

# IMPACT OF LOCKDOWN DUE TO COVID-19 PANDEMIC ON THE CAREGIVERS' VIOLENT BEHAVIORS TOWARD THEIR CHILDREN

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## ABSTRACT

**Background:** The surge of domestic violence during the COVID-19 pandemic is reported as a global phenomenon. Until the present time, no published literature described the situation in the middle east. **Aims:** The current study aims to examine how the frequency of verbal maltreatment and physical maltreatment may have changed from during the lockdown to post-lockdown in a sample of Egyptians living in Saudi Arabia. **Methodology:** The present study was carried out on 511 Egyptian families residing in Riyadh, the capital city of Saudi Arabia. The study was conducted over 2 phases with more than one month in between the 2 phases. The first phase during the period 10<sup>th</sup> April- 9<sup>th</sup> May, while the second phase was carried out during the period 21<sup>st</sup> June – 20<sup>th</sup> July when the respondents were requested for a second follow-up survey. The selection of those dates was based on the lockdown status in Saudi Arabia. During the first phase, the lockdown was almost complete or for more than 16 hours in the day. During the second phase, the lockdown was resolved entirely. **Results:** The current study revealed that the verbal and physical maltreatment forms were significantly more frequent during the lockdown periods ( $p < 0.001$ ). The child and the parents' age showed a significant negative correlation with the total physical maltreatment score ( $r = -0.008, -0.035$ ), respectively.

On the other hand, verbal maltreatment was correlated with older children ( $r = 0.085$ ) and older parents ( $r = 0.117$ ). **Conclusion:** To conclude, verbal and physical maltreatment are aggravated by the lockdown and quarantine measures associated with the COVID-19 pandemic. The forms of verbal and physical maltreatment didn't differ from those previously reported in the literature. The younger boys of younger parents are more vulnerable to physical maltreatment. It is recommended to pay more attention to preventing child maltreatment, protecting the maltreated child by establishing supporting centers to track and follow such cases.

**Keywords:** COVID-19, Violence, Children, Lockdown, verbal maltreatment, physical maltreatment.

### List of abbreviations:

COVID-19: Coronavirus Disease of 2019. R.E.C.: Research Ethical Committee

### INTRODUCTION

COVID-19 pandemic started in Wuhan city, China, and extended to affect humans globally (Cao et al., 2020). Those effects are not limited to the viral infection but extend to the psychological drawbacks. The

involved countries reported frequent psychological impairments (Liu et al., 2020). Many governments implemented the lockdown to limit the spread of the disease. Many kinds of literature mentioned the adverse psychological effects of

COVID-19 in different countries. Verbal and physical maltreatment were frequently associated with stress and abrupt change in the daily routine like the current pandemic (**Kantor et al., 2014**).

Although there is no clear definition of maltreatment, as it differs according to the cultures and communities, emotional, physical, and sexual maltreatment are examples of well recognized common forms of maltreatment (**Guterman, 2008**). According to the United Nations Educational Scientific And Cultural Organization, 1.38 billion children were confined to homes due to the implemented quarantine (**Brooks et al., 2020**). WHO reported the rise of domestic violence hotline calls up to 50% in many countries. Furthermore, about 92000 child maltreatment reports perceived by one call line in India during the last few months was reported (**World Health Organization, 2020**).

Different kinds of literature reported increased verbal and physical maltreatment during the lockdown in other countries; in Italy (**Mazza et al., 2020**), the United States of America (**Boserup et al., 2020**), Australia, Brazil, and China (**van Gelder et al., 2020**). Among the middle east, definitive information regarding child maltreatment during the COVID-19 pandemic is lacking; however, previous studies carried out in Africa before the current pandemic revealed that more than 20% of children are vulnerable to physical and emotional maltreatment in their lives. WHO recommends using population-based surveys as useful tools to track child maltreatment (**Meinck et al., 2016**).

Several risk factors precipitate the violence associated with the current pandemic; home confinement, schools, and activities closure increase the contact time between the children and the perpetrator, increasing the risk of maltreatment (**Wang et al., 2020**). Financial instability and business closure and the resultant mental stress enhance the violence tendency among the caregivers. The strict quarantine and

social distancing impede the maltreated children's ability to seek support services or ask for health care provider help (**Peterman et al., 2020**).

The current study is the first study aims to evaluate the verbal and physical maltreatment during the COVID-19 pandemic among the Arabic countries where the studies are limited, and furthermore, to examine how the frequency of the verbal maltreatment and physical maltreatment may have changed from during the lockdown to post-lockdown in a sample of 511 Egyptian families living in Saudi Arabia.

## **SUBJECTS & METHODS**

### **Study design**

The current study is a prospective observational longitudinal study. The aim of the current study to evaluate the situation among the Egyptians living in Saudi Arabia, in which the literature is lacking regarding the effect of the lockdown due to COVID-19 pandemic on the caregiver's violent behaviour (verbal and physical maltreatment), and furthermore, to assess if those forms of maltreatment are different from those reported in the literature.

The present study was carried out on 511 Egyptian families living in Riyadh, the capital city of Saudi Arabia. The study was conducted over 2 phases; the first phase during the period 10<sup>th</sup> April- 9<sup>th</sup> May (2020), while the second phase was carried out during the period 21<sup>st</sup> June – 20<sup>th</sup> July (2020) when the respondents were requested for a second follow-up survey. With more than one month in between the 2 phases. The selection of those dates was based on the lockdown status in Saudi Arabia. During the first phase, the lockdown was almost complete or for more than 16 hours in the day. During the second phase, the lockdown was resolved entirely.

### **Participants:**

The study involved 511 Egyptian participants who lived in Saudi Arabia.

**Inclusion criteria:** The participants should be Egyptian with at least one child aged 18 years old or below. The caregivers

were regularly live with their children for the last year.

**Exclusion criteria:** The parents living in other countries and parents living away from their children for the last year were excluded. Participants of different nationalities were excluded as well.

**Data Collection and ethical considerations:**

The study was commenced after obtaining the ethical approval number 33828 from the research ethical committee R.E.C. of the Faculty of Medicine, Tanta University, Egypt. For all participants, an online electronic survey generated by google forms was randomly sent via emails. Each participant received a full explanation of the study's aim, risks, and advantages of the study. According to the Helsinki Declaration, there was a statement that declares the respondent informed consent to participate. Furthermore, the respondents had the right to withdraw if they felt any emotional distress while filling the survey. All data were handled anonymously to maintain the confidentiality of the data.

**Measurement:**

The survey is divided into four sections; the first section of the survey involved complete demographic data of the participants regarding the age, sex, occupation, residence, employment, marital status, number of family members, and number of children aged less than five years as well. The age and sex of the included child were documented as well.

Following the first section, three sections were addressed: the nonviolent discipline, the verbal maltreatment discipline, and the physical maltreatment discipline. The survey consists of 12 questions about the frequency of different items in each discipline. The questions were scrambled between the various disciplines to prevent biasing the answers. Each question started with the phrase "during the last month.....". The respondents select only one response for each question; never happened, happened once, happened twice, happened 3-5 times, happened 6-10 times

and happened more than ten times. For each response, a score was given, and the total score was calculated.

**I) The Nonviolent discipline:**

- During the last month, how many times did you punish your child by withdrawing the privileges he\she used to practice?
- How many times did you ask your child to stay alone as a punishment during the last month?

**II) The verbal maltreatment discipline:**

- During the last month, how many times did you raise your voice or shout at your child as a punishment?
- During the last month, how many times did you impend your child that you will hit him/her as a punishment?
- How many times did you call your child as stupid, idiot, or any other shameful name during the last month?
- **The physical maltreatment discipline:** During the last month, how many times did you beat your child with your hands out of his\her face?
  - During the last month, how many times did you bite your child as a punishment?
  - How many times did you beat your child with an object rather than your hands during the last month?
  - During the last month, how many times did you shake your child vigorously as a punishment?
  - How many times did you beat your child with your hands on his\her face
    - during the last month?
    - How many times did you tie your child's hands or feet as a punishment during the last month?
    - How many times did you put hot abject or hot fluid on his/her body as a punishment during the last month?

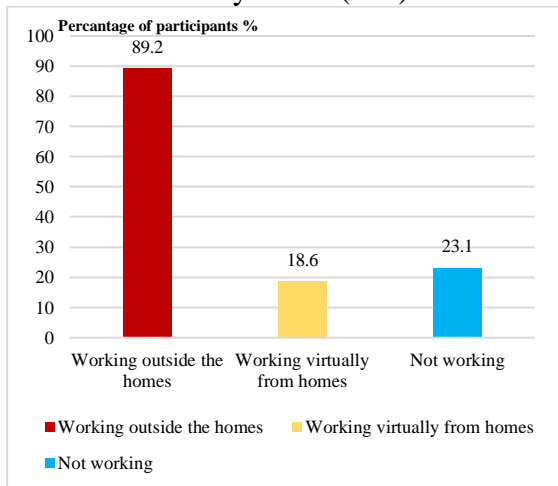
**Statistical Analysis**

Statistical analysis was performed using S.P.S.S. Software Package version 26. The Shapiro Wilk test checked the normality of the data. The data were

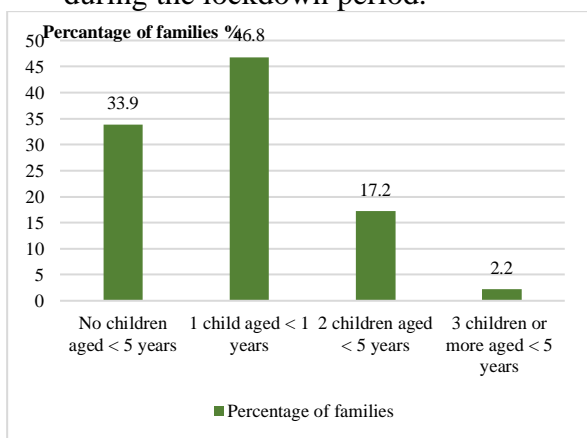
presented as means, standard deviation, and percentage. Independent Sample T-test, Chi-square test, Pearson's Chi-square correlations coefficients were used. P values less than 0.05 were considered statistically significant.

**RESULTS**

Analysis of the data revealed that the overall reliability of the 12 studied variables using Cronbach's Alpha was 0.805 for the nonviolent discipline, 0.770 for the verbal maltreatment discipline, and 0.823 for the physical maltreatment discipline. 89%. The respondents (511) were mostly females (475) 93% in comparison to (36) 7% males. Regarding the children involved in the current study, the girls constituted (225) 44% while the boys were (286) 56%.



**Figure (1):** Employment status of the participants included in the study during the lockdown period.



**Figure (2):** Percentage of families included in the study according to the number of children less than 5 years old.

**Fig. 1 and Fig. 2** depict some of the participant's demographics. Most of the participants (456), 89.2% lived regular marital life, seven divorced, seven widowed, and two separated participants. Among the participants, 53.6% (274) have bachelor, and (237) 46.4% earned postgraduate studies as well. Analysis of the employment status of the participants showed that during the lockdown, the proportion of those not working raised to 58.3% compared with 18.6% working virtually from homes and 23.1% working outside.

For the families involved in the current study, the mean number of the whole family members was (4.53 ± 2.893). The mean number of children (less than 18 years old) was (2.47 ± 1.013 years). The majority of those families (96.5%) have four or fewer children, while only 18 families (3.5%) have five children or more. 33.9% of the included families don't have children less than five years, compared to 46.8% families have one child less than five years old and 17.2% have two children less than five years old, and only 11 families (2.2%) have three children or more aged less than five years old.

**Table 1 and Table 2** show that, except for tying the limbs and intentional burning, the means of the different violent items among the different disciplines were increased during the lockdown period when compared with the period after (p <0.05). When the total score of each discipline was calculated, the nonviolent discipline, as well as the verbal and physical maltreatment disciplines showed significantly higher scores during the lockdown periods in comparison to the period after (p<0.001).

**Table 3.** The mean total score of verbal maltreatment was (13.3386 ± 12.06603) and (10.1115 ± 10.54130) during the lockdown and after consecutively. The mean total score of physical maltreatment during the lockdown period and after was (4.9080 ± 8.77124) and (4.0333 ± 7.65179) simultaneously. Furthermore, A significant

strong positive correlation was observed between the total score of verbal maltreatment and the lockdown ( $r = 0.725$ ) and between the total score of the physical maltreatment and the lockdown ( $r = 0.792$ ). When the different items were coded as dichotomous variables with the responses

(Yes, No), during the lockdown period, the majority of the participants, 96%, practiced the shouting, threatening with hitting 67.7%, and slapping out of the face 59.0%. Tying the limbs and intentional burning was less frequent as only 0.2 %, and 0.4% consecutively practiced that **Table 4**.

**Table (1):** Description of the violent and nonviolent disciplines during and After the lockdown due to COVID-19 pandemic

Discipline	Time period	Mean	Std. Deviation	Std. Error Mean
<b>The Nonviolent discipline:</b>				
How many times did you punish your child by withdrawing the privileges he/she used to practice?	During the lockdown	3.44	4.222	0.187
	After the lockdown	3.04	3.703	0.164
How many times did you ask your child to stay alone as a punishment?	During the lockdown	0.51	1.695	0.075
	After the lockdown	0.45	1.618	0.072
<b>The verbal maltreatment discipline:</b>				
How many times did you raise your voice or shout on your child as a punishment?	During the lockdown	7.25	5.817	0.257
	After the lockdown	5.63	5.590	0.247
How many times did you impend your child that you will hit him as a punishment?	During the lockdown	4.26	5.323	0.235
	After the lockdown	3.33	4.748	0.210
How many times did you call your child as stupid, idiot or any other shameful name?	During the lockdown	1.83	3.620	0.160
	After the lockdown	1.15	2.707	0.120
<b>The physical maltreatment discipline:</b>				
How many times did you beat your child with your hands out of his/her face?	During the lockdown	2.42	3.812	0.169
	After the lockdown	1.89	3.354	0.148
How many times did you bite your child as a punishment?	During the lockdown	0.76	2.422	0.107
	After the lockdown	0.62	1.943	0.086
How many times did you beat your child with an object rather than your hands?	During the lockdown	0.55	1.996	0.088
	After the lockdown	0.47	1.523	0.067
How many times did you shake your child vigorously as a punishment?	During the lockdown	0.64	1.834	0.081
	After the lockdown	0.45	1.529	0.068
How many times did you beat your child with your hands on his/her face?	During the lockdown	0.54	1.728	0.076
	After the lockdown	0.54	1.730	0.077
How many times did you tie your child hands or feet as a punishment?	During the lockdown	0.00	0.044	0.002
	After the lockdown	0.02	0.367	0.016
How many times did you put hot abject or hot fluid on his/her body as a punishment?	During the lockdown	0.00	0.062	0.003
	After the lockdown	0.03	0.665	0.029

Number of cases 511.

**Table (2):** Comparison of violent and nonviolent disciplines during and After the lockdown due to COVID-19 pandemic

Discipline	Paired differences (during and After the lockdown)				T-value	P-value
	Mean	Std. Deviation	95% Confidence Interval of the Difference			
			Lower	Upper		
<b>The Nonviolent discipline:</b>						
How many times did you punish your child by withdrawing the privileges he\she used to practice?	0.403	3.389	0.109	0.698	2.689	0.007*
How many times did you impend your child that you will hit him as a punishment?	0.061	1.322	-0.054	0.176	1.037	0.300
<b>The verbal maltreatment discipline:</b>						
How many times did you raise your voice or shout on your child as a punishment?	1.616	4.726	1.206	2.027	7.732	<0.001**
How many times did you impend your child that you will hit him as a punishment?	0.926	4.134	0.566	1.285	5.062	<0.001**
How many times did you call your child as stupid, idiot or any other shameful name?	0.685	2.833	0.439	0.931	5.465	<0.001**
<b>The physical maltreatment discipline:</b>						
How many times did you beat your child with your hands out of his\her face?	0.528	2.932	0.274	0.783	4.074	<0.001**
How many times did you bite your child as a punishment?	0.135	1.435	0.010	0.260	2.128	0.034*
How many times did you beat your child with an object rather than your hands?	0.074	1.808	-0.083	0.231	.930	0.353
How many times did you shake your child vigorously as a punishment?	0.184	1.542	0.050	0.318	2.697	0.007*
How many times did you beat your child with your hands on his\her face?	0.000	1.732	-0.151	0.151	0.000	1.000
How many times did you tie your child hands or feet as a punishment?	-0.020	0.365	-0.051	0.012	-1.213	0.226
How many times did you put hot abject or hot fluid on his/her body as a punishment?	-0.027	0.665	-0.085	0.030	-0.931	0.352

Paired Sample T-test, Degree of freedom 510, Number of cases 511.

\* Significance < 0.05

**Table (3): Comparison of the total scores of nonviolent, verbal and physical maltreatment disciplines during and after the lockdown due to COVID-19 pandemic**

Discipline (Total score)	Paired Differences during and After the lockdown					t	P-value
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
<b>The nonviolent discipline</b>	0.480	5.776	0.115	0.254	0.707	4.166	<0.001**
<b>The verbal maltreatment</b>	3.227	8.501	0.376	2.488	3.966	8.581	<0.001**
<b>The physical maltreatment</b>	0.875	5.400	0.239	0.405	1.344	3.662	<0.001**

Paired Samples T-test, Number of cases 511 Significance < 0.05

**Table (4): Frequencies of maltreatment during the lockdown due to COVID-19 pandemic**

Have you ever ..... ?	Responses (511)		Percent of cases
	Yes	Percent	
Raised your voice or shout on your child as a punishment?	461	27.8%	96.0%
Impended your child that you will hit him as a punishment?	325	19.6%	67.7%
Called your child as stupid, idiot or any other shameful name?	200	12.1%	41.7%
Beat your child with your hands out of his/her face?	283	17.1%	59.0%
Bit your child as a punishment?	101	6.1%	21.0%
Beat your child with an object rather than your hands?	74	4.5%	15.4%
Shaken your child vigorously as a punishment?	115	6.9%	24.0%
Beat your child with your hands on his/her face?	95	5.7%	19.8%
Tied your child hands or feet as a punishment?	1	0.1%	0.2%
Put hot abject or hot fluid on his/her body as a punishment?	2	0.1%	0.4%
<b>Total</b>	1657	100.0%	345.2%

**Table 5** shows that the sex of the child influenced the frequency of maltreatment. The boys were more vulnerable to be injured, both verbally and physically, except for tying and intentional burning. Independent sample T-test showed that during the lockdown period, the boys showed highly significant verbal and physical maltreatment total scores than the girls ( $p < 0.001$ ). Regarding the perpetrator, during the lockdown, and among the different maltreatment items, shouting and

beating out of the face were significantly practiced more by the mothers ( $p < 0.05$ ), as 90.9% of the mothers practiced shouting in comparison to 80.6% of fathers. 56.6% of mothers reported beating the children with hands in areas other than the face, in contrast to 38.9% of the fathers. On the other hand, the shaking was significantly common among the fathers ( $p < 0.05$ ); 36.1% of fathers practiced shaking once or more in comparison to 21.5% of mothers (**Table 6**).

**Table (5):** Distribution of verbal and physical maltreatment according to the sex of children during the lockdown due to COVID-19 pandemic

Have you ever.....?	Sex of the child		Response of the caregivers		Pearson's Chi-Square	
			No	Yes	$\chi$	P-value
Raised your voice or shout on your child as a punishment?	Girls	(% within the group)	4.8%	95.2%	7.215	0.007*
	Boys	(% within the group)	2.8%	97.2%		
		Total	3.6%	96.4%		
Impended your child that you will hit him as a punishment?	Girls	(% within the group)	12.7%	87.3%	44.002	<0.001**
	Boys	(% within the group)	5.3%	94.7%		
		Total	8.4%	91.6%		
Called your child as stupid, idiot or any other shameful name?	Girls	(% within the group)	45.3%	54.7%	6.087	0.014*
	Boys	(% within the group)	40.4%	59.6%		
		Total	42.5%	57.5%		
Beat your child with your hands out of his\her face?	Girls	(% within the group)	4.7%	95.3%	6.101	0.014*
	Boys	(% within the group)	2.8%	97.2%		
		Total	3.6%	96.4%		
Bit your child as a punishment?	Girls	(% within the group)	51.2%	48.8%	34.541	<0.001**
	Boys	(% within the group)	39.4%	60.6%		
		Total	44.4%	55.6%		
Beat your child with an object rather than your hands?	Girls	(% within the group)	61.6%	38.4%	38.057	<0.001**
	Boys	(% within the group)	49.2%	50.8%		
		Total	54.5%	45.5%		
Shaken your child vigorously as a punishment?	Girls	(% within the group)	56.9%	43.1%	51.990	<0.001**
	Boys	(% within the group)	42.4%	57.6%		
		Total	48.5%	51.5%		
Beat your child with your hands on his\her face?	Girls	(% within the group)	51.5%	48.5%	34.530	<0.001**
	Boys	(% within the group)	39.7%	60.3%		
		Total	44.7%	55.3%		
Tied your child hands or feet as a punishment?	Girls	(% within the group)	100%	0%	5.164	0.023*
	Boys	(% within the group)	99.5%	0.5%		
		Total	99.7%	0.3%		
Put hot abject or hot fluid on his\her body as a punishment?	Girls	(% within the group)	98.2%	1.8%	26.025	<0.001**
	Boys	(% within the group)	100%	0%		
		Total	99.2%	0.8%		

Pearson Chi-Square correlations

Number of cases 511 df = 1 \* significance &lt;0.05



**Table (6):** Distributions of the verbal and physical maltreatment showing significant differences regarding the sex of the parent during the lockdown due to COVID-19 pandemic

Have you ever.....?	Sex of the perpetrator		Response		Pearson Chi-Square	
			No	Yes	$\chi$	P-value
Raised your voice or shout on your child as a punishment?	Mother	Count (% within the group)	43 (9.1%)	432 (90.9%)	4.094	0.043*
	Father	Count (% within the group)	7 (19.4%)	29 (80.6%)		
		Total	50 (9.8%)	461 (90.2%)		
Beat your child with your hands out of his\her face?	Mother	Count (% within the group)	206 (43.4%)	269 (56.6%)	4.263	0.039*
	Father	Count (% within the group)	22 (61.1%)	14 (38.9%)		
		Total	228 (44.6%)	283 (55.4%)		
Shaken your child vigorously as a punishment?	Mother	Count (% within the group)	373 (78.5%)	102 (21.5%)	4.111	0.043*
	Father	Count (% within the group)	23 (63.9%)	13 (36.1%)		
		Total	396 (77.5%)	115 (22.5%)		

Number of cases 511, \* significance <0.05.

During the lockdown period, analysis of the demographic data revealed that the age of the child and the age of the parents showed a significant negative correlation with the total physical maltreatment score; the younger the child and/or the parents, the more frequent physical maltreatment ( $r=-0.008$ ) for the child age and ( $r=-0.035$ ) for the parent's age. On the other hand, verbal maltreatment was correlated with older children's ages ( $r=0.085$ ) and among older parents as well ( $r=0.117$ ).

### **DISCUSSION**

The current study emphasized the increasing violent behaviors among Egyptian caregivers living in Saudi Arabia during the lockdown due to the COVID-19 pandemic. This was obvious when the frequency of the different verbal and physical maltreatment behaviors was compared during the lockdown and after. Although the surge of maltreatment was reported in different countries, no published literature described the situation in the

middle east until the present time and up to our knowledge. Underreporting of this serious issue among the conservative Arabic countries was reported in previous studies (**Alsehaimi, 2015**).

The Guardian mentioned that the rise of domestic violence during the COVID-19 pandemic is a global phenomenon (**Graham-Harrison et al., 2020**). In China, the first country reported the appearance of the COVID-19 pandemic in Wuhan city. The first country conducted a lockdown system; the studies conducted reported a rise in domestic violence up to 3 times compared to the last year (**Allen-Ebrahimian, 2020**). The situation was not limited to China; in New Zealand, Brazil, Spain, and the United Kingdom, the governments reported that domestic violence, particularly child maltreatment, has risen by 20%-50% of the baseline (**Usher et al., 2020**). A previous study conducted in France revealed a rise in domestic violence reports, including child maltreatment, by 30% when the country implemented the lockdown. Argentina and

Singapore reported a similar increased rate (25%, 33%), respectively (**Women, 2020**). The reports from the United States of America documented a rise in domestic violence-related murder in lockdown-implemented states (**Boserup et al., 2020**). The situation in Australia partially agreed to the noticed violence surge during the lockdown. Although it was reported that crimes decreased by 40% following the lockdown, but the domestic violence calls increased by 5% (**Usher et al., 2020**)

On the other hand, a previous study conducted in India reported improvement in family bonding during the lockdown. However, this was only among the moderate level, not in the low or high levels (**Ragamayi, 2020**). This might be explained by the different nature of the studies; the study conducted in India was based on the emotional family bonding as the respondents express rather than on specified acts or maltreatment items.

Many kinds of literature justified the rise in violent behaviors during the COVID-19 pandemic; Bradbury et al. attributed that to the associated stress and fear of being infected. Furthermore, underreporting for fear of getting the infection during the counseling session, unavailable shuttling, and inability to report the maltreatment to encourage the perpetrator to practice their violence without considering the legal responsibility (**Bradbury-Jones and Isham, 2020**). The isolation and social confinement to homes for prolonged periods as what had happened during the lockdown is another risk factor. Children confined to homes are 60 times more vulnerable to be maltreated compared to the children practicing their usual outdoor activities. Staying at homes for longer periods prolongs the contact time between the child and the abuser and, hence, more maltreatment (**Campbell, 2020**).

In Australia, alcohol sales rose up to 36% during the lockdown (**Usher et al., 2020**). Mental illness, illicit drug abuse, and excessive alcohol consumption were reported as common precipitating factors of

domestic violence (**Gulati and Kelly, 2020; Peterman et al., 2020**). The financial and economic crisis, business closure, and closure of most workplaces are considered another risk factor that might predispose the maltreatment behaviors. Domestic violence was reported to be frequently practiced among families on low income compared to families on higher incomes (**Douglas et al., 2020**). Peterman et al. attributed the violence and aggression to the virus-specific source (**Peterman et al., 2020**). Moreover, previous studies mentioned that the abusers used COVID-19 as a coercive mechanism to inflict more control over their victims (**Usher et al., 2020**).

The current study showed that verbal maltreatment was the most frequently encountered form of maltreatment. About 96% of the families included in the current study practiced the different verbal maltreatment items. This was similarly reported in different countries; a previous study conducted among the Saudi populations showed that about 74.9% of the cases included in a study underwent verbal maltreatment (**Al-Eissa et al., 2015**). Similarly, a former study conducted in Egypt revealed that shouting (72%), threatening, and calling the children with unpopular names (51%) were the most common maltreatment items practiced by the Egyptian mothers (**Bangdiwala et al., 2004**). Although common, those percentages vary among different countries. In Philippine and Chile, less frequent calling the children with shameful names but more frequent shouting were reported (**Krug et al., 2002**).

Regarding the physical maltreatment, or what is called "corporal punishment" in many kinds of literature, it was frequently reported in Egypt and among the Arabic populations. (**Elbendary radwan et al., 2019; Zaghoul et al., 2020**). Many authors blame the cultures in such countries that consider physical maltreatment as an acceptable form of children punishment (**Karthikeyan et al., 2000**). In agreement with the current study, widespread physical

maltreatment was reported in a previous study conducted in Saudi Arabia; they mentioned that about 48.9% of maltreatment activities were in among the physical form, with resultant 0.25%-8.3% fatalities (**Almuneef and Al-Eissa, 2011; Al Eissa and Almuneef, 2010**).

The current study revealed that beating the children with hands or with hard objects were fair common. This went hand in hand with a previous study conducted in Egypt and revealed that about 71% of families practiced beating their children with hands and 25% of families used to beat their children with hard objects (**Youssef et al., 1998**). This percentage is a little bit higher than the current study, which might be attributed to the time elapsed between the current study and the mentioned study, and furthermore, to the difference in the habits between Egyptians living inside and outside Egypt. Concerning slapping on the face, the current study revealed that 19.8% of the parents practiced that. This percentage was less than the percentage reported previously in another study conducted in Egypt. They said that about 41% of Egyptian children suffered slapping on the face (**Pro, 2002**). Besides, a study conducted among the dental physicians in Saudi Arabia highlighted the frequent presentation of children with dental trauma due to physical maltreatment in the form of facial slapping (**Al-Dabaan et al., 2014**).

Regarding the biting and disparity with the frequent biting reported in the current study (55.6%), a previous study conducted in Saudi Arabia mentioned that only 1.9% of the reported maltreatment forms were presented to the hospital biting (**Almuneef and Al-Eissa, 2011**). This could be explained by the different data collection sources between the two studies. The current study was built on the caregiver's responses. In contrast, the study conducted in Saudi Arabia was based on the findings among the cases presented to the hospitals, in which the biting as an isolated finding would be mostly underreported.

Moreover, and in agreement with the current study, the significant rise of physical maltreatment like beating among the mothers compared to the fathers was supported by previous studies (**Hunter et al., 2000**). However, and regarding the shaking, the current study showed that it was significantly more frequent among the fathers. This was supported by previous research (**Pro, 2002**). The males' strong bodybuilt could justify it compared with the females, hence their tendency to practice severe violent forms like shaking (**Klevens et al., 2000**).

On the other side of the coin, the current study illustrated that tying the children's limbs to restrict their movement and intentional burning were the least frequently reported maltreatment forms. Those forms of maltreatment (tying the limbs and intentional burning) were practiced among 0.2% and 0.1% of the participants, respectively. These findings agreed with a previous study conducted in Egypt by Youssef et al., who mentioned that 0.37% of the parents included in their study used to tie their children as a punishment. The occasional use of intentional burning as punishment went hand in hand with previous studies conducted in 4 different countries, Chile, India, the Philippines, and the United States (**Tang, 1998**).

Regarding the child's age, the current study revealed that the younger the age of the child, the more frequent physical maltreatment. This was in agreement with previous studies (**Adinkrah, 2000**). Furthermore, and in agreement with the current study, the boys were more exposed to maltreatment than the girls of the same age group as much literature supported that (**Al Eissa and Almuneef 2010; Evans et al. 2008**). That might be explained by the more tumultuous and rowdier nature of the boys than the girls. In disparity with the current study, Al-Eissa et al., in their study carried out in Saudi Arabia, reported that the females were commonly exposed to physical maltreatment than the males (**Al-Eissa et al., 2015**)(**Al-Eissa et al., 2015**).

This discrepancy might be attributed to the different ages of the participants between the two studies; the study conducted in Saudi Arabia targeted the adolescent mainly. Another explanation is the more restrictions practiced over the adolescent females so, the time spent at home is mostly more than the males.

This argument supports the fact highlighted in the current study; most of the families don't practice isolated form violence. Instead, they combine both verbal and physical maltreatment forms (Hemenway et al., 1994).

### CONCLUSION

Home is not always a safe environment; behind closed doors, many unfair maltreatments are inflicted on innocent children. Verbal and physical maltreatment are aggravated by the lockdown and quarantine measures associated with the COVID-19 pandemic. The forms of verbal and physical maltreatment didn't differ from those previously reported in the literature. The younger boys to younger parents are more vulnerable to physical maltreatment.

### RECOMMENDATION

Based on the mentioned findings, it is recommended to pay more attention to the children's maltreatment issue, especially during a current pandemic crisis. Preventing child maltreatment, protecting the maltreated child by establishing hotline help calls, and supporting centers to track and follow such cases is necessary. Paternal monitoring and guidance counseling services could be facilitated during such extraordinary situations.

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## تأثير الحظر المنزلي بسبب فيروس كورونا المستجد على العنف السلوكي لمقدمي الرعاية تجاه أطفالهم

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انه من الملاحظ عالميا تصاعد ظاهرة العنف المنزلي اثناء جائحة فيروس كورونا المستجد. ومن الملاحظ أيضا ندرة الدراسات حول هذا الموضوع في منطقة الشرق الأوسط. تهدف الدراسة الحالية الى دراسة الوضع وتقييم كيفية تغير السلوك العدواني سواء اللفظي او الجسدي تجاه الأطفال في فترة الحظر المنزلي مقارنة بالفترات الأخرى التي لم يطبق بها نظام الحظر. أجريت الدراسة على ٥١١ عائلة من المصريين المقيمين بالمملكة العربية السعودية وتم اجراء الدراسة على مرحلتين. المرحلة الأولى خلال الفترة (١٠ ابريل- ٩ مايو) من العام ٢٠٢٠ حيث كان الحظر كاملا او على الأقل لفترات أكثر من ١٦ ساعة يوميا والمرحلة الثانية خلال الفترة (٢١ يونيو- ٢٠ يوليو) من نفس العام حيث تم رفع الحظر كليا خلال هذه الفترة. طلب من المشاركين ملأ الاستبيان المكون من ١٢ سؤالا ضمن ٣ محاور مرتين خلال مرحلتي الدراسة بالإضافة الى بعض الأسئلة الأخرى عن السن وطبيعة العمل وعدد الأطفال. كشفت الدراسة عن تزايد ذو دلالة إحصائية في وتيرة العنف اللفظي والجسدي تجاه الأطفال في فترة الحظر المنزلي مقارنة بالفترات التي لم يطبق فيها أي حظر. بالإضافة الى ذلك أوضحت الدراسة عن وجود ارتباط عكسي ذو دلالة إحصائية بين عمر الأب أو الأم وعمر الطفل والعنف الجسدي. حيث انه كلما قل عمر أحدهما أو كلاهما كلما كان العنف الجسدي أكثر. أوضحت الدراسة كذلك تزايد العنف اللفظي بين الآباء والأبناء الأكبر سنا. توصي الدراسة الحالية بإعطاء مزيد من الانتباه لحالات العنف المنزلي تجاه الأطفال في البلدان العربية خصوصا خلال الأوقات الكارثية. كما انه يجب بذل المزيد من الجهد في انشاء خطوط تليفونية طوال اليوم ومراكز دعم نفسي لاحتواء الأطفال المعرضين لمثل هذا العنف. كما يجب توفير خدمات الاستشارات والدعم النفسي للمربين في مثل هذه الظروف الغير عادية.