoking cigarettes, the present study revealed that, the majority of the homeless youth heavy smokers. While, the minority of them little smokers The study agree by US DHSS [25]. The study conducted in USA about "Reducing Tobacco Use about homeless children" shows that, 85.0% of the homeless youth heavy smokers. While, 15% of them little smokers. From the researcher point of view could be explained as neglect ion can be damaging a youth experiences and can change their thought processes, a youth suffering from neglecting has a poor relationship, attachment or little interaction with a parent and increase chance of youth to escaping from homes and tend to loss of security and confidence.

Regarding total score of risk behaviors of homeless youth regarding drinking alcohol abuses, the current study revealed that, Less than half of the homeless youth are high risk alcohol abusers. While , more than half of them are low risk alcohol abusers, the study agree by Rickert et al., [26], the study conducted in Iran about". Homeless health needs audit." The study shows that, 45.0% of the homeless youth high risk alcohol abusers. While, 55% of them low risk alcohol abusers.

Regarding to total score of risk behaviors of homeless youth regarding using marijuana, the present study revealed that, more than two thirds of the homeless youth current marijuana. While, one thirds of them chronic marijuana. The study agree by Wenzel et al., [27]. the study conducted in Pakistan about "network correlates of alcohol, cigarette, and marijuana use among homeless youth". Drug and alcohol dependence shows that, 65.0% of the homeless youth current marijuana. While, 35% of them chronic marijuana.

The study finding stated that there were highly statistically significant relation between total scores of Homeless youth Cigarette Smoking and their age, sex,

level of education, Years living on the streets, place of residence and number of Family members ($p = <0.001$). This finding was in agreement with Patrick et al., [28]. The study conducted in Italy about "Daily Reports of Positive and Negative Affect and Alcohol and Marijuana Use Among homeless youth and Nonstudent Young Adults" found that, there were highly statistically significant relation between total scores of Homeless youth Cigarette Smoking and their age, sex, level of education, Years living on the streets, place of residence and number of Family members ($p = <0.001$).

The study finding stated that, there were highly statistically significant relation between total scores of homeless youth total alcohol Abuse and their age, sex, level of education, years living on the streets, place of residence and number of Family members ($p = <0.001$). This finding was in agreement with Murphy et al., [29]. The study conducted in USA about "Relationships of brief measure of youth assets to health –promoting and risk behaviors." Found that, there were highly statistically significant relation between total scores of homeless youth total alcohol abuse and their age, sex, level of education, years living on the streets, place of residence and number of Family members ($p = <0.001$).

The study finding stated that, highly statistically significant relation between total scores of homeless youth and total Marijuana Abuse of studied sample and their age, sex, level of education, Years living on the streets, place of residence and number of family members ($p = <0.001$). This finding was in agreement with Commerci, et al., [30]. The study conducted in China about "Prevention of Substance Abuse and Marijuana Abuse in Children and Adolescents" found that, highly statistically significant relation between total scores of Homeless youth and total Marijuana Abuse of studied sample and their age, sex, level of education, Years living on the streets, place of residence and number of Family members ($p = <0.001$).

Conclusion

Based on the study finding and research hypothesis it can be concluded that:

More than half of homeless youth had poor knowledge regarding violence and less than half of homeless youth poor knowledge regarding substance abuse. Also, the majority of homeless youth carrying weapons and had not physically forced to have sexual assault but more than two thirds of them had forced to do sexual things more than 6 times.

The present study revealed that, more than two thirds of homeless youth trying cigarette smoking, the minority of homeless youth trying drinking alcohol, more than one third of homeless youth using marijuana during their life. There were highly statistically significant relation between total scores of Homeless youth Cigarette Smoking, Alcohol Abuse and total Marijuana Abuse and their age, sex, level of education, Years living on the streets, relation with family, place of residence and number of Family members ($p = <0.001$).

Recommendations

On the basis of the result of the study, the following recommendations' are suggested:

- Educational programs for increasing awareness regarding health risks of drug abuse among homeless youth should be applied.
- Educational program to improve knowledge regarding violence among homeless youth is important.
- Behaviour modification programs to control substance abuse and violence among homeless children should be applied.
- More researches are needed for studying negative effects of violence among homeless youth. Also researches needed for studying factors precipitating substance abuse and violence among this group.

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