



## Family Violence Attitude Influences Mental Health Among Female Adolescents during Covid-19 Pandemic

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### ABSTRACT

Family violence is a predominantly gendered issue whereby, is mostly perpetrated by men against women and children within intimate partner relationships and immediate family contexts. To evaluate the family violence attitude on mental health of female adolescence during the coronavirus (COVID-19) pandemic. Correlation descriptive design was conducted at female colleges, Najran university on purposive sample (400) students from female colleges. Researchers used Structured online questionnaire, Family violence attitude, and General Health Questionnaire. 7.3% and 19% of studied subjects had severe and moderate somatic symptoms. Also, 8.8 % and 23% of studied subjects had severe and moderate anxiety/insomnia. Furthermore, 8.8% and 17.5% of studied subjects had high and moderate psychological abuse, 7.3% and 14.5% of studied subjects had high and moderate physical abuse. Also, .11.3% and 12% of studied subjects had high and moderate financial stress. About two thirds of studied subjects had unsatisfactory knowledge about domestic violence. Also, one fifth of studied subjects had high and moderate domestic violence. Moreover, one fifth of studied subjects had high and moderate minor psychiatric disorders. Moreover, slight positive correlation was noticed between total knowledge and health with P- value <0.05. Slight negative correlation was observed between family violence and females' knowledge and health with P-value <0.05 respectively.

**Key words:** Family violence; Adolescents; Mental Health; COVID-19.

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### INTRODUCTION

COVID -19 I as the new coronavirus and most cases appeared in the Chinese city, Wuhan at the end of December 2019 in the form of acute pneumonia (Australian Institute of Health and Welfare, 2019). Fever, cough, and shortness of breath are considered the most common symptoms of COVID-19 and sometimes may develops into pneumonia. Severe complications were reported among people with immunodeficiency, elderly people, and persons with chronic diseases such as cancer, diabetes. The COVID-19 virus primarily spreads directly through droplets of saliva or nasal discharges from an infected person [1].

Some governments and authorities (e.g., in some U.S. states/provinces, Russia, France, and Spain) issued a "stay-at-home" order for all inhabitants, except for the purchase of food and medicine, vital labor, and brief walks with pets (Robert Koch Institute, 2020). Others urged the populace to "remain at home," but did not mandate it (e.g., some states in Germany; at the beginning of the pandemic in the U.K.) [2, 20]. All of the steps were intended to prevent the spread of the virus by reducing physical contact among the community, a strategy known as "social distancing" [3].

Family violence is a predominantly gendered issue whereby, is mostly perpetrated by men against women and children within intimate partner relationships and immediate family contexts. There are many studies reporting risk factors for perpetration and victimization of violence within families. For women who experience violence by a partner there are many negative health outcomes, including physical injury or death, severe mental health issues and less general good health [4].

Domestic violence is not necessarily physical. Also included are coercive, controlling, economic, cyber threats and intimidation, emotional, and sexual abuse. Signs to look out for include withdrawal from family and friends and the presence of bruises, burns, or bite marks. Controlled finances or insufficient funds to purchase food or pay bills not permitted to leave the house or prevented from attending college or working not permitted to leave the house or prevented from attending college or working. Internet or social media usage monitoring, or unauthorized access to private texts, emails, or letters [6].

Adolescence, the developmental phase of transition between childhood and adulthood The World Health Organization (WHO) classifies adolescents as individuals aged 10 to 19. This age range corresponds to WHO's definition of young people, which refers to those aged 10 to 24 [7].

Individual characteristics and behaviors interact in a complex and dynamic fashion to produce teenage mental health issues (e.g., genetic factors, emotional and social intelligence), social and economic circumstances (e.g., experienced social support, poverty, education opportunities), and wider sociocultural environmental factors (e.g., social and economic policies at the national level, discrimination) [9].

May 2020 in times of crisis, incidents of domestic and family violence typically increase due to factors including: "Increased exposure to the abuser as a result of a shift to mandated working from home, Escalation of the use of violence by abusers as they experience stress/pressure, uncertainty and changes in routine including with children being at home." COVID-19 being used by abusers to instill fear, isolation and to manipulate.

In addition, COVID-19 is also reducing opportunities for victims to access support. Victims have fewer opportunities to access unmonitored technology and to seek help safely given their abuser may be home with them, there are fewer opportunities to engage with others outside the home, and because of increased caring responsibilities (including because of many children being home from school/childcare). It is important to note that the increased stress, family disruption, social isolation and increased financial pressures in themselves cause or drive violence. The ultimate aim of the current study was to evaluate the family violence attitude on mental health of female adolescence during the coronavirus (COVID-19) pandemic.

## **MATERIAL AND METHODS**

### **Research question:**

What is the relation between family violence and mental health of adolescent female during Covid-19 Pandemic?

### **Methods**

#### **Research design:**

Correlation descriptive design was used in this study.

#### **Setting:**

This study was conducted at the female colleges- Najran university.

#### **Sample type:**

A purposive sample consists of 400 female students from previous mentioned settings, who willing to participate in the study and with inclusion criteria as:

female student and exposed to violence.

#### **Sample equation**

Based on a study carried out by [7], the sample size was calculated by estimating an effect size of 63% of studied subjects, reported that the time for writing and publishing could be a greatest barrier, and level of confidence (1-Alpha Error): 95%, margin of error 5, population proportion 68. Therefore, the final sample size was 400

**Data collection tools:**

The following tools was designed and used by the researcher after reviewing a related literature and under supervision of the study researchers.

**First tool:** An electronic structured questionnaire was developed by the researchers in Arabic language after reviewing a related literature. It involved two main parts:

Part I: Socio-demographic data in terms of age, level of education, income level, residence, type of faculty, source of violence, family stability, and Family coexistence.

Part II: Knowledge of the adolescent regarding the concept of covid-19, causes and risk factor of covid-19, signs and symptoms of covid-19, concept of domestic violence, causes of domestic violence, and consequence of domestic violence.

Each correct answer scored with one degree and incorrect scored with zero, also total knowledge scored as satisfactory knowledge if score 70% or more and unsatisfactory if scored <70%.

**Second tool:** The General Health Questionnaire (GHQ):

This is a questionnaire developed by (Sterling, 2011), it used to identify minor psychiatric disorders (somatic symptoms, anxiety, and insomnia, social dysfunction and severe depression) in the general population, it consists of 28 items as Somatic symptoms (items 1-7), Anxiety/insomnia (items 8-14), Social dysfunction (items 15-21) and Severe depression (items 22-28). Each item scored as Likert scale much more than usual (three score), more than usual (two score), not more than usual (one score), and never (zero score). The total score categorized as severe if score >70%, moderate 50 to 70%, and low if score <50%.

**Third tool:** Scale of exposure to domestic violence:

This questionnaire developed by researcher after reviewing the relevant literature (Margraf et al., 2020). It included 32 items distributed on six domains as psychological abuse domain (7 items), Isolation domain (6 items), Physical abuse domain (eight domains), Neglect domain (four items), Financial stress domain (two items), and Sexual abuse domain (three items). Each item scored as Likert scale always (two score), sometimes (one score), never (zero score). The total score categorized as high exposure if score >70%, moderate 50 to 70%, and low if score <50%.

**Reliability & Validity:**

Tools were provided to a jury of three experts in pediatric nursing and community health nursing. Tools' relevancy, clarity, comprehensiveness and applicability of the questions were reviewed and double checked. Reliability pretesting was carried out by utilizing Cronbach's Alpha for Family violence attitude which was 0.811 "good reliability" and for General Health Questionnaire was 0.902 "excellent reliability".

**Administrative approval:**

An official permission had been obtained from Najran university officials after explaining the aim of the study to collect the data.

**Ethical considerations:**

All ethical considerations prior to conducting the study have been considered, and participants was reassured that the collected data from the questionnaire remains confidential and that no personal identification was required by any means, through; gaining oral consent for participation in the study after explaining the purpose of the study to them. Female students were informed that they can refuse participate in this study or withdraw from it at any time.

**Pilot study:**

It was carried-out on 10% of the female students to ascertain the clarity and the applicability of the tools, no necessary changes were done to the tool, so the pilot study included at the study.

**Procedure:**

The researchers used a Google form to collect the data. After that, the researchers shared the link to the participants to gather the data and all of the participants' responses being gathered in an online spreadsheet. The first section of the survey welcomes participants to the survey followed by an instruction that all participants need to answer every one of the inquiries. The length of time for answering this survey is between 5 -10 minutes per participant.

**Statistical analysis:**

Data processing and statistical analysis were performed using SPSS 20.0 statistical software package. For presenting data, descriptive statistics were used in the form of frequencies and percentages for qualitative variables. While means, standard deviations, and medians were used for quantitative variables. Cronbach alpha coefficient test was adopted for assessing the reliability of the scales through their internal consistency. Spearman rank correlation was used for assessment of the inter-relationships among quantitative variables and ranked ones. In order to identify the independent predictors of variable, multiple linear regression analysis was used and analysis of variance for the full regression models was done.

## RESULTS

**Table (1) socio-demographic characteristics of studied subjects (n=400)**

Items	N	%
<b>Age:</b>		
18 - <19	165	41.3
19 - <20	140	35
>20	95	23.7
Mean SD	19.63±2.57	
<b>Education:</b>		
Preparatory year	39	9.7
First year	42	10.5
Second year	239	59.8
Third year	80	20
<b>Family income:</b>		
Insufficient	59	14.7
Sufficient	281	70.3
Sufficient and save	60	15
<b>Type of faculty:</b>		
Theory	180	45
Practical	220	55
<b>Residence:</b>		
Rural	91	22.8
Urban	309	77.2
<b>Family stability:</b>		
Yes	381	95.3
No	19	4.7
<b>Source of violence:</b>		
Father	109	27.3
Mother	89	22.2
Brother	105	26.3
Sister	65	16.2
Other	32	8
<b>Family coexistence</b>		
Live with father and mother	349	87.3
Live with father	8	2
Live with mother	32	8
Live away father and mother	11	2.7

Table (1) reveals that mean age of studied subjects was 19.63±2.57, 59.8% of them enrolled at second year, 70.3% of studied subjects had sufficient income. In addition, 77.2% of studied subjects from urban area. Also, 95.3% of studied subjects had family stability, 87.3% of them live with their father and mother. Moreover, 27.3% of studied subjects exposure violence by their father.

**Table (2) Distribution of studied subjects according to their knowledge (n=400)**

Items	Satisfactory knowledge		Unsatisfactory knowledge	
	frequency	%	frequency	%
Concept of COVID-19	249	62.3	151	37.7
Causes and risk factor of COVID-19	260	65	140	35
Signs and symptoms of COVID-19	289	72.3	111	27.7
Concept of domestic violence	75	18.8	325	81.2
Causes of domestic violence	64	16	336	84
Consequence of domestic violence	67	16.8	333	83.2
Total	138	34.5	262	65.5

Table (3) reveals that 62.3%, 65% and 72.3% of studied subjects had satisfactory knowledge about Concept of COVID-19, Causes and risk factor of COVID-19, and Signs and symptoms of COVID-19, respectively. While 81.2%, 84%, and 83.2% of studied subjects had unsatisfactory knowledge about Concept of domestic

violence Causes of domestic violence, and Consequence of domestic violence, respectively. Finally, 65.5% of studied subjects had unsatisfactory knowledge.

**Table (3) Distribution of studied subjects according to their minor psychiatric disorders (n=400)**

Items	Severe		Moderate		Low	
	frequency	%	frequency	%	frequency	%
Somatic symptoms	29	7.3	76	19	295	73.7
Anxiety/insomnia	35	8.8	92	23	273	68.2
Social dysfunction	46	11.5	99	24.8	255	63.7
Severe depression	3	0.8	9	2.2	388	97
Total	32	8	81	20.3	287	71.7

Table (3) reveals that 7.3% and 19% of studied subjects had severe and moderate somatic symptoms. Also, 8.8 % and 23% of studied subjects had severe and moderate anxiety/insomnia. Finally, 8% and 20.3% of studied subjects had high and moderate minor psychiatric disorders.

**Table (4) Distribution of studied subjects according to their exposure to domestic violence (n=400)**

Items	High		Moderate		Low	
	frequency	%	frequency	%	frequency	%
psychological abuse	35	8.8	70	17.5	295	73.7
Isolation	31	7.8	49	12.2	320	80
Physical abuse	29	7.3	58	14.5	313	78.2
Neglect	33	8.3	50	12.5	317	79.2
Financial stress	45	11.3	48	12	307	76.7
Sexual abuse	2	0.5	7	1.8	391	97.7
Total	30	7.5	47	11.8	323	80.7

Table (4) reveals that 8.8% and 17.5% of studied subjects had high and moderate psychological abuse, 7.3% and 14.5% of studied subjects had high and moderate physical abuse. Also, .11.3% and 12% of studied subjects had high and moderate financial stress. Finally, .7.5% and 11.8% of studied subjects had high and moderate domestic violence

**Table (5) Correlations among the assessed variables (n=400)**

		Total Knowledge	Total health	Family violence
Total knowledge	r.			
	p			
Total health	r.	0.301		
	p	<0.05*		
Domestic violence	r.	-0.369	-0.478	
	p	<0.05*	<0.01**	

As shown in table (5), slight positive correlation was observed between total knowledge and total health with P- value <0.05\*. Additionally, a slight negative correlation between domestic violence and girls' knowledge and health was noticed with P- value <0.05\*.

**Table (6): Multiple Linear regression model for domestic violence (n=400).**

		Unstandardized Coefficients	standardized Coefficients	T	P. value
		B	B		
<b>Age</b>		-.254	.201	4.876	.021*
<b>Education level</b>		-.198	.143	3.555	.032*
<b>Residence "urban"</b>		-.200	.156	3.007	.029*
<b>Income</b>		-.276	.190	2.664	.032*
<b>Knowledge</b>		.097	.038	0.887	.065
<b>Model</b>	<b>R<sup>2</sup></b>	<b>Df</b>	<b>F</b>	<b>P. value</b>	
<b>Regression</b>	<b>0.47</b>	<b>4</b>	<b>9.767</b>	<b>.000**</b>	

a. Dependent Variable: **Domestic violence**

b. Predictors: (constant): **Age, education level, residence, income and knowledge**

Table (6) stated that high significant model detected through F test value was 9.767 with p value. 000.This model explain 47% of the variation in Domestic violence detected through R<sup>2</sup> value 0.47. Also, explained that increase age, education level, urban residence, high income had slight frequency negative effect on

domestic violence at  $p$  value  $<0.01^{**}$ . On the other hand, no effect was observed between knowledge and domestic violence with  $p$  value  $>0.05$ .

## DISCUSSION

The COVID-19 pandemic may have caused big changes for many teens and their families, not just because of the lockdown, limited measures, social isolation, changing demographics, and fewer health services, but also because of the sudden and possibly long-term rise in teen poverty and family uncertainty. The pandemic is a global problem for people's health, the economy, and the well-being of their families. This is because of a chain reaction of things that can cause, cause, or worsen stressors. Violence and being around family violence are two of the biggest ways people get hurt. People are often victims of physical abuse, mental abuse, sexual abuse, neglect, and violence in close relationships [19].

Regarding studied subjects' characteristics, the current study illustrated that the mean age of them was  $19.63 \pm 2.57$  years. In addition, more than half of the study subjects of them enrolled at preparatory year. These results were inconsistent by [7] who conducted a study in France and mentioned that 85.8% of the study subjects were  $\leq 18$  years old.

The current study represented that, nearly three quarters of the studied subjects had sufficient income. This result agreed with [8] who carried out a study in Bangladesh and found that 82.20% of the respondents belong to middle-class wealth status.

Concerning residence, more than three quarters of the studied subjects were from urban area. But these result contradicted with [9] who carried out a study in China stated that 78.88% of the studied subjects were from rural areas.

Regarding knowledge of the studied subjects, the findings of the current study represented that almost two thirds of the studied subjects had satisfactory knowledge about Concept of COVID-19, Causes and risk factor of COVID-19. Also, nearly three quarters of them had satisfactory knowledge about Signs and symptoms of COVID-19. This result was harmony with [10] who carried out a study in South Africa, they reported that 100% of the study subjects demonstrated an excellent knowledge and awareness of the evidence about COVID-19 and public health recommendations to prevent its spread. They also knew about symptoms and measures to take if they became infected. This may be due to the expanded awareness provided by the media, schools and social media about the COVID-19 pandemic, its symptoms and how to prevent it.

Moreover, the current study illustrated that most of studied subjects had unsatisfactory knowledge about Concept of domestic violence Causes of domestic violence, and Consequence of domestic violence. These findings matched with [12, 13] who conducted a study in Tunis and found that 83.0% of the study subjects had poor knowledge regarding domestic violence. From the research investigator point of view, this may because lack of available knowledge of this age group regarding domestic violence.

As regard the studied subjects' minor psychiatric disorders, the current study showed that more than two thirds of them had low Anxiety/insomnia and the majority of them had low depression. These results were harmony with [14] who conducted a study in Pakistan and reported that the prevalence of normal, mild, moderate, and severe levels of anxiety was 43.2%, 20.5%, 13.6%, 22.7%, respectively Likewise, the prevalence of normal, mild, moderate, and severe levels of depression was 65.9%, 9.1%, 9.1%, and 15.9% respectively.

Additionally, the current study represented that almost three quarters and less than one quarter of the study subjects had low and moderate level of total minor psychiatric disorders. This result was supported by [15] who carried out a study in India and found that around 68% of studied subjects showed some or other form of psychiatric disorders. From the research investigator point of view, this may be related to COVID-19 outbreak lockdown and social isolation.

Concerning the studied subjects' exposure to domestic violence, the findings of the current study revealed that, eight point eight percent and nearly one fifth of them had high and moderate psychological abuse, seven point three percent and less than one fifth of them had high and moderate physical abuse. As well, eleven point three percent and twelve percent of them had high and moderate financial stress. These results agreed with [16] who found that Psychological violence seemed to be the most frequent type. Indeed, virtually 96% of those who were abused experienced psychological (emotional) violence, followed by economic (41%) and then physical violence (10%).

Moreover, seven point five percent and eleven point eight percent of the studied subjects had high and moderate total domestic violence. These findings were in accordance with [17] who conducted a study in Ghana and reported that 8% of the participants faced a higher risk of domestic violence during the COVID-19 pandemic. This may be due to lockdown, restricted measures, social isolation and changing demographics.

Regarding Correlation between the current study variables, there was slight positive correlation between total knowledge and total health of the studied subjects. This result agreed with [18] who conducted a study in Canada and mentioned that there was a positive correlation between total knowledge and total health of the study subjects.

In addition, the present study showed that there was slight negative correlation between domestic violence and girls' knowledge and health.

The current study illustrated that, increase age, education level, urban residence; high income had slight frequency negative effect on domestic violence. But knowledge had no effect on domestic violence. These findings were in accordance with [19] who mentioned that income after corona, income before corona, education, age, residence, occupation, marital status, and wealth status are the most important reasons that caused an increase in domestic violence during the COVID-19 outbreak. On the other hand the study of [6] who carried out a study in Brazil and reported that there is no statistical significance between violence or the type of violence with the socio demographic variables of the studied subjects.

## CONCLUSION

About two thirds of studied subjects had unsatisfactory knowledge about domestic violence. Also, one fifth of studied subjects had high and moderate domestic violence. Moreover, one fifth of studied subjects had high and moderate minor psychiatric disorders. Furthermore, there was slight positive correlation between total knowledge and total health at p value <0.05\*. Slight negative correlation was noticed too between domestic violence and girls' knowledge and health with p value <0.05\*.

## RECOMMENDATIONS

The researchers also recommend conducting other studies on the impact of violence on other mental health problems and how they should be treated. Workshops to mentors and therapists must be organized to educate them about how to treat child victims of family and school violence's problems. Research on adolescent mental health in times of pandemics is necessary, as such a pandemic may continue or repeat. Newer research conducted must conceptualize the relationship between lockdown, personality traits and behavioral wellbeing to help improve COVID-related assessments. Awareness campaigns on a national level are imperative to remove the stigma around mental health and these programs should help the public realize the severity of the issue. Additionally, telehealth centers should be developed particularly in remote areas where people have access to quality e-therapies.

## CONFLICT OF INTEREST

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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## REFERENCES

1. Aqeel, M., Abbas, J., Shuja, K. H., Rehna, T., Ziapour, A., Yousaf, I., & Karamat, T. (2022). The influence of illness perception, anxiety and depression disorders on students mental health during COVID-19 outbreak in Pakistan: a web-based cross-sectional survey. *International Journal of Human Rights in Healthcare*, 15(1), 17–30.
2. Australian Institute of Health and Welfare. (2019). *Australia's National Research Organisation for Women's Safety (2018)*.
3. de Oliveira, S. M. T., Galdeano, E. A., da Trindade, E. M. G. G., Fernandez, R. S., Buchaim, R. L., Buchaim, D. V., da Cunha, M. R., & Passos, S. D. (2021). Epidemiological study of violence against children and its increase during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 18(19), 10061.
4. England, P. H. (2020). Stay at home: guidance for households with possible coronavirus (COVID-19) infection. *English. Mar*.
5. Gershman, J. (2020, May 20). *Guide to State Coronavirus Reopenings and Lockdowns. The Wall Street Journal 2020*. The Wall Street Journal.
6. Gittings, L., Toska, E., Medley, S., Cluver, L., Logie, C. H., Ralayo, N., Chen, J., & Mbithi-Dikgole, J. (2021). 'Now my life is stuck!': Experiences of adolescents and young people during COVID-19 lockdown in South Africa. *Global Public Health*, 16(6), 947–963.
7. Guessoum, S. B., Lachal, J., Radjack, R., Carretier, E., Minassian, S., Benoit, L., & Moro, M. R. (2020). Adolescent psychiatric disorders during the COVID-19 pandemic and lockdown. *Psychiatry Research*, 291, 113264.

8. Hossain, M. M., Asadullah, M., Rahaman, A., Miah, M. S., Hasan, M. Z., Paul, T., & Hossain, M. A. (2021). Prediction on domestic violence in bangladesh during the covid-19 outbreak using machine learning methods. *Applied System Innovation*, 4(4), 77.
9. Kőlves, K., & De Leo, D. (2016). Adolescent suicide rates between 1990 and 2009: Analysis of age group 15–19 years worldwide. *Journal of Adolescent Health*, 58(1), 69–77
10. Kourti, A., Stavridou, A., Panagouli, E., Psaltopoulou, T., Spiliopoulou, C., Tsolia, M., Sergentanis, T. N., & Tsitsika, A. (2023). Domestic violence during the COVID-19 pandemic: a systematic review. *Trauma, Violence, & Abuse*, 24(2), 719–745
11. Liu, Y., Yue, S., Hu, X., Zhu, J., Wu, Z., Wang, J., & Wu, Y. (2021). Associations between feelings/behaviors during COVID-19 pandemic lockdown and depression/anxiety after lockdown in a sample of Chinese children and adolescents. *Journal of Affective Disorders*, 284, 98–103.
12. Margraf, J., Brailovskaia, J., & Schneider, S. (2020). Behavioral measures to fight COVID-19: An 8-country study of perceived usefulness, adherence and their predictors. *Plos One*, 15(12), e0243523.
13. Robert koch institu. (2020). *Täglicher Lagebericht des RKI zur Coronavirus-Krankheit-2019 (COVID-19)*.
14. Samji, H., Wu, J., Ladak, A., Vossen, C., Stewart, E., Dove, N., Long, D., & Snell, G. (2022). Mental health impacts of the COVID-19 pandemic on children and youth—a systematic review. *Child and Adolescent Mental Health*, 27(2), 173–189.
15. Saurabh, K., & Ranjan, S. (2020). Compliance and psychological impact of quarantine in children and adolescents due to Covid-19 pandemic. *The Indian Journal of Pediatrics*, 87, 532–536.
16. Sediri, S., Zgueb, Y., Ouanes, S., Ouali, U., Bourgou, S., Jomli, R., & Nacef, F. (2020). Women’s mental health: acute impact of COVID-19 pandemic on domestic violence. *Archives of Women’s Mental Health*, 23, 749–756.
17. Sohrabi, C., Alsafi, Z., O’neill, N., Khan, M., Kerwan, A., Al-Jabir, A., Iosifidis, C., & Agha, R. (2020). World Health Organization declares global emergency: A review of the 2019 novel coronavirus (COVID-19). *International Journal of Surgery*, 76, 71–76.
18. Sterling, M. (2011). General health questionnaire–28 (GHQ-28). *Journal of Physiotherapy*, 57(4), 259.
19. Zhang, H. (2022). The influence of the ongoing COVID-19 pandemic on family violence in China. *Journal of Family Violence*, 37(5), 733–743.
20. Terentyev, V. V., Andreev, K. P., & Shemyakin, A. V. (2019). Improving the quality of transport services for the city population. *Problems of Research of Automotive Transport Systems and Means*, 39–43.

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