

Factors of Family Violence in the Southern Province of Rwanda

Japhet Niyonsenga^{1*,2}, Thérèse Uwitonze¹, Ignatiana Mukarusanga¹, Jean Mutabaruka¹

¹Clinical Psychology Department, College of Medicine and Health Sciences, University of Rwanda, Kigali, Rwanda

²Mental health & Behaviour Research Group, College of Medicine and Health Sciences, University of Rwanda, Kigali, Rwanda

***Corresponding author:** Japhet Niyonsenga. Clinical psychology Department, College of Medicine and Health Sciences, University of Rwanda, Kigali, Rwanda. Email: niyonsengajaphet74@gmail.com. ORCID: <https://orcid.org/0000-0002-2429-2330>

Abstract

Background

Despite the elevated prevalence and detrimental effects of family violence on survivors in developing countries, little is known about a dimensional empirically based comprehensive structure of family violence.

Objectives

Based on family violence theories, this study aimed to identify factors of family violence in a sample of Rwandans living in all the eight District Police Units of the Southern Rwanda.

Methods

A sample of 89 spouses (females = 56.5%, males = 43.5%) were selected to participate in this cross-sectional study. From already existing family violence theories and family violent events lived by participants of this study, a 38-item self-constructed Likert questionnaire ($\alpha=0.80$) was generated. An exploratory factor analysis approach was used.

Results

The results showed that two factors mostly influencing violence in family were mainly based on individual issues (i.e. violence as a trauma, insecure attachment, aggressive behaviour learnt, reactive aggression, and learnt helplessness) and family-social issues (i.e. family life cycle and stress, dependency relation, need to maintain power and control, and low material satisfaction).

Conclusions

The results highlight that family violence is a very complex but assessable entity where individual and family-social factors intervene. Future studies should explore such combination in prospective longitudinal studies.

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Keywords: Family Violence, Individual Factors, Family-Social Factors

Introduction

Family violence rate is elevated in sub-Saharan Africa, with the overall past-year prevalence range of 31-71%, exceeding the global average of 30%. [1] More women in Africa are subject to lifetime family violence (45.6%) and sexual assault (11.9%) than women anywhere in the world, with the notable exception of high-income countries in the case of rape (12.6%).

[2] Family conflict among relatives or intimates in multigenerational family could be mediated by other people who were not extremely involved. In the absence of the concerned others' support, disputants can use violence as a way of achieving resolution. [3] In Rwandan context for example, some husbands beat up or murder their partners and vice versa and their offspring are its witnesses; for example, in 2018 and 2019, 86 Rwandan men reported having killed their

wives while 30 women reported having killed their husbands.[4] Authors found several forms of domestic violence including: Child abuse, Intimate Partner Violence, sibling bullying or elder abuse.[5] According to Rwandan Ministry of Health, of more than 25% of women who had experienced sexual violence, over 12% were also victims of more than one act of physical violence such as kicking, punching and slapping, and thirteen percent were psychological violence victims. [6] However, little is still known about the causes of family violence.

According to Hyde-Nolan and Juliao, there are four principal theories of psychology regarding the causes of violence in family such as psychodynamic, cognitive behavioural, social, and family and systemic theories of Family Violence.[7] Psychodynamic theories of family violence include theory of object relations,[8,9] theory of attachment[10] and violence as trauma.[11,12] In the theory object relations, Hyde-Nolan and Juliao found that insufficient nurturing throughout infancy and childhood can create inability to maintain vigorous self-esteem, control emotional responses and cope with anxiety in adulthood.[7] Consistently, different studies have found that the number of husbands who commit violence towards their intimate partners did not get sufficient nurturing in their infancy.[8,13] Therefore, demanding and desperate that comes from a search to fulfill dependency need in adulthood might lead one to become a victim or an abuser in relationships.[8,9,14] Interestingly, object relations theory is complementary to the attachment and violence as trauma theories in psychodynamic theory of FV.

In view of theory of attachment, it has been found that antisocial behavior can be linked to bad childhood family experiences, specifically with insecure attachment patterns.[15,16] Substantial studies suggest that insecure attachment more often occurs in people who have been victim of neglect or physical abuse. [17,18] As such, the main idea of attachment theory is that “a person’s attachment pattern in adulthood is a reflection of his or her attachment history”. [12]

However, in the last category of psychodynamic theory of FV “violence as trauma”, Hyde-Nolan and Juliao suggested that the failure to integrate abuse memories in addition to inability to incorporate the experiences of abuse into structure of large memory led the victims seemed to have re-experiencing tendencies of the trauma. [7] According to this model, the victims re-experience the trauma through their emotions, physiological, behavior and through the neuroendocrine pathways for the victims of abuse.[19] Worryingly, the abused individuals emotionally re-experience the trauma by joining the ones who will keep abusing them in a similar way and the trauma is repeated behaviorally when the abuse experience is repeated, re-enacted and displaced.[7] Therefore, the abused individuals are prone to more abusive situations because they fail to defend themselves.[20]

The second leading theory of psychology of the causes of family violence is cognitive behavioural theory.[7] The theory includes “Social Learning Theory”, “Behavioral Genetics”, “Reactive Aggression”, and “Learned helplessness”. Social Learning Theory suggests that people acquire social comportments from observation and imitation of others.[7] The ones’ aggressive behaviors to their family members appear to be learned via operant conditioning and behavior observation of role models. Central tenet of operant conditioning is that behaviors are encouraged via positive and negative reinforcement and they are suppressed via punishment. Research findings showed that destructive effects, either short or long-term to be linked to physical punishment, these effects include high physical aggressiveness, parental-child dysfunctional interaction, mental health problem, antisocial behavior, intimate partner abuse in adulthood and criminal behavior.[21–23] Based on Social Learning theory, the young adults who were victims or witnesses of abuse in childhood have increased risk to live in “an abusive intimate relationship as either abuser or victim” which is distinct from “behavioral genetics, reactive aggression, and learned helplessness” theories.[24,25]

Authors in behavioral genetics theory confirmed the genetic bases of the antisocial and aggressive behavior.[7] As such, family violence perpetuation is inherited and influenced environmentally from parents to offspring.[26] On the other hand, reactive aggression theory postulated that when someone involves in bad conditions, an unpleasant stimulus leads to destructive emotional response which in turn lead to the strong desires to harm others or thoughts of harming others and these strong desires to harm result in aggressive pattern in the absence of inhibiting factors.[7,27] Learned helplessness theory clarified the lack of will that comes after the recurrent barriers to escape from unpleasant situation. The Individuals who are the victims of frequent physical abuse or others can lead victims to become passive due to persistent feeling of pessimism.[7,28]

The third leading theory of psychology related to the causes of family violence “social theory” deals with processes created through social interactions of single person or groups of people.[7] The theory includes “control theory, social isolation theory, resources theory and theory of exosystemic factor theory”. In line of control theory, Hyde-Nolan and Juliao argued that most of the family conflicts originate from one’s need to get and maintain power and control within family.[7] The behavior of abuser is motivated by the individual power and control ability towards other family members. Often, the most powerful family members (e.g. Fathers, parents or husbands) seek compliance from less powerful family members (e.g., children, wives) via use of force, threat or violence. Threat, force, and violent behaviors towards the less powerful family members are aimed to prevent them from engaging in behavior that the most powerful individuals do not want, while establishing a demand for desirable behaviors to arise.[29]

According to the control theory, individuals who abuse can use significant energy to control others in a family through act of coercing, financial abuse and the refusal of one’s blame.[30,31]

Conversely, Resource Theory argues that both force and violence are weapons to resolve conflicts, even though in contemporary societies such resources are frequently applied as last chance.[29] Husbands who have great revenue and social power afford a range of resources that they use to exert control over their partners’ behavior while the poor men commit violence using physical force.[32] The Exosystemic Factor Theory emphasizes on the role of life problems which people perceive as exceeding their resources.[29] The central tenet of this theory is that stressors/life events may work as predictor of family violence(FV). [33] The theory of social Isolation was well-known as an interesting variable in the middle of stressors/life events and FV.[34] Authors revealed that in greater risk zones, household issues were extremely worse when households were dispersed instead of part of the community.[35]

The last principal theory of psychology regarding the causes of violence in family “family and systemic theories of FV” include “family systems theory, family cycle theory and microsystem factor theories such as the sub-theories of intrafamilial stress and dependency relations”. Theory of Family systems focuses on idea that every family member must be seen in terms of transitions, interactions and relationship within households rather than in isolation. [36] A main idea of this theory is that what affects one family member affects the whole family system and vice-versa.[37] The family cycle theory focuses on transition in the family experience. Carter and MacGoldrick suggested that the family life includes approximately 6 stages including “single young adulthood, joining of families (the new couple), families with young children, families with adolescents, families launching children and moving on, and families in later life”. [38] Violence in family system can result from stresses that accompany life cycle transitions. Microsystem factor theory comprises of stress which are intrinsically present in household as a structure of the society, the collaborations between the growing person and the instant setting such as family and school where the person interacts with other people.[34]

This theory includes intrafamilial stress theory in terms of time and resources which can lead to violent behavior and dependency relations where dependents can become victims. Children, elders, and spouses can be abused and they have great risk of failure to escape from an abusive household or violent neighborhood.[39,40]

In overall, the causes of family violence in psychology is summarized in four principal theories such as psychodynamic, cognitive behavioural, social, and family and systemic theories of Family Violence.[7] By taking into account these theories, this cross-sectional study was aimed to identify factors of FV in a sample of Rwandans living in eight District Police Unities of the Southern Province. Our approach was deductive and from Family Violence theories, we deducted respectively dimensions, components, indicators and then we constructed a research questionnaire from these indicators. With reached indicators, we extracted factors. We hypothesized a dimensional empirical based comprehensive structure of Family Violence.

Methods

Design

We used a cross-sectional study design to assess factors of family violence in family members at the Anti-Gender based violence and child protection program of Police in the Rwandan Southern Province. The study period was from 15th May 2017 to 20th December 2017.

Participants' recruitment

A convenient sample of 89 spouses (females: 56.5%, males: 43.5%) from all eight District Police Unities (DPU) in south of Rwanda participated in this cross-sectional study. The age range was 34-67 years old for study participants. Inclusion criteria were to be man and woman from violent family who had complained to the Anti-Gender based violence and child protection program of the Police, Southern Province, Rwanda.

Measures

Two data collection tools were used in the current study: Sociodemographic characteristics questionnaire and

a psychometric instrument. The first tool assessed "the sociodemographic characteristics with six items; age, forms of marriage, occupation and place of residence". However, the second tool was a 38-items self-constructed Likert questionnaire assessing Family Violence factors. The items are rated on four point Likert scale ranging from false (1), somewhat false (2), somewhat true (3) to true (4). This questionnaire was generated from family violence theories by a deductive process from theories, variables, components and finally to indicators. Each item of the questionnaire had its corresponding indicator, therefore, the number of items were equivalent to that of indicators. The Cronbach's Alpha was 0.80 in our sample.

Data collection

Spouses were invited and approached to participate in this study at the Anti-Gender based violence and child protection program of Police in eight District Police Unities (DPU) of the Rwandan Southern Province (Huye, Gisagara, Nyanza, Nyaruguru, Nyamagabe, Ruhango, Kamonyi, Muhanga). The researcher was present to help when it was needed especially for illiterate participants.

Data analysis

All statistical analyses were performed using "the Statistical Package for Social Science (SPSS version 28)". Kaiser-Meyer-Olkin (KMO)" was used to measure sampling adequacy and "the Bartlett's test of sphericity" to verify whether the data were amenable to factor analysis. Thereafter, principal axis factoring was used to extract the initial factors, and an oblimin rotation of the initial factor structure was conducted.

Ethical considerations

Ethical clearance was obtained from the Institutional Review Board of the University of Rwanda, College of Medicine and Health Sciences (No 279 /CMHS IRB/2017), and the study was conducted in accordance with Helsinki Declaration. In addition, Regional Commissioner of Police/Rwandan Southern Province had provided permission to conduct the study in their setting.

“The participants received thorough explanation of the study objectives and other relevant information in the meeting room. They were reassured that their identity would remain confidential, the data collection tools would be anonymous, and that they could withdraw at any time from the study. All participants voluntarily accepted to participate in this study and provided written consent forms before data collection”

Results

Sociodemographic characteristics (N=89)

As presented in Table 1, most of the respondents were aged from 46-52 years (32.6%, n=29), 39-45 (24.7%, n=22) years and 53-59 years (20.2%, n=18). The highest number of participants were recruited from District Police Unit (DPU) of Huye (41.6%, n=37), followed by Gisagara (23.6%, n=21) and the lowest were those from DPU of Nyanza (1.1%, n=1). Almost all participants were cultivators (89.8%, n=80) and the least was a trader (1.1%, n=1). On gender and marriage, the study participants were predominantly females (56.5%, n=50) and legally married (76.4%, n=68). Forms of family violence experienced were psychological violence (37%, n=33), economical violence (29.2%, n=26), physical violence (26%, n=23), and sexual violence (8%, n=7). It was found that some participants were exposed to all forms of violence (6.7%, n=6) and 41.6% (n=37) of participants had experienced two forms of violence.

Table1. Sociodemographic characteristics (n=89)

Characteristics	n (%)
Age	
32-38	12 (13.5)
39-45	22 (24.7)
46-52	29 (32.6)
53-59	18 (20.2)
60-67	8 (8.9)
Residence	
Huye	37 (41.6)
Gisagara	21 (23.6)
Ruhango	11 (12)
Nyaruguru	11(12)
Muhanga	3 (3.8)
Kamonyi	3 (3.4)
Nyamagabe	2 (2.2)
Nyanza	1 (1.12)
Forms of marriage	
Illegal marriage	68 (76.4)
Legal marriage	21 (23.6)
Occupation	
Cultivators	80 (89.8)
Unemployed	3 (3.3)
Traders	2 (2.2)
Others	4 (4.5)
Forms of family violence(FV)	
Psychological violence	33 (37)
Physical violence	26 (29)
Economical violence	23 (26)
Sexual violence	
All forms of FV	7 (8)
Two forms of FV	6 (7)
Two forms of FV	37 (41)

Table 2. Response frequencies and percentages of the items of family violence

Items of family violence	False (1)	Somewhat false (2)	Somewhat true (3)	True (4)
1. I am abused and I process the violence undergoes as a traumatic event, much like the response of individuals who suffered psychologically.	15(17.2%)	8(8.6%)	22(24.7%)	45(49%)
2. I am unable to enter my abusive experience into my larger memory structure and I appear as I have a compulsion to repeat the trauma.	23(25.8%)	5(6.5%)	22(24.7%)	39(43%)
3. I am a victim of abuse and I remain vulnerable to further situations of abuse because I am unable to defend myself.	21(23.7%)	3(4.3%)	19(21.5%)	46(50.5%)
4. I have a family member entering due to marriage, the addition of a child	59(65.6%)	1(1.1%)	3(3.2%)	26(30.1%)
5. I have family member exiting due to marriage, death or a young adult leaving the parental home.	60(64.5%)	2(2.2%)	1(1.1%)	30(32.3%)
6. My family has young children	25(26.9%)	0	2(2.2%)	66(71.0%)
7. My family has adolescents	43(46.2%)	0	5(5.4%)	45(48.4%)
8. I launched my children and moving on	74(79.6%)	0	6(6.5%)	13(14.0%)
9. My family is a family in later life with elderly people	68(73.1%)	1(1.1%)	3(3.2%)	21(22.6%)
10. I experience marital/ partner separation where serious physical harm or death is more likely to occur.	65(69.9%)	1(1.1%)	6(6.5%)	21(22.6%)
11. My relationship among family members is like competing	38(40.9%)	2(2.2%)	11(11.8%)	42(45.2%)
12. My relationship with my family members features an unequal balance, such as dominance-submission	30(32.3%)	2(2.2%)	17(18.3%)	44(47.3%)
13. I reduce any connection or any integration with my family members	31(33.3%)	1(1.1%)	15(16.1%)	46(49.5%)
14. I act with agreement or consensus or in cooperation with my family members	32(34.4%)	3(3.2%)	13(14.0%)	45(48.4%)
15. I have more children than I can afford overcrowded living conditions.	53(57%)	1(1.1%)	9(9.7%)	30(32.3%)
16. I have children with disabilities	60(64.5%)	1(1.1%)	7(7.5%)	25(26.9%)
17. I have little income of my own	34(35.5%)	2(2.2%)	11(11.8%)	47(50.5%)
18. I have no income of my own	58(62.4%)	3(3.2%)	7(7.5%)	25(26.9%)
19. I am the most powerful family member and I often use the threat or use of force or use of violence to obtain compliance from less powerful family members	61(65.6%)	1(1.1%)	14(15.1%)	17(18.3%)
20. I threat other family members and I feel the need to gain control over how they think and feel.	65(69.9%)	3(3.2%)	8(8.6%)	17(18.3%)
21. I typically learn how to respond to the various forms of intimidation, although the struggle to challenge the abuse	32(34.4%)	3(3.2%)	13(14.0%)	45(48.4%)
22. I begin to modify my own behavior, slowly giving up control in order to survive and avoid continued abuse.	46(49.5%)	3(3.2%)	20(21.5%)	24(25.8%)
23. I threat other family members and I become too overwhelming or dangerous for the victim(s).	49(52.7%)	4(4.3%)	16(17.2%)	24(25.8%)
24. I am with high income and social standing; I have access to a wide variety of resources with which to control my wife /husband behavior	53(57.0%)	5(5.4%)	13(14.0%)	22(23.7%)
25. I am with limited or no wealth and resources; I resort to physical force or violence more quickly	73(78.5%)	1(1.1%)	3(3.2%)	16(17.2%)
26. I experience job loss	62(66.7%)	1(1.1%)	3(3.2%)	27(29.0%)
27. I experience an extramarital affair	68(73.1%)	1(1.1%)	4(4.3%)	20(21.5%)
28. I experience moving to a new home	51(54.8%)	1(1.1%)	6(6.5%)	35(37.6%)
29. I experience daily hassles such as traffic and paying bills	49(52.7%)	2(2.2%)	6(6.5%)	36(38.7%)
30. I am a personal history of growing up in a violent family, low material satisfaction and social isolation	50(53.8%)	1(1.1%)	10(10.8%)	32(34.4%)
31. I experience the isolation of the parent- child relationship from social support systems.	69(74.2%)	1(1.1%)	10(10.8%)	13(14.0%)
32. I become aggressive toward family members because I learnt the aggressive behavior in role models by observing	70(75.3%)	3(3.2%)	4(4.3%)	16(17.2%)
33. I were abused in childhood and I abuse my children	74(79.6%)	3(3.2%)	3(3.2%)	13(14.0%)
34. I observed my father abusing my mother when I were child and I abuse my wife or my husband	56(60.2%)	4(4.3%)	9(9.7%)	24(25.8%)
35. My desire and thoughts are immediately followed by rage and violent behaviors towards my spouse unless something happens to derail us.	46(49.5%)	7(7.5%)	14(15.1%)	26(28.0%)
36. When faced with situation of pain and anger, the reaction to aggress come	40(43.0%)	6(6.5%)	25(26.9%)	22(23.7%)
37. I often choose to stay in somewhat unpredictable and volatile family relationships.	37(39.8%)	1(1.1%)	16(17.2%)	39(41.9%)

Exploratory factor analysis and items reduction

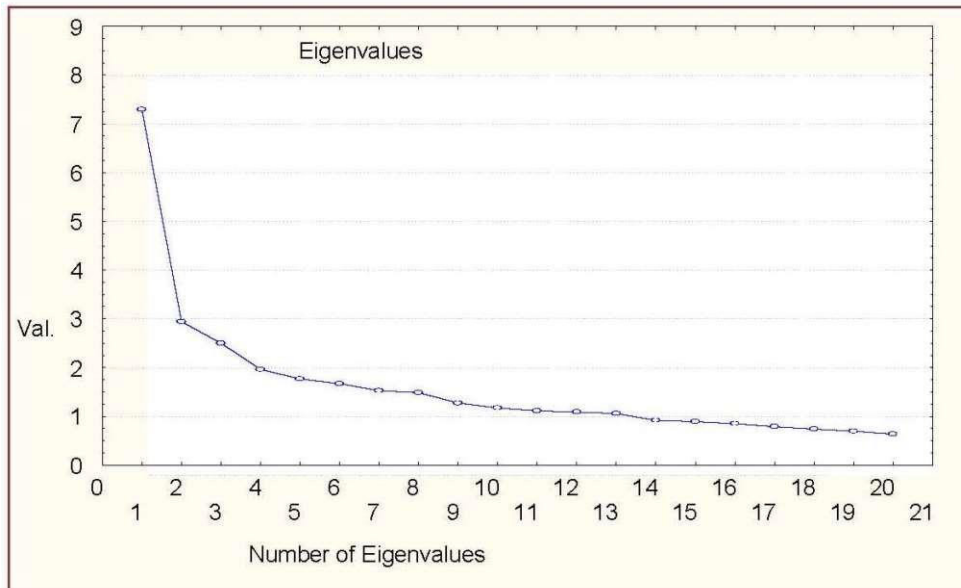
Our findings showed that “Kaiser-Meyer-Olkin (KMO)”, a sampling adequacy measure was 0.79 and “the Bartlett’s test of sphericity” was significant ($\chi^2 = 1340.43$, $df = 700$, $p < 0.001$), indicating that the data were amenable to factor analysis. Principal axis factoring analysis was conducted to extract initial factors. An oblimin rotation of the initial factor structure was conducted and resulted in two main logical clusters (i.e. individual and family-social factors), explaining 68% of the total variance. Items reduction was done by retaining only the Items with factor loadings of at least .40 without cross loading”, resulting in a form with 23 items (Table 2). Fifteen items were removed from the questionnaire due to poor loadings and/or cross loadings.

There was a strong inter-correlation between two major factors of family violence ($r = 0.63$, $p < 0.001$). Our findings highlighted that violence in family is mainly based on individuality and family-social issues. The limit between family factors and social factors was not clear. Individual factors encompassed violence as a trauma (items: 1, 2, and 3), insecure attachment (item 32), aggressive behaviour learnt (items 31 and 33), reactive aggression (items 34, 35), learnt helplessness (items 36, 37, 38). On the other hand, family-social factors include family life cycle and stress during transition (items 4, 5, 8, 10), dependency relation (items 18 and 23), need to maintain power and control (items 19, 20 and 22) and exosystemic factors include stressors or life events (items 25 and 27), low material satisfaction (item 29).

Table 3. Factor loadings from principal axis factoring with Oblimin rotation for a two-factor solution of family violence

Items factor loading	Individual factors	Family-social factor
1. I am abused and I process the violence undergoes as a traumatic event, much like the response of individuals who suffered psychologically	.756	
2. I am unable to enter my abusive experience into my larger memory structure and I appear as I have a compulsion to repeat the trauma.	.776	
3. I am a victim of abuse and I remain vulnerable to further situations of abuse because I am unable to defend myself.	.653	
4. I have a family member entering due to marriage, the addition of a child		.745
5. I have family member exiting due to marriage, death or a young adult leaving the parental home.		.770
8. I launched my children and moving on		.738
10. I experience marital/ partner separation where serious physical harm or death is more likely to occur.		.737
13. I reduce any connection or any integration with my family members	0.720	
18. I have no income of my own		.695
19. I am the most powerful family member and I often use the threat or use of force or use of violence to obtain compliance from less powerful family members		.702
20. I threaten other family members and I feel the need to gain control over how they think and feel.		.635
22. I begin to modify my own behavior, slowly giving up control in order to survive and avoid continued abuse.		.768
23. I threaten other family members and I become too overwhelming or dangerous for the victim(s).		.623
25. I am with limited or no wealth and resources; I resort to physical force or violence more quickly		.616
27. I experience an extramarital affair		.750
29. I experience daily hassles such as traffic and paying bills	.565	
31. I experience the isolation of the parent-child relationship from social support systems.	.614	
32. I become aggressive toward family members because I learnt the aggressive behavior in role models by observing	.702	
33. I were abused in childhood and I abuse my children	.641	
34. I observed my father abusing my mother when I were child and I abuse my wife or my husband	.633	
35. My desire and thoughts are immediately followed by rage and violent behaviors towards my spouse unless something happens to derail us.	.598	
36. When faced with situation of pain and anger, the reaction to aggress come	.523	
37. I often choose to stay in somewhat unpredictable and volatile family relationships.	.532	

The Scree Test confirms this structure of two main factors (graph 1)



Graph 1. Scree Test

Discussion

The main objective of this study was to identify a dimensional empirical based comprehensive structure of Family Violence. The results showed two kinds of factors which are mostly influencing violence in family: individual and family –social factors. Individual factors include violence as a trauma, insecure attachment, aggressive behaviour learnt, reactive aggression, and learnt helplessness. The findings of this study grouping individual factors components are explained by psychodynamic theories of family violence that include object relations theory,[8,9] attachment theory [10] and violence as trauma,[11,12]but also by social learning theory,[21,22] behavioural genetics, [7,12]reactive aggression[7,27] and learned helplessness.[7,28]

Our findings have identified a second principal component grouping family-social factors. This second component can be explained by different theory including family life cycle and stress during transition,[33] types of interactions[36] and intrafamily stress,[34] dependency relationship,[32] need to maintain power and control,[29] exosystem factors, stressors or life events,[34] and social isolation.[34,35]

The structure identified by this study seems to be coherent with already existing theories and improves their better understanding with empirical evidence; the research tries a typology of family violence.

Although this study was able to determine a dimensional empirical based comprehensive structure of Family Violence, it had some limitations. This study is limited to cross-sectional, small sample and deductive approach; therefore, future studies using inductive approach, large sample and longitudinal design are warranted for good inferences.

Conclusion

The findings of this study indicate that individual and family–social factors are mostly influencing violence in family. Individual factors include violence as a trauma, anxious and avoidant attachment, aggressive behaviour learnt, reactive aggression, and learnt helplessness. Family –social factors encompass family life cycle and stress during transition, types of interactions, intra-family stress, dependency relationship, need to maintain power and control, family stressors or life events, growing up in a family violence, low material satisfaction, and social isolation.

Considering the above results, prevention and providing care to mentally ill patients from violent families in Rwandan Southern Province must be taken into consideration. The implication of professionals in mental health especially clinical psychologists is needed in order to introduce non-violent approaches in the family and to treat those who are already affected psychologically by family violence.

Authors' contributions

TU contributed to the conception, data collection and analysis, JN contributed to data analysis and editing, IM contributed to the conception and research supervision, and JM contributed to the conception, data treatment and research supervision.

Conflict of interest

The authors confirm that there are no known conflicts of interest associated with this publication and there has been no significant financial support for this work.

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