Dissociative Experiences and its relation to Violence among Port Said Faculty of Nursing Students

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Abstract

Background: Dissociation, intense grief, anger, and survivor's guilt are common responses as people split off mentally, physically, and emotionally from the source of the violence**.** Violence and dissociation in a cross-cultural perspective examines the psychological, sociological, political, economic, and cultural aspects of violence and its consequences on people around the world. **Aim:** Current study aimed to investigate the relation between dissociative experiences and violence, among student nurses. **Materials and method:** A descriptive correlational research design was utilized, as all students' nurses who enroll in the first, second and third levels at Port Said Faculty of Nursing, Egypt (460 students) were participated in the study. **Tools of data collection**: Included socio-demographic characteristics of the studied subjects, dissociative experience scale and violence scale**. Results:** student nurses had high level of dissociative experiences, and more than half of student nurses had moderate violence, with a higher mean score for indirect violence. **Conclusion:** the study finding concluded that a   statistically significant positive correlation was detected between overall violence & dissociative experiences, also a statistically significant positive correlation was detected between the indirect, physical violence and dissociative experiences. **Recommendations:** recommendations for clinical applications include routine screening of offenders among adolescents to detect the dissociative symptoms early and adequate consideration should be given to detect the–dissociation disorders in the development process and implement violence prevention and management programs.

Keywords: Dissociative Experiences, student nurses, Violence

Introduction

Nursing students who were exposed to violence during clinical practice experienced practical and academic stress. Nurses should be aware that violence is an ethical problem concerning respect for human dignity **(Bahadır-Yılmaz, 2021)**. **Hallett**, **Wagstaff, & Barlow (2021)** noted that violence and aggression cause significant problems for nursing staff and students working across healthcare, universities have a responsibility to students; this includes preparing them adequately to manage aggression, and ensuring reporting is easy to do

and adequately dealt with. A majority of students who responded to the survey had experienced non-physical aggression in the past year (81%), over half had experienced physical aggression (56%) and more than one in three had experienced sexual harassment (40%).

Nursing students are often not prepared for handling aggressive behaviors. that there is a high prevalence of violence experienced by student nurses that can have significant emotional consequences. There is scope to provide more training and support for them to deal with frequent incidents of violence and exacerbate a student's negative view of the

profession **(Hunter, Eades, & Evans, 2022).** Understanding the experiences of nursing students in response to violence as an important issue because their clinical placement experience will influence their choices for postgraduate employment **(Tee,Uzar Ozcertain & Russell- Westhead, 2016).**

Workplace violence experienced by nursing students: a UK survey. **Nurse Educ Today 2016; 41:30–5** student nurses were exposed to mul-

From a behavioral perspective, dissociation is an avoidant behavior precipitated by difficult life events such as abuse or neglect in childhood. Psychological inflexibility had been proposed as a mechanism carrying the relationship between adverse childhood experiences and their negative consequences. Psychological inflexibility had a meditational effect on the positive association between childhood experiences and dissociation. Post hoc analyses, using a parallel mediations model, revealed cognitive fusion mediated the relationship between childhood experiences and dissociation, whereas experiential avoidance did not show that **(Parfaita, Sease, & Sandoza , 2022).**

Dissociation may allow perpetrators of violence to remain emotionally distant from their behavior and minimize empathy toward those they victimize, enabling them to commit acts of violence similar to their own experiences. Indeed, elevated rates of dissociation and dissociative disorders have been found among people around the world. Responses to violence could be both unique according to a person's culture and similar to the experiences of others around the world. Dissociation, intense grief, anger, and survivor's guilt are common responses as people split off mentally, physically, and emotionally from the source of the violence **(Webermann, Brand, & Chasson, 2014).**

About 50% of the general population have had at least one transient experience of depersonalization or derealization in their lifetime. However, only about 2% of people ever meet the criteria for having depersonalization/derealization disorder **(Spiegel, 2021).** Individuals with dissociative experiences sometimes describe dissociation as "losing time," which causes memory gaps that could last minutes to days or to years **(Snyder, 2021).**

Significance of study

The meta-analysis of 31,905 college students includes 12 studies diagnosing dissociative disorders and 92 studies measuring dissociation with the dissociative Experiences Scale. Prevalence rates were used to separately test the plausibility of the Trauma Model and the Fantasy Model of dissociation. Results show 11.4% of students sampled meet criteria for dissociative disorders, which is consistent with the prevalence of experiencing multiple (types of) trauma during childhood (12%), but is not consistent with the very low prevalence expected from the role of fantasy-proneness proposed in the Fantasy Model. Dissociative experiences scale scores varied significantly across the 16 countries and were not higher in North America, but in countries that were comparatively unsafe **(Kate, Hopwood, & Jamieson, 2019).**

To avoid misdiagnoses, clinicians and nurses should receive more systematic training in the assessment of dissociative experiences, enabling them to better understand subtle differences in the quality of symptoms and how dissociative and non-dissociative persons report them. This would lead to a better understanding of how persons with and without dissociative experiences report the core dissociative symptom. Some guidelines for a differential diagnosis are provided **(Pietkiewicz, Banbura-Nowak, Tomalski, & Boon. 2021).**

Accurate clinical diagnosis affords early and appropriate treatment for the dissociative disorders. The difficulties in diagnosing dissociative disorders result primarily from lack of education among clinicians about dissociation, Treatment should always be individualized, and clinicians must use their judgment concerning the appropriateness for a particular patient of a specific method of care in

light of the clinical data presented by the patient and options available at the time of treatment. This dissociative or traumatic–dissociative dimension, when associated with other disorders, has been hypothesized and partially demonstrated to worsen prognosis and lead to specific therapeutic difficulties **(Aadil, & Shoaib, 2017).** Possible links between dissociation and violent behavior are explored. So, the present study aimed to investigate the relation between violence, and dissociative experiences among student nurses.

Aim of the study

The current study aimed to investigate the relation between violence, and dissociative experiences among Port Said Faculty of Nursing Students

Research objectives

1. Determine the levels of violence among student nurses.
2. Assess the student nurses' levels of dissociative experiences
3. Detect the relationship between violence, and the dissociative experiences among student nurses.

Method
Research design
Descriptive correlational research design was utilized to investigate the relation between violence, and the dissociative experiences among the student nurses.

Setting

The present study was conducted at the faculty of nursing, in Port Said university, Egypt.

Participants

All students' nurses who enroll in the first, second and third levels at the Faculty of Nursing in Port Said university during the year 2021/2022 were (460 students) which all included in the study sample

Tools of data collection

Three Tools were used in the present study as the following: -

Tool I: Socio-demographic Characteristics of the Studied subject

This tool collect data about the age, gender, residence, number of family members, monthly income, family type, relation with their mother, father, and mother personality traits.

Tool (II): Dissociative Experience Scale (DES)

The Dissociative Experiences Scale is a brief, self-report measure of the frequency of dissociative experiences. The scale was conceptualized as a trait measure (as opposed to a state measure) and its inquiries about the frequency of dissociative experiences in the daily lives of subjects, as, 1% (Rarely) 2% (Sometimes), &3% (Always). There are 28 questions. This tool was developed by (Carlson, & Putnam, 1993) which consist of 28 questions.

Disclaimer: This self-assessment tool is not a substitute for clinical diagnosis or advice.

Scoring System

The average of all the answers is the DES score, giving a maximum of 100. The questions are scored by dropping the zero on the percentage of each answer, e.g., 30% = 3; 80% = 8, these numbers are then added up give a total. The total is multiplied by 10 then divided by 28 (the number of questions) to calculate the average score.

Dissociative Experiences Scale Scores High and Low DES Scores High levels of dissociation are indicated by scores of 30 or more, scores under 30 indicate low levels.

Tool (III): Violence Scale

This tool was developed by **(Shoker, 2005).** Aimed to measure violence as experienced by student nurses, with 48 statements grouped into three domains as follows: 1) Indirect violence (22 items); 2) Verbal (11 items) ; 3) Physical (15 items).

Scoring System

The Violence Scale is a 4-point Likert scale. Selections ranged from 'strongly agree' (3), "sometimes agree" (2), "neutral" (1), " and strongly disagree" (0). Higher scores indicated a high level of violence. To estimate the levels of violence divided by the total scores of high level (71-107), moderate violence (36 -70), and mild violence (0 - 35). Cronbach's alpha coefficient scale was 0.855.

Data collection

Data was collected in four days/week and the time of the data collection lasted for three months from the beginning of October to the beginning of January 2021/2022. The researchers met student nurses according to their time schedule and distributed the study tools to them. Consequently, some students filled the tools in the time of distribution and others returned the tools after a while. The tools required 45 minutes to be filled out by each student nurse.

Ethical considerations

Official permission was granted from the Vice Dean of Port Said Faculty of Nursing in order to conduct the study. From the study subjects, verbal and written consent were attained. The anonymity of the participants was assured and maintained. No coercion or pressure was applied on the participants and no risk or burden was imposed upon them. Clarification of the confidentiality of data gathered was declared to be used for research purposes only. All participants are informed about their right to refuse participation in the study or even to withdraw from it at any time.

Pilot Study

Forty-six student nurses representing 10% of the 460 were randomly recruited before the beginning of the data collection to ascertain the clarity and applicability of the tools, as well as to allocate the time needed to fulfill them. Participants in the pilot study were excluded from the study's sample to assure the stability of the responses. After obtaining the results of the pilot study, the necessary modifications were done. The ambiguous items were omitted, other items were added and others were modified according to the students' responses. The final form was then developed.

Statistical analysis

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0. **(**Armonk, NY: IBM Corp**)**. Qualitative data were described using number and percent. The Kolmogorov-Smirnov test was used to verify the normality of distribution. Quantitative data were described using mean and standard deviation. Significance of the obtained results was judged at the 5% level.

The Statistically Tests used during data analysis
1 - Chi-square test
For categorical variables, to compare between different groups
2 - Fisher's Exact or Monte Carlo correction
Correction for chi-square when more than 20% of the cells have expected count less than 5
3- Pearson coefficient
To correlate between two normally distributed quantitative variables
4 – Regression
To detect the most independent/ affecting factor for affecting Dissociative Experiences Scale.

Results

Table 1 illustrates the Socio demographic data of the studied student nurses. The table indicate that 65.7% of the studied student nurses were female, the largest percentage of the studied student nurses (54.1%)

were in the age group ranging between 18 to less than 20 years old, 79.6% lived in urban area, 59.3% have three to five family members. The table showed that 80.2% of the subjects had insufficient income, 62.8% had good relationship with their father, almost all the subjects 97% had good relationship with their mother. About half of student nurses (48.7%) were shy during their childhood period.

Table 2 showed the distribution of the studied student nurses according to the overall violence scale. It was noticed that 57% of student nurses had moderate violence, with a higher mean score for indirect violence equal 28.20 ± 8.48.

Table 3 showed distribution of the studied student nurses according to overall of dissociative experiences scale. The table highlighted that 95.9 % of the student nurses had high level of the dissociative experiences, with a higher mean score equal 27.58 ± 14.63.

Table 4 reveals a significant positive correlation between dissociative experiences scale and violence scale. The table also depicts a statistically correlation between indirect, physical violence and dissociative experiences. On other hand, highly statistically significant positive correlation was detected between overall violence & dissociative experiences.

Table 5 reflects a significant relation between Overall Violence and the following socio demographic variables; gender with P value equal (<0.001*), Residences (P value 0.011*) Also, monthly income not enough with (P value <0.001*) with a higher mean score for nurses who from nuclear family type with p equal <0.001*, Moreover, the table reveal a significant relation between overall violence and father relationship with (P value 0.018*). Finally, a significant relation were noticed between overall violence and the higher mean score of student nurses with shy during childhood experiences with (P value <0.001*).

Table 6 reflects a significant relation between dissociative experiences and the family monthly income with (P value 0.022*). Moreover, the table reveal a significant relation between dissociative experiences and father relationship with (P value 0.045*). Finally, a significant relation between dissociative experiences and the higher mean score for student nurses with shy childhood experiences with (P value <0.003) *

Table 7 showed significant relation between student nurses dissociative experiences scores and socio–demographic data. Also, this table displays the best fitting linear regression model which examining these relations. The findings also showed that the best predictors of student nurses dissociative experiences and their family monthly income (coefficients -2.885, P < 0.065). It is clear from the table that there is a relation between student nurses dissociative experiences among who are suffering from shy during childhood period, and the indirect violence with (P 0.022* and 0.022* respectively).

Table (1): Distribution of the studied student nurses according to their Socio demographic data (n = 460)

Q	Socio demographic data	No.	%
1	**Gender**		
	Male	158	34.3
	Female	302	65.7
2	**Age (years)**		
	18 - <20 years	249	54.1
	20 years and more	211	45.9
3	**Residence**		
	Urban	366	79.6
	Rural	94	20.4
4	**Family number**		
	Less than 3	18	3.9
	From 3 to 5	273	59.3
	More than 5	169	36.7
5	**Monthly Income**		
	Enough	68	14.8
	Not enough	369	80.2
	Enough and more	23	5.0
6	**Family type**		
	Nuclear family	347	75.4
	Extended family	113	24.6
7	**Father relation**		
	Good	289	62.8
	Not good	167	36.3
	Die	4	0.9
8	If answer is not good, please answer the following questions (n = 167)		
	permanent tanning	41	24.6
	Dictatorial despot	46	27.5
	Doesn't fulfill my desires	50	29.9
	Love my brother more	12	7.2
	Others	18	10.7
9	**Relationship with mother**		
	Good	446	97.0
	Not good	12	2.6
	Die	2	0.4
10	**Mother personality**		
	kindness	339	73.7
	Severe mood	90	19.6
	Despotic	2	0.4
	Controlled	25	5.4
	Prefer isolation	4	0.9
11	**During childhood you suffer from**		
	Fear	71	15.4
	Shy	224	48.7
	Abundant compliance and per severance	70	15.2
	Feeling miserable	54	11.7
	No problems	39	8.5

Table (2): Distribution of the studied nurses according to overall of Violence scale (n = 460)

Violence scale	Mild violence		Moderate violence		Severe violence		Total score	% Score
	No.	%	No.	%	No.	%		
Indirect violence	33	7.2	285	62.0	142	30.9	28.20 ± 8.48	42.72 ± 12.85
Verbal violence	331	72.0	104	22.6	25	5.4	5.35 ± 5.29	16.22 ± 16.03
Physical violence	329	71.5	112	24.3	19	4.1	7.85 ± 6.68	17.46 ± 14.86
Overall Violence scale	**179**	**38.9**	**262**	**57.0**	**19**	**4.1**	**41.40 ± 16.65**	**28.76 ± 11.56**

SD: Standard deviation

Table (3): Distribution of the studied student nurses according to overall of Dissociative Experiences Scale (n = 460)

Dissociative Experiences Scale - II	No.	%
Low <30	19	4.1
High ≥30	441	95.9
Total score	41.89 ± 7.90	
% Score	27.58 ± 14.63	

SD: **Standard deviation**

Table (4): Correlation between Dissociative Experiences Scale and Violence scale (n = 460)

Violence scale	Dissociative Experiences Scale	
	r	p
Indirect violence	0.150*	0.001*
Verbal violence	0.073	0.119
Physical violence	0.102*	0.028*
Overall	0.141*	0.002*

r: Pearson coefficient
*: Statistically significant at p ≤ 0.05

Table (5): Relation between Overall Violence and Socio demographic data (n = 460)

	Mild violence (n = 179)		Moderate violence (n = 262)		Severe violence (n = 19)		χ^2	p
	No.	%	No.	%	No.	%		
Gender								
Male	38	21.2	108	41.2	12	63.2	26.144*	<0.001*
Female	141	78.8	154	58.8	7	36.8		
Age (years)								
18 - <20 years	100	55.9	139	53.1	10	52.6	0.357	0.837
20 years and more	79	44.1	123	46.9	9	47.4		
Residences								
Urban	149	83.2	198	75.6	19	100.0	8.936*	0.011*
Rurel	30	16.8	64	24.4	0	0.0		
Family number								
Less than 3	8	4.5	10	3.8	0	0.0		
From 3 to 5	111	62.0	150	57.3	12	63.2	2.193	0.700
More than 5	60	33.5	102	38.9	7	36.8		
Monthly Income								
Enough	18	10.1	50	19.1	0	0.0	21.838*	ᴹᶜ<0.001*
Not enough	148	82.7	206	78.6	15	78.9		
Enough and more	13	7.3	6	2.3	4	21.1		
Family type								
Nuclear family	153	85.5	180	68.7	14	73.7	16.177*	<0.001*
Extended family	26	14.5	82	31.3	5	26.3		
Father relation								
Good	115	64.2	168	64.1	6	31.6		
Not good	64	35.8	90	34.4	13	68.4	11.016*	ᴹᶜp= 0.018*
Die	0	0.0	4	1.5	0	0.0		
Relation to mother								
Good	175	97.8	254	96.9	17	89.5		
Not good	4	2.2	6	2.3	2	10.5	5.964	ᴹᶜp= 0.166
Die	0	0.0	2	0.8	0	0.0		
Mother personality								
kindness	126	70.4	200	76.3	13	68.4		
Severe mood	36	20.1	48	18.3	6	31.6		
Despotic	0	0.0	2	0.8	0	0.0	9.125	ᴹᶜp= 0.312
Controlled	15	8.4	10	3.8	0	0.0		
Prefer isolation	2	1.1	2	0.8	0	0.0		
During childhood student suffer from								
Fear	24	13.4	40	15.3	7	36.8		
Shy	94	52.5	122	46.6	8	42.1		
Abundant compliance and per severance	34	19.0	36	13.7	0	0.0	38.008*	ᴹᶜp <0.001*
Feeling miserable	6	3.4	46	17.6	2	10.5		
No problems	21	11.7	16	6.1	2	10.5		

χ^2: **Chi square test**   MC: **Monte Carlo** *: Statistically significant at $p \leq 0.05$

Table (6): Relation between Dissociative Experiences Scale – II and Socio demographic data (n = 460)

	Dissociative Experiences Scale - II				χ^2	p
	Low <30 (n = 19)		High ≥30 (n = 441)			
	No.	%	No.	%		
Gender						
Male	8	42.1	150	34.0	0.529	0.467
Female	11	57.9	291	66.0		
Age (years)						
18 - <20 years	10	52.6	239	54.2	0.018	0.893
20 years and more	9	47.4	202	45.8		
Residences						
Urban	17	89.5	349	79.1	1.197	FEp= 0.388
Rural	2	10.5	92	20.9		
Family number						
Less than 3	0	0.0	18	4.1		
From 3 to 5	15	78.9	258	58.5	3.386	0.184
More than 5	4	21.1	165	37.4		
Monthly Income						
Enough	0	0.0	68	15.4		
Not enough	16	84.2	353	80.0	7.100*	MCp= 0.022*
Enough and more	3	15.8	20	4.5		
Family type						
Nuclear family	15	78.9	332	75.3	0.132	FEp= 1.000
Extended family	4	21.1	109	24.7		
Father relation						
Good	13	68.4	276	62.6		
Not good	6	31.6	161	36.5	0.545	MCp= 0.841
Die	0	0.0	4	0.9		
Relation to mother						
Good	19	100.0	427	96.8		
Not good	0	0.0	12	2.7	0.834	MCp= 1.000
Die	0	0.0	2	0.5		
Mother personality						
kindness	16	84.2	323	73.2		
Severe mood	0	0.0	90	20.4		
Despotic	0	0.0	2	0.5	9.774*	MCp= 0.045*
Controlled	3	15.8	22	5.0		
Prefer isolation	0	0.0	4	0.9		
During childhood you suffer from						
Fear	2	10.5	69	15.6		
Shy	6	31.6	218	49.4		
Abundant compliance and per severance	4	21.1	66	15.0	16.534*	MCp= 0.003*
Feeling miserable	0	0.0	54	12.2		
No problems	7	36.8	32	7.3		
During childhood you suffer from	0	0.0	2	0.5		

χ^2: **Chi square test**   MC: **Monte Carlo** FE: **Fisher Exact**

*: Statistically significant at p ≤ 0.05

Table (7): Multivariate Linear regression for the parameters affecting Dissociative Experiences Scale - II

	B	Beta	t	p	95% CI	
					LL	UL
Monthly Income	-2.885	-0.086	1.851	0.065	-5.949	0.179
During childhood you suffer from	-1.209	-0.108	2.300*	0.022*	-2.241	-0.176
Violence scale						
Indirect violence	0.131	0.115	2.302*	0.022*	0.019	0.243
Physical violence	0.065	0.066	1.299	0.195	-0.033	0.164
R^2=0.045,F=5.313*,p<0.001*						

B: Unstandardized Coefficients   Beta: Standardized Coefficients
F,p: f and p values for the model R^2: Coefficient of determination
t: t-test of significance   C.I: Confidence interval   LL: Lower limit   UL: Upper Limit
*: Statistically significant at p ≤ 0.05

Discussion

After experiencing potentially violent events some adolescents develop pathological dissociation. Trauma-related dissociation which could be described as a break-down of the individual's capacity to integrate emotions, thoughts, sensations, and memories about traumatic or other events into an adaptive and coherent self-image and self-narrative. Dissociative experiences include experienced loss of control over mental processes or information, and experiential detachment, beyond what would be expected in relation to the person's cognitive development. This dissertation sought to investigate dissociative experiences and their relation to trauma type, attachment style, and experiences of war and migration among adolescents **(Gusic, 2017).**

The present study indicated that the minority of nurse's students had moderate violence, with a higher mean score for indirect violence This finding might be attributed to the confounding characteristics of nursing jobs where the climate, the work, the coworkers, the managers, or any combination of those factors can cause serious disturbances in the rest of a nurse's life. Also, the studied nurses may generally evaluate encounter behaviors and then react in accordance with experienced situations. The extent to which stressors strain a student nurse is determined by how these stressors are interpreted by student nurses. This interpretation is supported by **Anwar, El-Shabrawy, Ewis, & Khalil (2016)** who

illustrate that Violence (external and internal) was prevalent against health care workers in Beni suef hospitals. Verbal and psychological violence were the most frequent types. Violence and aggression in health care facilities is currently encountered a significant problem in many countries including Egypt **(Elkhawaga, El-Gilany, & Abd-El-Raouf, 2021).**

Similarly, **Elemary, & EL Nagar (2017)** who assessed vertical violence among faculty nursing students experienced in health care settings during their clinical learning. These authors concluded in their study, that nearly half of the studied nursing students were encountered to violence during their clinic course for two to three times due to their lack of effective communication skills. With high frequency of exposure to negative acts as assignments, task, work, or rotation responsibilities made for punishment rather than educational purposes, threats of violence or physical abuse or actual abuse and being ignored and excluded or socially isolated. Also, with high frequency of exposure to bullying behaviors as threats of physical violence, or inappropriate jokes. However, there were no significant correlation between assignments, task, threats of physical violence and academic achievements of the participants.

A main objective of the present study was to investigate the levels of dissociative experiences among faculty nursing students. The findings of the current study revealed that, the very unexpected, and surprising result was due to the majority of the student nurses had

high level of the dissociative experiences, with a higher mean score. Also, from the researcher point of view the adolescents during this period show greater experience of rapid physical, cognitive and psychosocial growth This change affects how they feel, think, make decisions, and interact with the world around them. It is also a time to acquired knowledge and skills, learn to manage emotions and relationships, and also acquire attributes and abilities that will be important to the adolescent for enjoying their life. Dissociation is a mechanism that allows the mind to compartmentalize certain memories or thoughts from normal consciousness. These split-off mental contents are available and may return to consciousness either by an event or spontaneously **(Subramanyam et al., 2020) .**

This result is in line with **Kate, Hopwood, & Jamieson, (2019)** who found that the dissociative experiences were slightly more common in college populations than the general population who did not support predictions of either model. The theoretical perspective of the authors moderated dissociative experiences scores, although this is unlikely due to experimenter bias as studies led by the fantasy model of dissociation which showed significantly higher dissociative experiences scores than those led by trauma theorists.

Moreover, **Simeon et al., (2018)** found that, the people of any age, ethnicity, gender, and social background could develop dissociative disorder; Periods of dissociation could last for a relatively short time (hours or days) or for much longer (weeks or months). Sometimes, it could last for years, but usually if accompany with other mental disorders such as depression or schizophrenia.

Similar results were identified by **Cernis, Evans, Ehlers, & Freeman (2021)** who stated that dissociation symptoms are seen as existing on a continuum, with "normal" dissociation consisting of day dreaming while "pathological" dissociation consists of significant amnesia or depersonalization, dissociation was found to be a probable influence of insomnia and distress tolerance via indirect pathways, also, dissociation is connected to many mental health

disorders, and may influence a number of presentations, particularly psychotic experiences. The importance of dissociation in mental health may therefore currently be under-recognized. Previous researchers have proposed investigating dissociation as a possible psychological mechanism interfering with risk reducing behaviors and HIV counseling messages in women who have experienced trauma **(Hansen, Brown, Tsatkin, Zelgowski, & Nightingale, (2012).**

The findings of the current study showed that, a statistically significant positive correlation was found between indirect, physical violence, overall violence and dissociative experiences. This point of view is supported by **El Khaiat, Abd Elaal & Mahmoud (2022)** who concluded that, there is a significant positive correlation between total students' dissociative disorder and their totals stress disorder. South African participants reported significantly more traumatic and dissociative experiences and possessed more psychopathic features than their British counterparts. The link between early traumatic experiences of abuse/neglect and criminal behavior has been widely demonstrated. Less is known, however, findings of previous study suggest that an early exposure to relational trauma in childhood can play a relevant role in the development of more severe psychopathic traits. **(Craparo, Schimmenti & Carett, 2013).**

The finding of the present study indicated that, the relation between student nurses' dissociative experiences scores and their socio–demographic data was tested. Also, this result displays the best fitting linear regression model which examining these relations. The current study findings also showed that the best predictors of student nurses dissociative experiences was the monthly income. It is clear from the table that, student nurses dissociative experiences, suffering during childhood period from the indirect violence. This finding might be attributed during a traumatic experience such as an accident, or financial problems, dissociation could also help a person to tolerate what is too difficult to bear. In situations like these, a person may dissociate the memory of

the place, circumstances or feelings about the overwhelming event, mentally escaping from the fear, pain and horror. This may make it difficult to later remember the details of the experience, as reported by many stressors. This result is consistent with **Noël, Saeremans, Kornreich, & Jaafari (2018)** who reported that, a child who maltreated leads to abnormal development of brain regions associated with possible mediators and moderators of the relationship between early life stress and dissociation. People with a propensity to dissociate or to seek dissociative experiences (e.g., chemical dissociation) could have a higher risk of dissociation with limited conscious awareness (i.e., habits and routines).

Conclusion

The current study finding concluded that student nurses had high level of dissociative experiences, and more than half of student nurses had moderate violence, with a higher mean score for indirect violence. The results depict a highly statistically significant positive correlation between the overall violence & dissociative experiences, also a statistically significant positive correlation was detected between indirect, physical violence and dissociative experiences. The findings also showed that the best predictors of student nurses dissociative experiences is the monthly income. The best predictors of student nurses' dissociative experiences were monthly income and student nurses who are suffering during childhood period from indirect violence.

Recommendations

According to the research findings, the following points are recommended:

1. These results provide preliminary evidence suggesting cognitive fusion uniquely contributes to the development of psychological dissociation, even when controlling for experiential avoidance.

2. Recommendations for clinical applications include the routine screening of offenders for adolescents to detect early dissociative symptoms and adequate consideration of dissociation disorders in the development and implementation of violence prevention and treatment programs.

3.The current findings showed that student nurses are often exposed to violence and urgent preventions are needed. With this in mind, violence management and coping strategies should be included in the nursing curriculum.

4.To improve care for this extremely vulnerable and underserved individuals, nurses are urged to educate themselves about dissociative disorders and recognize the potential need for adapted interventions and referrals.

Finally, additional research is warranted to enhance the care of student nurses and adolescent in general.

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