HAIGAZIAN UNIVERSITY

The Relationship Between COVID-19 Lockdown and The Emotional Aspect of Intimate Partner Violence (IPV) Among Lebanese Adults

Nabil Atallah

A Thesis submitted to the Faculty of Social and Behavioral Sciences in partial fulfillment of the requirements for the Master of Art in Psychology – Emphasis: Clinical at Haigazian University.

Beirut - Lebanon
May 2023

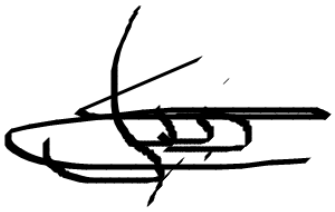
Thesis Release Form

I, Nabil Atallah

☑ authorize Haigazian University to supply copies of my thesis to libraries or individuals upon request.

☐ do not authorize Haigazian University to supply copies of my thesis to libraries or individuals for a period of two years starting with the date of the thesis defense.

Signature



Date

May 2, 2023

A Thesis
Entitled

The Relationship Between COVID-19 Lockdown and The Emotional Aspect of Intimate Partner Violence (IPV) Among Lebanese Adults

By Nabil Atallah

is accepted by the Graduate Thesis Committee as satisfying the thesis requirements for the degree Master of Arts/ Clinical Psychology

Date: May 2, 2023	Signature of Thesis Committee Chairperson
Date: May 2, 2023	Signature of Thesis Committee Member
Date: May 2, 2023	Signature of Thesis Committee Member

Haigazian University
May 2023

DEDICATION

In the midst of a pandemic called COVID19,

Behind closed doors, a crisis unforeseen,

With words that sting, a subtle game,

Emotional abuse, its hidden flame.

Confined at home it starts so small,

Invisible wounds that begin to crawl,

The abuser's tactics, a web so tight,

Binding the victim with fear and fright,

Isolation, humiliation, and shame,

The victim struggles, but can't reclaim.

But courage rises, a flicker of light,

Breaking through the darkness, so bright,

Healing begins, a journey anew,

For those who've suffered, and for you too.

A thesis written, a story told,

Raising awareness, breaking the mold,

Emotional abuse, no longer ignored,

Let's stand together and break its chord.

This thesis is dedicated, with heartfelt care,

To those who suffered, in the lockdown's snare,

May this thesis be a beacon of hope,

For those who've struggled, who couldn't cope.

ACKNOWLEDGMENT

To Dr. Hanine Hout, all what did for me in this journey
Your commitment to excellence, an inspiration,
Your encouragement and motivation, so sincere,
Your generosity of time and effort, so kind,
Always going the extra mile, with a heart so refined,
Your unwavering support, a pillar of strength,
Your dedication and presence, a treasure so rare,
For which I'm thankful, beyond compare.

Gratitude and grace,
To Dr. Lara El Khatib,
Through your outstanding teaching methods and dynamic ways,
You light up the classroom, like sunshine rays.

Heartfelt appreciation,
To Dr. Lucie Tavitian,
For the brilliant expertise and patience, you've generously shared,
For the encouragement and support, always cared.

Deepest appreciation,
To Dr. Marwan Gharzedine,
Drawing from research and experience alike,
Your wisdom and knowledge, a valuable strike.

With love and cheer,
To Dr. Rana Zayek, so wonderful and so dear,
Your passion and fun teaching, an inspiration for all,
Igniting a love for learning, standing tall.

Appreciation from the heart,
To Dr Sanaa Jehi,
Your unconditional support a work of art,
At all times, you are there, my guiding light.

Gratitude and praise,
To Dr. Vartan Agopian and Dr. Ahlam Klailat's,
With expertise and insight, you've guided me through,
Improving the outcome of this thesis, anew

I express my gratitude to Haigazian University,
To all the faculty and staff, I interacted with for displaying skills and grace in every occasion.
To my colleagues for being a diverse and vibrant community that I am honored to be part of.

Table of Contents

List of tables

List of figures

Abstract

The purpose of this study was to investigate the relationship between COVID-19 lockdown and the emotional abuse among adult Lebanese intimate partners. Since the COVID-19 pandemic outbreak, several studies highlighted the impact on mental health due to the change imposed on individuals such as social distancing, lockdown, and movement/travel restrictions (Holmes et al. 2020, Layard et al. 2020). COVID-19 pandemic imposed on partners in intimate relationships the experience of multiple forms of external stressors that have destabilized their regular relationship pattern. (Pietromonaco & Overall, 2020). The Vulnerability-Stress Adaptation Model (VSAM), in which the pattern shows that the quality and stability of an intimate relationship among couples is affected directly by the couple's ability to endure and adapt with stressful events such as COVID-19 lockdown. The quantitative nonexperimental cross-sectional survey design was used in the study. The Multidimensional Measure of Emotional Abuse (MMEA) and survey questionnaire were the instruments used in the process of conducting this research with 104 participants. Results showed that the numbers deviated more towards a negative attitude of the participants towards ending their intimate relationship with their partner during COVID-19 lockdown. The number of children showed to be a significant predictor in our data for the impression of participants about their partners' emotionally abusive attitude towards them. There was no significant difference between both genders in the impression of participants about their emotionally abusive attitudes towards their partners during COVID-19 lockdown. We recommend to conduct further research on emotional abuse among intimate partners in Lebanon, including its prevalence, risk factors, and long-term effects.

Keywords: Emotional Abuse, COVID-19 Lockdown, Intimate Partner Violence, VSAM.

The Relationship Between COVID-19 Lockdown and The Emotional Aspect of Intimate Partner Violence (IPV) Among Lebanese Adults

Since the COVID-19 pandemic outbreak, several studies highlighted the impact on mental health due to the change imposed on individuals such as social distancing, lockdown, and movement/travel restrictions (Holmes et al. 2020, Layard et al. 2020). Yu et al. (2008) described the crisis as a low probability with a high impact event that encompasses vagueness and insecurity in terms of solution, and outcome. Accordingly, the COVID-19 pandemic outbreak was considered a crisis worldwide. Kofman and Garfin (2020) showed that increase in Intimate Partner Violence are associated with crises, such as, Hurricane Katarina in USA in 2009, earthquakes in USA in 1998, floods in USA 2012, oil spills in USA 2017, tsunami in Indonesia 2010, and bushfire in Australia 2019.

The World Health organization defines Intimate partner violence (IPV) as "Behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors" (WHO, 2021, p. vii). Kofman and Garfin (2020) stated that increase in Intimate Partner Violence, initially triggered by a crisis onset, escalates for years throughout the resolution phase. Millions of people from both genders are victims of emotional abuse in an intimate relationship (Smith et al. 2018). APA (2020) expressed their concern about an increase in intimate partner violence among couples due to COVID-19 lockdown and the social distancing.

The lockdown obligation enforced by multiple governments around different countries, among them Lebanon (Table 1.1), due to the Coronavirus-19 (COVID-19) pandemic, imposed on people in general and intimate partners in particular, a variety of stressors such as: movement

restriction in general, the inability to go on dates together, and the obligation of partners to be present physically more together, while giving less attention to each other especially, if one or both are busy executing their work online from home. There was the financial impact for self-employed professionals as well as the restrictions in performing social activities such as meeting friends, outdoor hobbies, etc. that were considered major stressors for many couples during the pandemic. Before the lockdown, it was much easier to those who suffered violence and aggression to report to the police or seek refuge. The COVID19 lockdown imposed on those victims around the world to stay at home with their partners and suffer from ongoing aggression that might be highly dangerous (APA, 2020; Jarnecke, et al., 2020). Intimate Partner Violence escalated dramatically across different countries in the world such as: China, Brazil, Italy, Cyprus, Spain, and others. (Kelly, 2020; Molyneaux et al., 2020; Wanqing, 2020)

Table 1.1

Covid19 in Lebanon: Timeline - Major Lockdown / Closure (NNA, 2020)

Y- M- D	Lockdown	Closure / Reopen
2020-03-06		Closure: Cinemas, theaters, nightclubs and gyms
2020-03-11		Closure: Restaurants
2020-03-12		Closure: Major Malls
2020-03-16		Closure: Airport, borders and seaports
2020-03-18	Lockdown across Lebanon	
2020-03-26	Partial curfew from 7 p.m. to 5 a.m	
2020-04-09	Extension of the national lockdown	
2020-05-04		Reopen: Restaurants and barbers (partial capacity)
2020-05-05	Extension of the national lockdown	
2020-05-24	Termination of national lockdown	Reopen: all institutions (partial/full capacity)
2020-08-18	Lockdown across Lebanon	
2020-09-01	Termination of national lockdown	
2020-10-11	Lockdown of 111 towns and villages	
2020-10-12	Lockdown of 169 towns and villages	
2020-10-12		Closure: Nightclubs and bars
2020-11-02	Curfew from 9pm to 5am. Lockdown of 115 towns and villages.	
2020-11-16	Curfew from 10pm to 5am.	Reopen: all institutions (partial/full capacity)
2021-01-14	National lockdown	

Emotional abuse as a concept

Framing the concepts of emotional abuse or the emotional aspect of IPV seemed challenging due to several reasons. The first challenge was terminology. To refer to the concept of emotional abuse several mental health professionals and behavioral researchers use different terms such as: mental abuse, psychological abuse, emotional violence, emotional maltreatment, emotional abuse, mental cruelty, mental injury, emotional neglect, psychological battering, coercive family processes (Adam et al., 1997). In this study the terms “emotional abuse” and “the emotional aspect of IPV” are used interchangeably.

The second challenge was the definition. Mental health professionals and behavioral researchers did not reach yet a consensus regarding the definition of the concept of emotional abuse. Here are several definitions:

“Emotional abuse [it] is a very effective tactic used by abusive partners to obtain power and control and it can cause extreme damage to the victim’s self-esteem.” (NNEDV- National Network to End Domestic Violence, 2017, Emotional Abuse section)

"Any act including confinement, isolation, verbal assault, humiliation, intimidation, infantilization, or any other treatment which may diminish the sense of identity, dignity, and self-worth.” - (Tracy, 2012, para.1)

“Emotional abuse is any kind of abuse that is emotional rather than physical in nature. It can include anything from verbal abuse and constant criticism to more subtle tactics, such as intimidation, manipulation, and refusal to ever be pleased.” (Counseling Center at University of Illinois Urbana-Champaign, 2007, para.1)

“Emotional abuse can be defined as any nonphysical behavior that is designed to control, intimidate, subjugate, demean, punish, or isolate another person through the use of degradation, humiliation, or fear.” – (Engel, 2002, p.12)

This study adopted the following definition formulated by Emily DeSanctis (2020) because it is inclusive of the major inclusive elements of emotional abuse concept which are: nonphysical, is a pattern, occurs over time, and is harmful to the victim.

> Emotional abuse is any abusive behavior that isn’t physical, which may include verbal aggression, intimidation, manipulation, and humiliation, which most often unfolds as a pattern of behavior over time that aims to diminish another person’s sense of identity, dignity, and self-worth, and which often results in anxiety, depression, suicidal thoughts or behaviors, and post-traumatic stress disorder (PTSD). (DeSanctis, 2020, Emotional Abuse section)

The third challenge in framing the concept of emotional abuse was identification. Sexual and physical forms of abuse are easier to identify because of visual and measurable physical symptoms, because they could be placed in a specific time and date. Emotional forms of abuse are more subtle because they could occur for years unnoticed by the victims (Daphne, 2006).

The fourth challenge was reporting. In physical and sexual abuse sometimes witnesses (such family members or friends) would report such forms of abuse, while in Emotional Abuse witnesses remain silent (Engel, 2002). Due to the following major factors, people who suffer from emotional abuse consider that all partners treat each other in such a way, that fighting is normal in an intimate relationship like theirs. Among healthy and stable couples, it is accepted that disagreements and arguments do happen throughout their relationship, but these forms of confrontations aren’t intended to emotionally harm, control, overpower, or intimidate the partner

(Jacobson & Gottman, 1998). People who suffer from emotional abuse in an intimate relationship deny or attenuate the impact of abuse on themselves, label them as “simple conflicts” or “love spats” while in fact they are being subjected to dangerously coercive psychological, behavioral, and physical harm. Victims who acknowledge that they are being subjected to emotional abuse tend to guiltily themselves instead of blaming the other but rather try to find excuses for the abusive behaviors of their partners (Engel, 2002).

The fifth challenge in framing the concept of emotional abuse was timeline. Sexual and physical forms of abuse are easier to identify because they take place in a specific time and date. On the other hand, emotional abuse could be covert or subtle and can go on repetitively unnoticed by the victim. “Did your partner physically assault you?” is most of the time the one (and sometimes the only) question asked to the victim of emotional abuse as if there are no other form of abuse or as if the physical forms of aggression that the victim is suffering from is the only one that matters. Additionally, the victim finds it hard to remember the timeline of the evolution of the emotional abuse in their intimate relationship (DeSanctis, 2020).

Finally, the sixth challenge in framing the concept of emotional abuse was jurisdiction and law. Sexual and physical forms of abuse are easier to identify because of visual and measurable physical symptoms. While a domestic violence law was passed in Lebanon, in 2014, it has been criticized for not offering adequate protection, as it has too narrow a definition of violence and is not widely implemented by authorities. Lebanese reported distrust in Religious and Legal Courts mainly because they believe that these court personnel are corrupt and because the jurisdiction and sectarian laws are unfair (Kafa & Ipsos, 2014).

Having taken all these challenges to into consideration, it was important to note that emotional abuse significantly increases the risk and intensity of chronic fatigue syndrome and

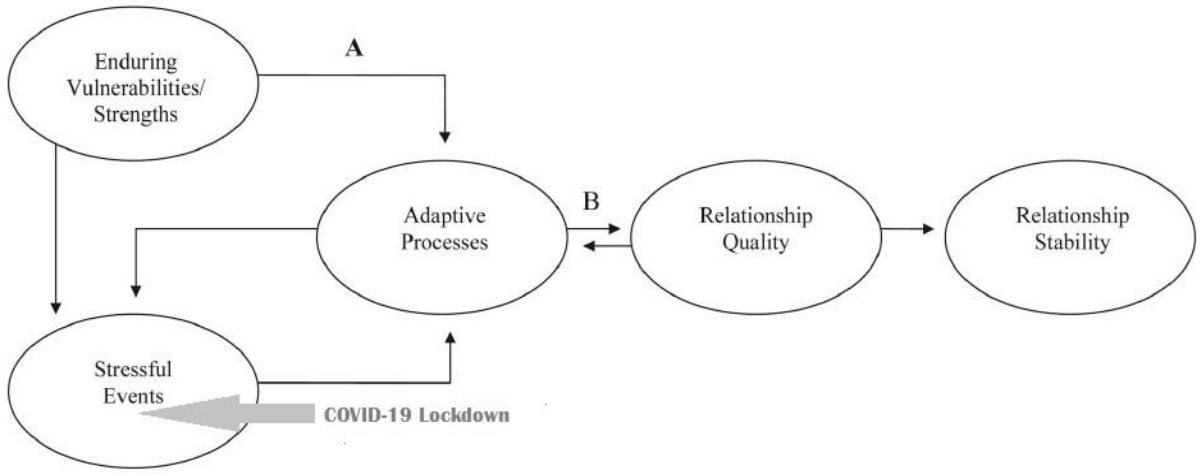
fibromyalgia (Van Houdenhove et al. (2001). Emotional abuse consequences can include internalizing disorders, externalizing disorders, general psychiatric morbidity and impairment, low self-esteem, and many others. On the short term, victims of emotional abuse experience physical and behavioral symptoms including confusion, fear, hopelessness, shame, difficulty concentrating, mood swings, muscle tension, nightmares/ night terrors, racing heartbeat, various aches and pains. On the long run, however, many of them suffer from symptoms, such as, depression, anxiety, chronic pain, guilt, insomnia, social withdrawal, and suicidal ideations (Daphne, 2006).

Conceptual Framework

COVID-19 pandemic imposed on partners in intimate relationships the experience of multiple forms of external stressors that have destabilized their regular relationship pattern. (Pietromonaco & Overall, 2020). The Vulnerability-Stress Adaptation Model (VSAM), in which the pattern shows that the quality and stability of an intimate relationship among couples is affected directly by the couple's ability to endure and adapt with stressful events such as COVID-19 lockdown (Figure 1.1). Moreover, the VSA model was selected for this study because it highlights the importance of stressful events on the quality and stability of the intimate relationship of the couple as compared to the social learning conception model of marriage developed by Jacobson and Margolin (1979) that centralize on the interpersonal exchange among partners excluding the external factors. Additionally, Wunderer, et al. (2008) demonstrated that multiple research rely on the vulnerability-stress-adaptation model (VSAM) as a framework to examine associations and dissociations between stressful events and couple's quality and stability.

Figure 1.1

The vulnerability-stress-adaptation model (VSAM) developed by Karney and Bradbury (1995) and COVID-19 Lockdown.



Contextual Framework

First, it is important to note that the framework of this research contextualized the rationale of studying the relationship between COVID-19 lockdown and the emotional abuse among couples in Lebanon according to the following contextual premises: Lebanon was, and still is, passing through so many stressors such as the financial crisis, the unstable political situation, and the national security concerns related to the explosion at the Port of Beirut on August 4, 2020 (World Bank, 2021). Unlike the COVID- 19's lockdown stressor, these stressors did not impose on the couples to stay together for longer hours, a situation which might have caused damaging influences on the couples' relationship quality entity of the VSAM model. Additionally, the COVID- 19's lockdown stressor was explicitly indicated to the participants in this study as the cause for any variations related to the emotional abuse before and after COVID-19's lockdown.

Rationale of the Study

Most published studies conducted in Lebanon focused more on the physical aspect of abuse rather than the emotional one (Obeid & Hallit, 2018). Additionally, most studies conducted on emotional abuse in Lebanon examined children and young teens as their major study sample (Obeid & Hallit, 2018). This study aimed to examine the emotional aspect of IPV exclusively among adult Lebanese intimate partners. Second, most studies assessed Intimate Partner Violence in which the woman is the victim which is understandable due to the patriarchal nature of Lebanese society, and the huge injustice imposed by sectarian and jurisdiction laws in Lebanon (Kafa & Ipsos, 2014). This study was not gender biased but rather sought to assess emotional abuse among both genders. Finally, the number of studies on emotional abuse in Lebanon related to COVID-19 lockdown seemed to be inexistent at present time therefore this study sheds the light on this aspect of the pandemic in Lebanon.

Purpose and Research Questions

The purpose of this study is to investigate the relationship between COVID-19 lockdown and the emotional abuse among adult Lebanese intimate partners. In this research we attempted to answer the following questions among adult Lebanese intimate partners:

1) Do Lebanese adults believe that COVID-19 lockdown increased the emotional abuse in their relationship at the time of the pandemic?

2) Do Lebanese adults, who did not have to abide by the COVID-19 lockdown, experience less emotional abuse in their relationship than those who had to?

3) Have Lebanese adults thought about ending their intimate relationship with their partner during COVID-19 lockdown?

4) Did the emotional abuse change as a function of the gender, age, and number of children for the couple during the lockdown?

Significance of the Study

This study was significant on the theoretical dimension of evidence-based research for two reasons: 1) it highlighted COVID-19's lockdown positioning as an external stressor entity of the vulnerability-stress-adaptation model (VSAM) developed by Carney and Bradbury (1995). 2) The expected performance quality among intimate partners was highly impacted by the emotional experience induced by the behavioral exchange among partners as shown in multiple behavioral analysis studies (Keltner et al., 2001; Johnson et al., 2005; Campos et al., 2006). This study highlighted the role of the modified intimate couple's routine and dynamism caused by COVID-19's lockdown in impacting the emotional experience from a behavioral perspective. As for clinical implications, this study examined COVID-19 lockdown as a stressor impacting the couple's negative perceptions of each other and their relationship across couple's demographics. According to Cognitive and Behavioral Couple Therapy (CBCT), the impact of such stressor yields to an increase in the emotional aspects of the Intimate Partner Violence (IPV) (Epstein & Baucom, 2002; Bronfenbrenner, 1989; Carney & Bradbury, 1995), and reduces the intimate couple's expectations of each other. That said, it becomes difficult for them to overcome these stressors, and consequently upsurge their conflict interactions, specifically the physical and/or emotional abuse (Alan et al., 2015). Hence, this study should help therapists understand the dynamics at play between the partners and hence, intervene appropriately and effectively.

As societal significance, this study is relevant to pertinent policy makers and NGOs available in Lebanon that deal with emotional abuse among couples.

Chapter 2

Literature Review

The purpose of this chapter is to provide the necessary context for the investigated hypotheses in this study.

IPV and Lockdown Measures of COVID19

The United Nations Population Fund concluded that 20% upsurge in IPV worldwide (a population size of approximately 15 million) was the direct result of 90 days lockdown imposed by governments due to (COVID-19) pandemic (UNFPA, 2020). The lockdown imposed by governments due to (COVID-19) pandemic was considered the most impactful context in which IPV can occur because of the following dynamics: social isolation, stress, substance abuse, economic anxiety, and lack of accessible public resources for intervention (Williams & Bailey, 2020). The imposed lockdown isolated victims of IPV with their abusers and led to expose them to further injuries. Specifically, Williams and Bailey (2020) considered the lack of access to external social support systems, such as, neighbors, religious gatherings, and schools as well as professional mental health support, such as, counseling and therapy, during the lockdown period, as putting the victims of abuse at a greater risk from their abuser. Even counseling and therapy, during the lockdown period were difficult to obtain because of privacy deprivation.

COVID19 and the Lebanese Government Initiatives

The findings in literature demonstrated that there is no particular attention given to Intimate Partner Violence by the Lebanese government. Although COVID19 pandemic is the first type of crisis that hit Lebanon and was considered a mental health priority (Khoury et al., 2020), there was no nationwide response to mental health in general or emotional abuse in particular. In association with WHO and UNICEF, the Lebanese National Mental Health

Program (NMHP), established a broad Mental Health and Psycho-Social Support (MHPSS) Action Plan as part of the National COVID-19 Response (Figure 2.1). The purpose of COVID-19 MHPSS Action Plan was to target the MHPSS aspects of the COVID-19 outbreak in Lebanon using a cohesive method (Chammay & Roberts, 2020). The Lebanese government asked private medical institutions to support the public sector as COVID-19 number of cases was increasing across the country. As a response to this call, the American University of Beirut Medical Center (AUBMC) opened a Pandemic Evaluation Clinic and Center (PECC) offering inpatient and outpatient testing, treatment, and counsel (Chammay & Roberts, 2020). The mental health professionals at AUBMC developed a strategy that was composed of two folds: the first targeted patients at PECC and AUBMC clinic and the second addressed health workers on the field. Patients were asked four questions on the Patient Health Questionnaire upon coming in for testing covering current mental status, mental health history, quarantine status, and stigmatization concerns. Afterwards the patient was offered online daily group or individual support sessions depending on intensity of distress. The elements addressed in the intervention were coping with anxiety and depression, negative emotions, negative thinking, social isolation, family-related issues, stigma, guilt, or shame around the COVID-19, ending quarantine, and lessons learned. As for health workers on the field, they were offered individual counseling sessions when needed, also psycho-educational webinars were held (Chammay & Roberts, 2020).

The National Mental Health Program at the Ministry of Public Health raised awareness via social media as so did the Lebanese Psychological Association (LPA) who also conducted a series of interactive webinars focusing on mental health during the pandemic.

Figure 2.1
Goals of MHPSS Action Plan for the National COVID-19 Response in Lebanon (Photo courtesy Chammay and Roberts, 2020)

Goals of MHPSS Action Plan for the National COVID-19 Response in Lebanon

Goal	Example activities
Goal 1: Promote mental health and mitigate COVID-19 related stressors including stigma and discrimination against persons affected and health workers	• Mainstreaming MHPSS awareness messages in training of frontline workers. • National campaigns on COVID-19 related stigma and supporting youth mental health. • Disseminating MHPSS awareness material for coping with stress and referral sources. • MHPSS checklists, training, and referral sources for COVID-19 hotline operators.
Goal 2: Provide mental health support to the persons in quarantine in the hospital or at home	• Checklists, training, and referral support for nurses and responders. • Phone-based MHPSS support. • Disseminating MHPSS guidance and tools for coping with stress.
Goal 3: Support the mental health of health workers and first responders in the response	• Brief training for nurses working in quarantine on self-care using recorded videos and a provided self-care tip-sheet. • Support system for health workers in the quarantines (including phone-based support from mental health professionals). • MHPSS information, regular meetings, and referral support
Goal 4: Ensure continuity of care for persons using mental health services in line with Infection Prevention and Control guidelines	• Guidance on conducting phone-based mental health consultations and follow-up. • Mandatory directive that all public and private hospitals with a psychiatry ward admit patients in need of urgent care regardless of their capacity to pay.

Note: MHPSS = Mental Health and Psycho-Social Support. (NMHP, WHO, & UNICEF, 2020)

Domestic Violence during COVID19 in Lebanon

Ghida Anani (2020), the director of Abaad Resource Centre for Gender Equality (ARCGE), announced that since the COVID19 lockdown across Lebanon, the number of victims of domestic violence up surged remarkably. She reported 20% escalation in demands on the ARCGE hotline from victims of domestic violence asking for a safe place to stay. She also reported that the number of domestic violence reported to the Internal Security Forces in Lebanon doubled in March 2020 compared to March 2019 during the lockdown. Anani added that the numbers did not portray the actual situation because several victims refrained from reporting violence unless it was life threatening and because they believed that COVID19 pandemic was a priority over their suffering. Anani stated that some victims were deprived of

privacy due to COVID19 lockdown to be able to seek help or report abuse. Finally, Amani concluded that many victims did not know that domestic violence NGOs or support institutions are open during lockdown to help them (Kadi, 2020). It is worth noting that the Lebanese government, at the time of the pandemic, did not mention that the NGOs that were concerned with domestic violence were on the exclusion list of institutions and hence were exempted from the lockdown, such as, supermarkets and bakeries (NNA, 2020). According to the World Health Organization, the Middle East scored 37% of violence against the feminine gender as the second top frequency in the world, mainly because of gender inequality. Additionally, Lebanon is ranked as number 145 out of 153 countries in the World Economic Forum's global gender gap index (UN, 2020).

COVID-19 MENA (Middle East and North Africa region), a consumer sentiment tracker by IPSOS (multinational market research and consulting firm), reported that since the COVID19 lockdown, the number of domestic violence committed against women has been escalating. They declared that 10% of participants suffered from growth increase in harassment, aggression, and hostility since the COVID19 lockdown. Moreover, 37% participants from the feminine gender felt less safe at home since the COVID19 lockdown. Additionally, KAFA, a Lebanese NGO that supports victims of domestic violence, stated that victims from the feminine gender had been reaching out to them via text or social media as they tried to avoid being caught by their abusers during COVID19 lockdown as well (Kadi, 2020).

IPV and the Gender Factor

People from both genders are victims of intimate partner violence that occurs among different gender combination couples whether they are married, dating or cohabiting (Howe, 2012). According to Hamel (2014), physical forms of abuse are mostly associated with the

masculine gender, however the gender isn't a determinate of emotional abuse as both feminine and masculine genders abuse emotionally each other at almost equal frequency rate. Carney and Braner (2012) conducted a systematic review of the literature on emotional abuse occurrence. They reported that the average approximately 80%, 40% of women and 32% of men testified verbal abuse aggression. Furthermore, 41% of women and 43% of men stated that they were subjected to intimidation. In a study of 250 participants on emotional abuse with multi-group analysis with 2 groups, female (n = 141) and male (n = 109), younger men reported experiencing higher levels of emotional abuse, which declined with age. Older females reported experiencing less emotional abuse than older males. Overall, emotional abuse was more common in younger participants (Karkut and Silver, 2013).

Local literature review in Lebanon focused mainly on the increase of the physical aspect of IPV among Lebanese couples, in which women were the major victims. As for the emotional aspect of IPV related to COVID-19 lockdown, the number of studies in Lebanon seemed to be inexistent at present time. Research has consistently found that emotional abuse is more commonly perpetrated by men against women, and that women are more likely to experience emotional abuse than men in intimate partner relationships (Dasgupta, 2019; Tolman & Edleson, 2011). This may be due to gender-based power imbalances and societal norms that reinforce traditional gender roles and expectations, which can contribute to men using emotional abuse as a way to control and dominate their partners (Dasgupta, 2019). Additionally, women may be more likely to report emotional abuse and seek help, while men may be socialized to downplay or dismiss emotional abuse as less serious or less harmful than physical abuse (Tolman & Edleson, 2011). Research has shown that women can be perpetrators of emotional and physical abuse in intimate partner relationships (Dutton, 2012; Hamel, 2009). While women are less

likely to use physical violence than men, they may use other forms of abuse, such as emotional abuse and controlling behaviors, to maintain power and control in their relationships (Hamel, 2009). Furthermore, research indicates that emotional abuse is a gender-neutral issue and occurs equally among both men and women in intimate relationships (Cook, 2020; Lövestad & Krantz, 2014; Rizo & Macy, 2011). Thus, this study addressed emotional abuse in intimate relationships, regardless of gender.

Lockdown with Children among Couples

The closure of schools, daycares, and child education institutions such as sport and art schools imposed additional stressors on parents that are supposed to work from home during COVID-19 lockdown (Fontanesi et al., 2020). Researchers from the University of Miami developed the COVID-19 household Environment Scale (CHESS) and used it to demonstrate the high difficulty to control the intensity of stress among family members during IPV (Behar-Zusman et al., 2020). Shockley and Colleagues (2020) used a dual time data collection in order to investigate gender dynamics among dual-earner couples with young children during COVID-19 lockdown. In (Time 1) they investigated 274 couples right after the closings of schools and daycares across the United States due to COVID-19. After (6.5-8.5 weeks) they initiated (Time 2) data collection from 179 couples from the initial sample to assess the following elements: plan for managing childcare and work commitments (Time 1) versus actual implementation of plan (Time 2), family functioning (Time 2), and health (Time 2). Results from (Time 1) showed that in 36.6% of the sample women did most or all childcare, 18.9% of the sample where almost egalitarian, and 44.5% decided on egalitarian strategies. Results from (Time 2) showed that women in the “Remote Wife Does It All” class had the lowest well-being and performance. The presented study lacked validity because the sample used was of a high average income and the

results might have differed with another sample. The study didn't investigate other stressors that might have occurred during the lapse of time between (Time 1 and Time 2) such as the death or the illness in the family. This study didn't compare the results with similar situations in which the lockdown is imposed, such as, extreme weather. Moreover, women reported more pain and discomfort, regardless of the presence of children, than men with children. Women with children experienced increased stress compared with men with children. Women without children experienced less work-family conflict, and those without children experienced less family-work conflict than men with children (Graham et al., 2021).

Statistics Canada (2020) revealed that 76% percent were concerned about their children of various ages due COVID-19 lockdown. These parents' concerns were such as: 1) 74 % about balancing childcare, schooling and work, 2) 61% managing child's and children's behavior stress levels, anxiety and emotions, 3) having less patience, raising their voice, scolding, or yelling at their children. Children at home were associated with less general physical and mental well-being after working from home (Xiao et al., 2021). These reviews of literature portrayed COVID-19 lockdown as a major stressor in itself, especially for families with children, and work from home jobs. It shows also that women suffer more from this situation.

IPV and the Employment Factor

Victims of IPV have difficulty getting employment due to lack of housing, psycho-emotional issues, lack of documentation or personal identification, lack of food and clothing, a lack of childcare or experiencing child-related issues and more (Interval House, 2016). Even if they get employment, victims of IPV have difficulty maintaining employment because of the perpetrator controlling their appearance, sabotaging their work, interfering with their work, or controlling their finances (Borchers et al., 2016). Vaziri et al. (2020) conducted a study to

investigate transitions in employees' work–family interfaces from before to after COVID-19 outbreak. The authors replicated data of a profile analysis study (Study 1 named non-pandemic data) into (Study 2 named pandemic data) in order to explore employees' profiles transition on conflict and enrichment variables from before to after COVID-19 outbreak. The results showed that employees were inclined to experience undesirable transitions if they had high segmentation preferences, engaged in emotion-focused coping, experienced higher technology pressure, and had subordinates who lacked compassion. Lesser work contentment and job performance, and higher income objective were linked to negative transitions through COVID-19. The authors acknowledged the lack of reliability of the study because the sample examined might have gone through changes in work position, job description, change of supervisor, or family structure such as the birth of a new child. Therefore, COVID-19 imposed transition stress on employees from both genders. Drawing on the above literature, we concluded that the practice of the emotional aspect of IPV during COVID-19 lockdown increased among employed couples whereas the literature lacked studies of such relationship between COVID-19 lockdown on unemployed couples, especially in Lebanon.

IPV and the Age Factor

Peterman et Al. (2013) stated that younger women are at a higher risk of IPV; however reliable confirmation on age of the onset of IPV is missing, nonetheless they concluded that primary prevention for IPV must take place before age 19 years. Peterman et Al (2015) gathered from 2005 to 2014 information about married women having age ranging between 15-49 years old from 30 different countries across Africa, Asia, Eastern Europe, and Latin America and the Caribbean. They reported the following: 1) 29% of participants reported IPV. 2) The first experienced IPV post-union on average occurred 3.5 years after cohabitation. 3) Around 38.5%

and 67.5% of those ever-experiencing IPV did so within 1 year and 3 years after cohabitation. 4) Regionally, average age at first abuse among once married women is 22.1 years (Peterman et Al., 2015).

In a study of 250 participants on emotional abuse with multi-group analysis with 2 groups, female (n = 141) and male (n = 109), younger men reported experiencing higher levels of emotional abuse, which declined with age. Older females reported experiencing less emotional abuse than older males. Overall, emotional abuse was more common in younger participants (Karkut and Silver, 2013).

Based on the above discussed review of literature, the following research questions and hypotheses were examined:

1) Do Lebanese adults believe that COVID-19 lockdown increased the emotional abuse in their relationship at the time of the pandemic?

2) Do Lebanese adults, who did not have to abide by the COVID-19 lockdown, experience less emotional abuse in their relationship than those who had to?

3) Have Lebanese adults thought about ending their intimate relationship with their partner during COVID-19 lockdown?

4) Did the emotional abuse change as a function of the gender, age, and number of children for the couple during the lockdown?

H1: The following variables: higher number of lockdown hours per day, larger number of children at home, stronger beliefs in the ideation of ending an intimate relationship, and younger intimate partners, predict higher scores of emotional abuse during COVID-19 among adult Lebanese intimate partners.

H2: There is no gender difference in the practice of emotional abuse among adult Lebanese intimate partners during COVID-19 lockdown.

H3: Older female adult Lebanese intimate partners score lower than the older male adult Lebanese intimate partners on the practice of emotional abuse, during the COVID-19 lockdown.

Chapter 3

Method

Ethical Considerations

This study obtained the approval the Ethics Committee of the Faculty of Social and Behavioral Sciences at Haigazian University. No potential negative consequences or risks were expected from participating to the study because participation procedure was confidential and conducted online in the comfort conditions of time and place of the participant. No physical burden was intended or expected from participating to this study. However, since reminding some participants of emotional violence could have been a mental burden for some, phone numbers of mental health centers, such as, Embrace, were added at the end of the letter of purpose. All participants were required to read and agree on:

1. Participation information letter debriefing all the elements of participation to this research.
2. Participation consent form Consent form to each participant. The consent form was displayed before the survey including the following items: researcher's identity, respect for the participant's freedom, statement of the purpose of the study, informing the participant about how and how long the data will be collected, the risk and benefits of participation, confidentiality, the transparency in the presentation of the research protocol and data. For more details, please refer to Appendix 1.

Participants

The participants targeted in this study needed to meet the following inclusion criteria. First, identify themselves as Lebanese. Second, age 18+ excluding younger age groups that required parental consent which was hard to acquire and verify using the data collection method

used in this study. Third, were engaged in an intimate partnership upon the COVID-19 pandemic outbreak (from 02 February 2020 to 01 April 2022). This inclusion criterion is important because the aim of the study was to get participants' impression on emotional abuse in IPV during COVID-19 lockdown. This study was not gender biased therefore all genders were included as long as they have been or used to experience an intimate partnership during the study.

Voluntary convenience sampling technique for feasibility purposes was used because the researcher faced many constraints such as COVID-19 crisis and budget. This study was to be conducted without any budget; therefore, it was not possible to offer any compensation for participants in order to encourage them to take part in the study. The researcher was not able to reach participants in different regions across Lebanon because of the high costs of mobility. The MMEA test is a valid and reliable test in English and was adapted by researchers to other languages such as Italian and Turkish. The researcher is using the original English version of the MMEA as the Arabic adaptation of the MMEA is beyond the scope of this research. Our recruitment strategy relied on the snowball sampling derived from word of mouth on social media, and mobile instant messaging groups. The voluntary sampling technique had its limitation mainly because it was prone to bias as the researcher had no control of the sample composition. Additionally, this research's survey excluded those who could not volunteer such as people who did not have access to the internet or electricity and those who did not speak English. Consequently, the results of this study were not generalizable but shed some light on the subject examined.

Regarding the sample size, regression model with the variables included four segregated groups that were derived from our survey population: age, gender, number of children, as well as correlations to measure the associations between certain variables in this study and the total score

of the MMEA test. Using G*Power a priori analysis we observed that 20 observations of each variable would give an actual power of approximately 0.95.

The Central Administration of Statistics of the presidency of the council of ministers (2019) stated in their last report “Labour Force and Household Living Conditions Survey (LFHLCS) 2018–2019 Lebanon” that the estimated number of residents in Lebanon is estimated as S0=4.8 million. More recently in 2021, the same estimation of the number of residents in Lebanon was given by the United Nations Population Funds (UNPF). Our first estimate of our target population was S1:

$$S1 = S0 - SR = 6.8M - 2M = 4.8 \text{ million}$$

The percentage distribution of Lebanese population under 18 years old is A0= 37.2 per cent which will be excluded from our sample size S1= 4.8 million. Therefore, our maximum estimation of our population target N is:

$$N = \frac{S1 \text{ x } A0}{100} = \frac{4800000 \text{ x } 37.2}{100} = 1785600$$

We used the Slovin's formula to calculate the sample size for two reasons:

1- We did not know the expected outcome of our study. Additionally, we couldn’t estimate the sample size because a previous identical study in our population is inexistent.

2- This study was relying on a random sampling technique.

Slovin's formula to calculate the sample size was applied as follows:

n = N / (1+Ne2).

whereas:

n = no. of samples

N = total population

e = error margin / margin of error

Here is the possible sample size (Table 3.1):

Table 3.1
Possible Sample Size with Margin Of Error Between 5% And 10%

Margin of Error (e)	5%	6%	7%	8%	9%	10%
Sample size	400	278	204	156	123	100

The appropriate sample size this study aimed at the one that would achieve statistical inference with an actual power of at least approximately 90%, therefore our target sample (n) size is at least: 100 participants.

Design

The quantitative nonexperimental cross-sectional survey design was used in the study. The instruments and the process of conducting this research used specific descriptors, minimizing the use of inferences and ambiguities.

Materials

Multidimensional Measure of Emotional Abuse (MMEA). The dependent variable of the study, emotional abuse, was assessed with the Multidimensional Measure of Emotional Abuse (MMEA). MMEA is a self-administered questionnaire composed of 28 items that asks the participant to report the occurrence frequency of each of scale element in the last six months. It is important to note here that on Friday 1st of April 2022 the Lebanese government issued an official lift of restriction on restriction of people in public spaces and at events allowing private establishments such as stores, and restaurants can set their own rules (Global monitoring, 2022). Noting that many Lebanese are still working from home due to other crises such as high fuel

cost, consequently they are still in a situation somehow like one that was during covid19 lockdown.

MMEA gathers from the participant how often they or their partner have committed abusive behaviors. MMEA items can be used to create one total scale score and four subscale scores. The following four subscales are:

The first dimension of the scale measures Restrictive Engulfment (items 1-7) which includes possessiveness, jealousy, and restriction of privacy, control, and abusive expectations. The second dimension of the scale measures Denigration (items 8-14) which covers, character assassination and reducing partner's self-esteem, name calling and humiliation. The third dimension of the scale measures Hostile Withdrawal (items 15-21), which targets emotional blackmail such as emotional withdrawal, the silent treatment or cold shoulder as a punishment, and threatening to end the relationship to incite insecurity. The fourth dimension of the scale measures Dominance/Intimidation (items 22-28), which includes aggression, threatening, property destruction, and verbal aggression (As cited in Thompson et al., 2006)

The MMEA scale is proven to have solid reliability factor by the authors. Psychometrically, the MMEA demonstrated firm factor constructions. The elements presented all together a rate of 55% of total variance. MMEA has solid reliability indices with Cronbach's alpha for Victimization and Perpetration, respectively, in the sample of college students were .84 and .85 for Restrictive Engulfment, .88 and .91 for Hostile Withdrawal, .89 and .92 for Denigration, and .83 and .91 for Dominance/Intimidation. In terms of validity, the MMEA subscales presented variance relations with variables such as physical violence, attachment patterns, and interpersonal problems, supporting their construct validity as distinct but correlated forms of abuse (Murphy & Hoover, 1999; Murphy et al., 1999). MMEA provides a wide scope

of measurement of different aspects of emotional abuse. MMEA questionnaire doesn't measure physical abuse. MMEA is not gender biased. MMEA not only records the occurrence of the abuse but also how many times it occurred. Finally, MMEA records the abusive behavior from both the participant and their partner.

Demographic Survey Questionnaire. The independent variables of this study were age, gender, number of children, employment status, number of hours participants and their partner were locked together at home. In order to assess these predictor variables, the demographics and questions were included in the questionnaire of this study. Please refer to Appendix 2.

Pilot study and Procedure

Extensive literature recommended that a pilot study size should be 10% of the study sample (Connelly, 2008; Treece & Treece, 1982). Furthermore, since our study was based on survey research the suggested number of participants for our pilot study was estimated between 10 to 30 participants (Hill, 1998). We conducted a pilot study with 12 volunteers in a duration of one week to evaluate the following issues:

- The availability of subjects: We noticed that most participants in the pilot were enthusiastic about taking part in this study and sending it across WhatsApp groups they are part of.
- Estimating the recruitment time of subjects: Due the easy access of the survey online, we estimated the duration of one month. However, the data collection time required 2 months. This was probably due to the overwhelming unstable social and political situation in Lebanon that participants were preoccupied with.
- How the investigation is conducted: The researcher monitored the pilot data collection in order to evaluate the reading process, the wording used and clarity of questions, the time

required for completion. Asking the participants for suggestion of possible improvements in order to optimize the data collection. Initially, the MMEA questionnaire composed of 56 questions was divided across 4 pages. The participants suggested to display all the MMEA questionnaire in one page reducing the time of page loading. That suggestion was implemented in the actual data collection phase. The expected time to complete the survey of this study was approximately (15 mins). For more information about the online survey please check Appendix 2.

For the actual study, all raw data were collected and saved in electronic format using an online questionnaire while keeping the identity of the participants anonymous in order to honor the confidentiality commitment. The framework for carrying out our research was rather natural than controlled. Consequently, there was no requirement for participants to perform actions in an atmosphere that was not usual for them or induced by factors that can influence their perceptions or perspectives on research objects and no deception elements of any kind were used. As for the time dimension and persistent observation, this study was a cross-sectional study because it involved the observation of data collected during a specific and limited time interval in history. The eligible participant could decide whether to participate or not after receiving the participation information letter for as long as the survey questionnaire was available online which was approximately two months.

Chapter 4

Results

Data Analysis Tools

The data obtained for this study were analyzed using IBM - Statistical Package for Social Sciences (SPSS V.21) and Microsoft Excel 2010. Our initial sample size was N=111.

Missing Value Analysis (MVA)

Executing MVA analysis on SPSS revealed the location of missing data and the corresponding frequencies. The frequency percentage of missing values in the items MMEA scale is < 3%. The other missing values frequency percentage were <1%. Preforming the Little's MCAR test we obtained the following results:

Little's MCAR test: Chi-Square = 131.635, DF = 122, Sig. = .260

The significance percentage was at 0.26 which is <5% indicating that the missing values were completely randomly missed (Tabachnick & Fidell, 2013).

After inspecting the locations of the missing values in the MMEA questionnaire we noticed that the participants didn't complete 7 surveys for cases ids: 9, 25, 38, 52, 71, 82, and 83. The use of Listwise deletion was the safest way to deal with these missing values without compromising the result outcome because the target sample size of this study won't be affected. (Enders, 2013). Our sample size became: N= 111 - 7 = 104

As for the missing values for the items "How long have you been together?" (and "are you living together?" we are going to use the mean/mode method to impute the missing values in this case the corresponding missing values will be replaced by 6 in case id: 34, and 1 in case id: 55 (Jäger et al, 2021).

Sample Descriptive

Our retained sample size N=104 participants identifying themselves as Lebanese and engaged in an intimate relationship during COVID-19 outbreak. The gender in our study was distributed as such: 55% Female, 44% Male, and 4% Non-Binary (Table 4.1).

Table 4. 1
Gender Distribution

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**Female**	55.00	53.40	53.40	96.12
	Male	44.00	42.72	42.72	42.72
	Non-Binary	4.00	3.88	3.88	100.00
	Total	103.00	100.00	100.00	

The age in our study was a continuous nominal variable with mean age of participants Mage1 = 41.4 and standard deviation SD_{age1}= 9.1 with youngest participant's 20 years and oldest 62 years. The mean age of participants 'partner Mage2 = 42.7 and standard deviation SD_{age2}= 8.8 with youngest participant's partner 22 years and oldest 64 years. (Table 4.2).

Table 4. 2
Age

	N	Range	Minimum	Maximum	Mean		Std. Deviation
	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic
Age1	103.00	42.00	20.00	62.00	41.42	0.90	9.10
Age2	103.00	42.00	22.00	64.00	42.79	0.88	8.89
Valid N (listwise)	103.00						

Most of the participants 87.37% were living with their partner during COVID19 lockdown. The duration of the participant relationship ranged from 1 year to 24 years with median $M_{duration}$=6 and standard deviation $SD_{duration}$=4.78. As for children 60.19% of participants had children living with them at home with number of children mean $M_{children}$=1 and standard deviation $SD_{children}$=0.49. (Table 4.3)

Table 4. 3
Relationship And Number of Children

		Living together	How long together	Children at home	#Children
N	**Valid**	103	103	103	103
	Missing	0	0	0	0
Mean		0.87	7.40	0.60	1.17
Median		1.00	6.00	1.00	1.00
Std. Deviation		0.33	4.78	0.49	1.18
Variance		0.11	22.87	0.24	1.40
Range		1.00	23.00	1.00	4.00
Minimum		0.00	1.00	0.00	0.00
Maximum		1.00	24.00	1.00	4.00
Percentage		87.37		60.19	

As for employment status, most participants 72.2% were employed among them 73.33% worked from home with mean number of hours M_{hours_home1} = 7.29 and SD_{hours_home1} = 2.02. 26.67% have permit to work outside with mean number of hours M_{hours_out1} = 9.1 and SD_{hours_out1} = 2.1.

As for their partners, 74.8% of them were employed among which 90.91% worked from home with mean number of hours M_{hours_home2} = 4.48 and SD_{hours_Home2} = 4.08. 9.09% have permit to work outside with mean number of hours M_{hours_out2} = 0.54 and SD_{hours_out2} = 2.04 (Table 4.4)

Table 4. 4
Employment

	Employed	Work from home				Work outside			
	Total	Count	Percentage	Mean hours	Std. Dev. hours	Count	Percentage	Mean hours	Std. Dev. hours
Participant	75	55	73.33	7.29	2.02	20.00	26.67	8.07	1.87
Partner	77	70	90.91	9.1	2.1	7.00	9.09	8.00	1.15

The number of lockdown hours per day with the partner was calculated as continuous numerical variable predictor in two steps:

1. The highest number of working hours among the participant or their partner is labeled as $H_{out.}$
2. The number of lockdown hours together is 24- H_{out}

The range of hours the participants spent with their partner or ex-partner labeled “HoursHome” is between 9 and 24 hours with mean of 21.53 and standard deviation of 41.18 (Table 4.5).

Table 4. 5
Lockdown hours per day

Descriptive Statistics						
	N	**Range**	**Minimum**	**Maximum**	**Mean**	**Std. Deviation**
Lockdown Hours	104	15.00	9.00	24.00	21.5385	4.18022

We observed that 47.6% or the participants had the ideation of ending their relationship with their partner during COVID19 lockdown. (Table 4.6)

Table 4. 6
Ideation of ending the relationship with partner during COVID19

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**No**	54	52.4	52.4	52.4
	Yes	49	47.6	47.6	100.0
	Total	103	100.0	100.0	

MMEA scale scores and reliability

Multidimensional Measure of Emotional Abuse (MMEA) scale recorded the abusive behavior from both the participant and their partner such as value on a 7 point frequency scale (0 = never; 1 = once; 2 = twice; 3 = 3-5 times; 4 = 6-10 times; 5 = 11-20 times; 6 = more than 20 times). The outcome variables of this study were the emotional aggression attitudes among adult Lebanese intimate partners during COVID19 lockdown time interval and are measured as continuous variables for the participant as follows:

- (MMEA1) score indicated the impression of participants emotionally abusive attitudes towards their partner.
- (MMEA2) score indicated the impression of participants about their partners' emotionally abusive attitude towards them.

The scores were calculated by adding the sum of score values on the 28 questions corresponding to each MMEA1 and MMEA2.

The mean for MMEA1 is MMEA1_mean= 35.68 with standard deviation MMEA1_std = 11.07 with minimum score $MMEA1\_{min} = 0$ and maximum score $MMEA1\_{max} = 73$.

The mean for MMEA2 is MMEA2_mean= 47.36 with standard deviation MMEA2_std = 13.22 with minimum score $MMEA1\_{min} = 6$ and maximum score $MMEA1\_{max} = 78$.

We use reliability analysis in SPSS on MMEA scale to calculate the reliability coefficient value of Cronbach's Alpha as shown in table 4.6.1. The Cronbach's Alpha's values for MMEA1 is 0.682 and for MMEA2 is 0.693 which are both acceptable for reliability (Table 4.7).

Table 4. 7
Scales Reliability Testing and Statistics For MMEA

	Reliability Statistics			**Scale Statistics**				
	Cronbach's Alpha	N of Items	N of Cases	Mean	Variance	Std. Deviation	Minimum	Maximum
MMEA1	0.68	28.00	104.00	35.68	122.55	11.07	0.00	73.00
MMEA2	0.69	28.00	104.00	47.36	174.74	13.22	6.00	78.00

Preliminary Analysis

The outcome variables of this study were the emotional aggression attitudes among adult Lebanese intimate partners during COVID19 lockdown and were measured as continuous variables by the Multidimensional Measure of Emotional Abuse (MMEA) for the participant (MMEA1) and their partner (MMEA2). These variables were analyzed according to the following continuous numerical predictor variables: 1) number of lockdown hours per day, 2) number of children at home, 3) age of participant, and 4) age of their partner.

Univariate outliers' identification with Standardized Residuals

We investigated univariate outliers in our data set using standardized residuals according to the following condition: a univariate outlier is identified if its standardized residual value is greater than absolute value of 3.29. We report the following range in our data:

For MMEA1 = 0.00065 and 3.05378

For MMEA2 = 0.00782 and 3.03975

Therefore, we did not identify any univariate outlier in our data set.

Multivariate outliers' identification with Mahalanobis distance

We investigated multivariate outliers in our data set using Mahalanobis Distance according to the following condition: a multivariate outlier is identified if its p- value is greater than absolute value of 0.01. The t-value that corresponded to the Chi-Square value was calculated with 4 degrees of freedom because there were 4 predictor variables in our regression model. We reported the following range in our data:

For MMEA1 = .01428 and 0. .97349

For MMEA2 = .01428 and 0. .97349

Therefore, we did not identify any multivariate outlier in our data set.

Influential cases identification with Cook's distance

We investigated influential cases in our data set using Cook's distance according to the following condition: an influential case is identified if its Cook's distance value is greater than absolute value of 1. We reported the following range in our data:

For MMEA1 = 0.000000005 and 0.2563554

For MMEA2 = 0.000001 and 0.077

Therefore, we did not identify any influential case in our data set.

Independence of errors assumption with Durbin Watson

We investigated Independence of errors assumption in our data set using Durbin Watson score according to the following condition: the independence of errors assumption is retained if its Durbin Watson score absolute value is between 1 and 3 (Table 4.8). We reported the following values in our data:

For MMEA1= 1.60

For MMEA2= 2.15

Therefore, the independence of errors assumption is retained in our data set.

Table 4. 8
Durbin Watson

	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
MMEA1	1	.206[a]	0.04	0.00	11.05	1.60
MMEA2	1	.295[a]	0.09	0.05	12.88	2.15

a. Predictors: (Constant), 2-Age, HoursHome, #Children, 1-Age

b. Dependent Variables: MMEA1 and MMEA2

Absence of multi-collinearity assumption with Variation Inflation Factor (VIF*)*

We investigated the absence of multi-collinearity assumption in our data set using Variation Inflation Factor (VIF) score according to the following condition: the absence of multi-collinearity assumption is retained if its Variation Inflation Factor (VIF) absolute value is less than 10 (Table 4.9). We reported the following range in our data:

For MMEA1= 1.019 and 2.414

For MMEA2= 1.019 and 2.414

Therefore, the absence of multi-collinearity assumption was retained in our data set.

Table 4. 9
Variation Inflation Factor (VIF)

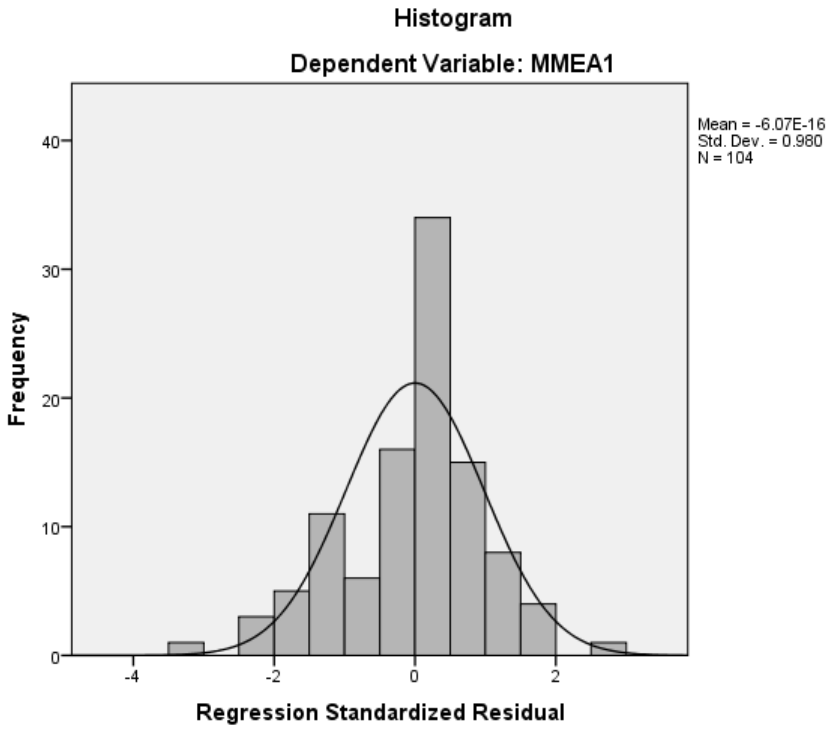
	MMEA1		MMEA2	
	Collinearity Statistics		Collinearity Statistics	
	Tolerance	VIF	Tolerance	VIF
#Children	.827	1.209	.827	1.209
HoursHome	.982	1.019	.982	1.019
1-Age	.449	2.229	.449	2.229
2-Age	.414	2.414	.414	2.414

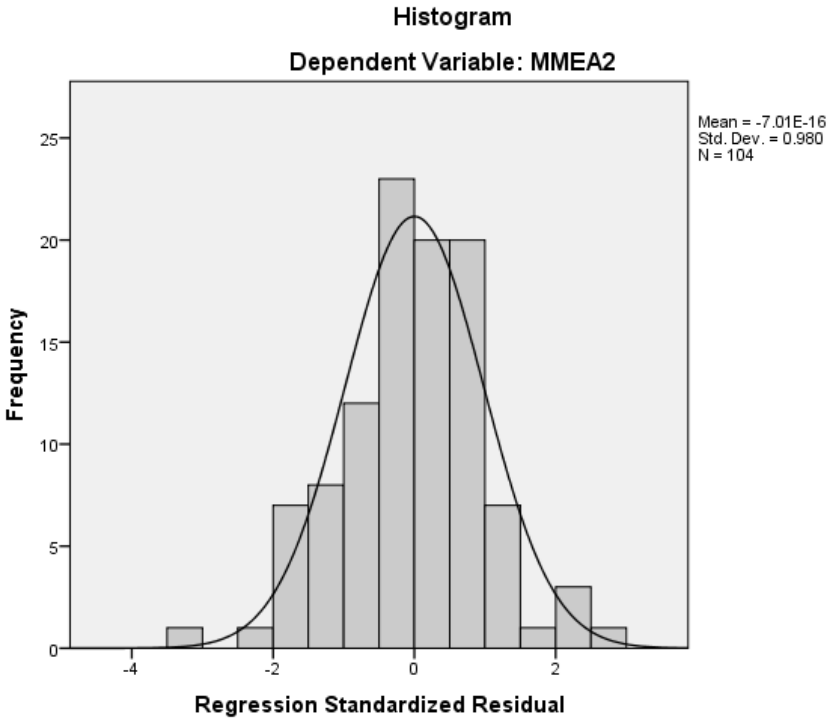
a. Dependent Variables: MMEA1 and MMEA2

Normality of residuals with histograms, P-P plots, and z-scores.

We visually observed the histogram for the scores of MMEA for the participant (MMEA1) and their partner (MMEA2) residuals and we assumed from the visual perspective that our data seemed to deviate from normality (Figure 4.1) especially that the histograms appear as a bell shape and both MMEA1 and MMEA2were skewed to the right side of the bell curve.

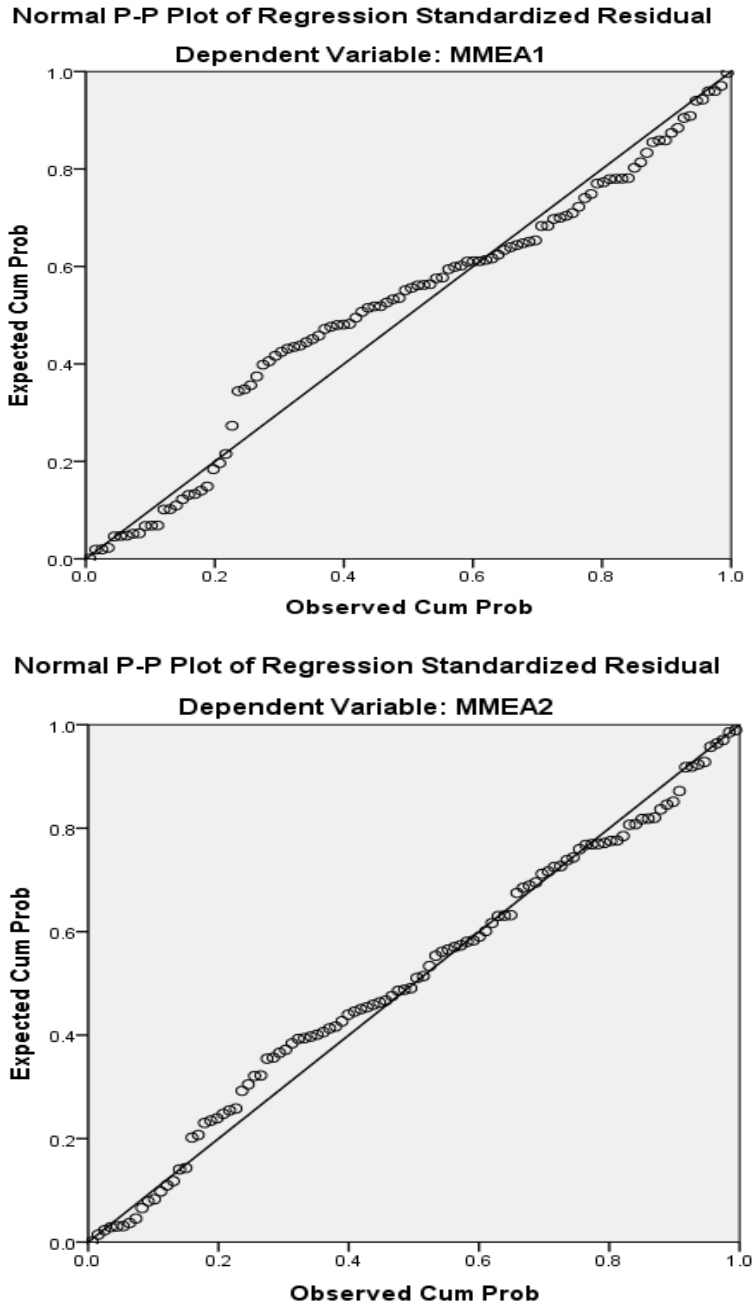
Figure 4. 1
Histogram Of Residuals





This observation was confirmed with the P-Plot (Figure 4.2) which displayed a Sinusoidal wave like curve meaning that the cumulative probability of expected normality and the cumulative probability of residuals were dissociated.

Figure 4. 2
P-P Plots of Residuals



We investigated the normality of the residuals quantitatively. The z-scores for skewness and kurtosis are calculated by dividing the skew values or excess kurtosis by their standard errors (Table 4.10). The critical values for rejecting the null hypothesis for our sample N=104 (50 < N < 200) is at an absolute z-value > 3.29 (Kim, 2013). All the obtained z-scores for skewness and kurtosis indicated that the distribution of our sample seem to meet the numerical criterion for a normal distribution.

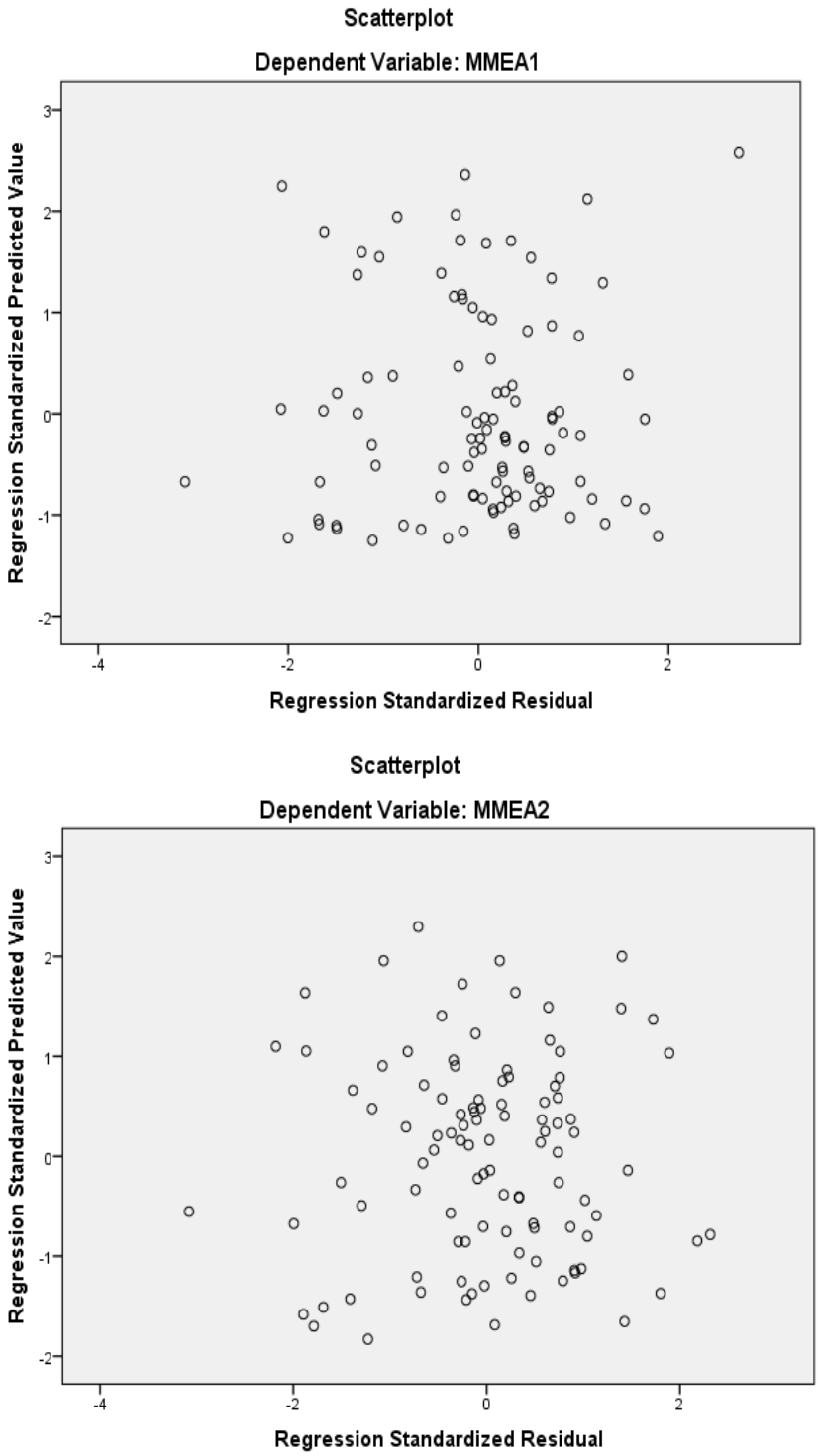
Table 4. 10
Normality of Residuals

	N	**Skewness**			**Kurtosis**		
	Statistic	**Statistic**	**Std. Error**	**zscore**	**Statistic**	**Std. Error**	**zscore**
MMEA1	104.00	-0.27	0.24	-1.14	1.27	0.47	2.70
MMEA2	104.00	-0.29	0.24	-1.24	0.72	0.47	1.53

Homoscedasticity assumption of residuals with scatterplot of ZRESID versus ZPRED

Homoscedasticity assumption of residuals was not met for the MMEA1 because the scatterplot of ZRESID versus ZPRED displayed non-evenly scattered residuals around zero but rather concentrated below it. Homoscedasticity assumption of residuals was not met for the MMEA2 because the scatterplot of ZRESID versus ZPRED displayed non-evenly scattered residuals around zero but rather concentrated below it. (Figure 4.3)

Figure 4. 3
Scatterplot for MMEA1 and MMEA2



Building on the abovementioned analysis and observations we presumed that our data set did not satisfy the assumption of normality and the homoscedasticity assumption of residuals was not met. Therefore, the bootstrapped method was applied for the analysis of the main regression's coefficient (Field, 2012) and non-parametric tests were used for correlation analysis (Ghasemi & Zahediasl, 2012).

Hypotheses Testing

H1: The following variables: higher number of lockdown hours per day, larger number of children at home, stronger beliefs in the ideation of ending an intimate relationship, and younger intimate partners, will predict higher scores of emotional abuse during COVID-19 among adult Lebanese intimate partners.

The outcome variables of this H1 were the emotional aggression attitude among adult Lebanese intimate partners during COVID19 lockdown and were measured as continuous variables by the Multidimensional Measure of Emotional Abuse (MMEA) for the participant (MMEA1) and their partner (MMEA2). These variables were analyzed according to the following continuous numerical predictor variables: 1) number of lockdown hours per day, 2) number of children at home, 3) age of participant, and 4) age of their partner. Multiple regression analysis were conducted using the enter method in which all the predictor variables were used simultaneously in our regression model in order to assess the contribution of each predictor to the outcome variables.

We investigated the fitness of our regression model to the data using the F-test according to the following condition: our model is fit for our regression model if the t-value is less than the significance level; our sample data provide sufficient evidence to conclude that our regression model fits the data better than the model with no independent variables (Table 4.11a and Table

4.11b). The F-test revealed that the regression model was insignificant for both our outcome variables:

MMEA1: F(4,99) = 1.10 and t=0.36 >0.01

MMEA2: F(4,99) = 2.36 and t=0.06 >0.01

Table 4. 11a

Regression model: Hours Spent Together, Number of Children, Age1, and Age2 predictors for MMEA1 Score Outcome.

	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
						R Square Change	F Change	df1	df2	Sig. F Change	
MMEA1	1	.206[a]	0.04	0.00	11.05	0.04	1.10	4.00	99.00	0.36	1.65

a. Predictors: (Constant), HoursHome, #Children, 1-Age, 2-Age
b. Dependent Variables: MMEA1

Table 4. 12b

Regression model: Hours Spent Together, Number of Children, Age1, and Age2 predictors for MMEA2 Score Outcome.

	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
						R Square Change	F Change	df1	df2	Sig. F Change	
MMEA2	1	.295a	0.09	0.05	12.88	0.09	2.36	4.00	99.00	0.06	1.86

a. Predictors: (Constant), HoursHome, #Children, 1-Age, 2-Age
b. Dependent Variables: MMEA2

We concluded that our hypothesis H1 was not supported. Therefore, we investigated each of the predictor variable in our model separately.

1- Do Lebanese adults, who spent higher number of lockdown hours per day together experience less emotional abuse in their relationship than those who had to?

The outcome variables of this were the emotional aggression attitude among adult Lebanese intimate partners during COVID19 lockdown and were measured as continuous variables by the Multidimensional Measure of Emotional Abuse (MMEA) for the participant (MMEA1) and their partner (MMEA2). These variables were analyzed according to the number of hours spend together. Regression analysis was conducted and we investigated the fitness of our regression model to the data using the F-test according to the following condition: our model is fit for our regression model if the t-value is less than the significance level; our sample data provide sufficient evidence to conclude that our regression model fits the data better than the model with no independent variables (Table 4.12a and Table 4.12b). The F-test revealed that the regression model was insignificant for both our outcome variables:

MMEA1: $F(1,102) = 1.10$ and $t=0.72 > 0.01$

MMEA2: $F(4,99) = 0.005$ and $t=0.06 > 0.01$

Table 4. 12a

Model Regression: Number of Hours Together Predictor for MMEA1 Scores Outcome.

Model Summary[b]										
Model	**R**		**Adjusted R Square**	**Std. Error of the Estimate**	**Change Statistics**					**Durbin-Watson**
		R Square			**R Square Change**	**F Change**	**df1**	**df2**	**Sig. F Change**	
MMEA1	**.035[a]**	0.00	-0.01	11.12	0.00	0.12	1.00	102.00	0.72	1.80

a. Predictors: (Constant), HoursTogether
b. Dependent Variable: MMEA1

Table 4. 12b

Model Regression: Number of Hours Together Predictor for MMEA2 Scores Outcome.

Model Summary[b]										
Model	**R**		**Adjusted R Square**	**Std. Error of the Estimate**	**Change Statistics**					**Durbin-Watson**
		R Square			**R Square Change**	**F Change**	**df1**	**df2**	**Sig. F Change**	
MMEA2	**.007[a]**	0.000	-0.010	13.28312	0.000	0.005	1	102	0.946	1.560

a. Predictors: (Constant), HoursTogether
b. Dependent Variable: MMEA2

The results obtained didn't conclude that Lebanese adults, who spent higher number of lockdown hours per day together, experienced more emotional abuse in their relationship than those who had spent less hours together.

2- Do Lebanese adults think about ending their intimate relationship with their partner during COVID-19 lockdown?

For the statement: "You considered ending your intimate relationship with your partner during the COVID-19." We observed that almost 53% of participants reported a negative answer while almost 47% of them reported a positive one. The numbers deviated more towards a negative attitude of the participants towards ending their intimate relationship with their partner during COVID-19 lockdown. (Figure 4.4)

Figure 4. 4
Ideation of Ending Relationship

3- Does the emotional abuse change as a function of the number of children for the couple?

Using number of children as predictor and MMEA scores as outcome variables we conducted regression analysis and we investigated the fitness of our regression model to the data using the F-test according to the following condition: our model was fit for our regression model if the t-value is less than the significance level; our sample data provided sufficient evidence to conclude that our regression model fits the data better than the model with no independent variables (Table 4.13). We obtained the following results:

MMEA1: $F(1,102) = 1.12$ and $t=0.29 > 0.01$

MMEA2: $F(1,102) = 6.42$ and $t=0.01$

Table 4. 13

Regression Model: Number of Children Predictor for MMEA Scores Outcome.

Model Summary[b]										
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**	**Change Statistics**					**Durbin-Watson**
					R Square Change	**F Change**	**df1**	**df2**	**Sig. F Change**	
MMEA1	.104[a]	0.01	0.00	11.06	0.01	1.12	1.00	102.00	0.29	1.82
MMEA2	.243[a]	0.06	0.05	12.88	0.06	6.42	1.00	102.00	0.01	1.74

a. Predictors: #Children

b. Dependent Variables: MMEA1 and MMEA2

We observed that the F-test revealed that the number of children wasn't significant for the outcome variable MMEA1 score which indicated the impression of participants about their emotionally abusive attitudes towards their partners. As for the MMEA2 score which indicated the impression of participants about their partners' emotionally abusive attitude towards them the number of children showed to be a significant predictor in our data.

H2: There is no gender difference in the practice of emotional abuse among adult Lebanese intimate partners during COVID-19 lockdown.

Using frequency analysis in SPSS (Table 4.14) we observed the following results for the outcome variable MMEA1 score which indicated the impression of participants about their emotionally abusive attitudes towards their partner:

The mean for Female participants was 36.08 with standard deviation 10.34. The mean for Male participants was 36.18 with standard deviation 10.34. The means of the two groups of participants were very close and we considered that difference between them as insignificant.

The t-value is a measure of the difference between the means of the two groups relative to the variability within the groups. The t-value obtained was 0.043>0.05 which indicated that the difference between the two groups was not conclusive. The t-value is a measure of the probability that the observed difference between the means of the two groups occurred by chance. The t-value 0.966> 0.05 indicating that the difference between the two groups is statistically insignificant. (Table 4.15)

We concluded that H2 as a null hypothesis was supported which meant there was no significant difference between both genders in the impression of participants about their emotionally abusive attitudes towards their partners during COVID-19 lockdown.

Table 4. 13
Frequency Analysis MMEA1

Group Statistics							
1- Gender				Bootstrap[a]			
				Bias	Std. Error	BCa 95% Confidence Interval	
			Statistic			Lower	Upper
MMEA1	**Male**	N	44.00				
		Mean	36.18	0.10	1.60	32.93	39.71
		Std. Deviation	10.92	-0.23	1.61	8.24	13.35
		Std. Error Mean	1.65				
	Female	N	56.00				
		Mean	36.09	0.01	1.36	33.30	38.96
		Std. Deviation	10.34	-0.12	0.95	8.53	11.83
		Std. Error Mean	1.38				

a. Unless otherwise noted, bootstrap results are based on 1000 bootstrap sample

Table 4. 15
Independent Samples Test MMEA1

	t-test for Equality of Mean									
				T	**df**	**Sig. (2-tailed)**	**Mean Difference**	**Std. Error Difference**	**95% Confidence Interval of the Difference**	
									Lower	**Upper**
MMEA1	**Equal variances assumed**	0.00	0.97	0.04	98.00	0.97	0.09	2.14	-4.15	4.33
	Equal variances not assumed			0.04	90.00	0.97	0.09	2.15	-4.18	4.36

Using frequency analysis in SPSS (Table 4.14) we observed the following results for the outcome variable MMEA2 score which indicated the impression of participants about their partners' emotionally abusive attitude towards them:

The mean for Female participants is 47.32 with standard deviation 11.58. The mean for Male participants is 49.07 with standard deviation 13.76. We noticed that difference between the means of the two groups of participants was significant.

The t-value is a measure of the difference between the means of the two groups relative to the variability within the groups. The t-value obtained is 0.69>0.05 which indicated that the difference between the two groups was present. The t-value is a measure of the probability that the observed difference between the means of the two groups occurred by chance. The t-value 0.49> 0.05 indicating that the difference between the two groups is statistically insignificant. (Table 4.16)

Building of the abovementioned findings we concluded that H2 as a null hypothesis was supported which meant there was no significant difference between both genders in the impression of participants about the emotionally abusive attitudes of their partners towards them during COVID-19 lockdown.

Table 4. 16
Frequency Analysis MMEA2

Group Statistics							
1-Gender				**Bootstrap[a]**			
				Bias	**Std. Error**	**BCa 95% Confidence Interval**	
			Statistic			**Lower**	**Upper**
MMEA2	**Male**	N	44.00				
		Mean	49.07	0.03	2.03	45.29	53.01
		Std. Deviation	13.76	-0.19	1.59	11.05	16.07
		Std. Error Mean	2.08				
	Female	N	56.00				
		Mean	47.32	0.05	1.55	44.14	50.55
		Std. Deviation	11.58	-0.13	1.23	9.27	13.56
		Std. Error Mean	1.55				

a. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples

Table 4. 17
Independent Samples Test MMEA2

Independent Samples Test										
				t-test for Equality of Means						
				T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
MMEA2	**Equal variances assumed**	0.78	0.38	0.69	98.00	0.49	1.75	2.53	-3.28	6.78
	Equal variances not assumed			0.67	83.83	0.50	1.75	2.59	-3.40	6.89

H3: Older female adult Lebanese intimate partners will score lower than the older male adult Lebanese intimate partners on the practice of emotional abuse, during the COVID-19 lockdown.

We couldn't conclude from H2 that there is a difference in the scoring of MMEA for both genders Female and Male. To further evaluate the relationship between age and MMEA1 score, we conducted a Bivariate correlation analysis between the two variables. For the Female participants, we obtained the following results (Table 4.18):

Pearson: r=-0.06 and t-value=0.64>0.05. No significant correlation between age and MMEA1 score was present for Female participants.

Pearson: r=0.00 and t-value=0.98>0.05. No significant correlation between age and MMEA2 score was present for Female participants.

Table 4. 18
Pearson Correlations – Gender Female

		age1	MMEA1	MMEA2
age1	**Pearson Correlation**	1.00	-0.06	0.00
	Sig. (2-tailed)		0.64	0.98
	N	56.00	56.00	56.00

As for the Male participants, we obtained the following results (Table 4.19):

Pearson: MMEA1: r=0.21 and t-value=0.18>0.05 Although the r value was slightly deviating from zero in the positive direction, no significant correlation between age and MMEA1 score was present for Male participants.

Pearson: MMEA2: r=0.361 and t-value=0.02>0.05 The r value was positive and a significant correlation between age and MMEA2 score was present for Male participants.

Table 4. 19
Pearson Correlations – Gender Male

Pearson Correlations – Gender Male				
		age1	**MMEA1**	**MMEA2**
age1	**Pearson Correlation**	1.00	0.21	.361*
	Sig. (2-tailed)		0.18	0.02
	N	44	44	44

Building of the above-mentioned results H3 was not supported and we concluded that older female participants didn't report higher MMEA1 scores which indicated the impression of participants about their emotionally abusive attitudes towards their partners nor higher MMEA2 scores which indicated the impression of participants about their partners' emotionally abusive

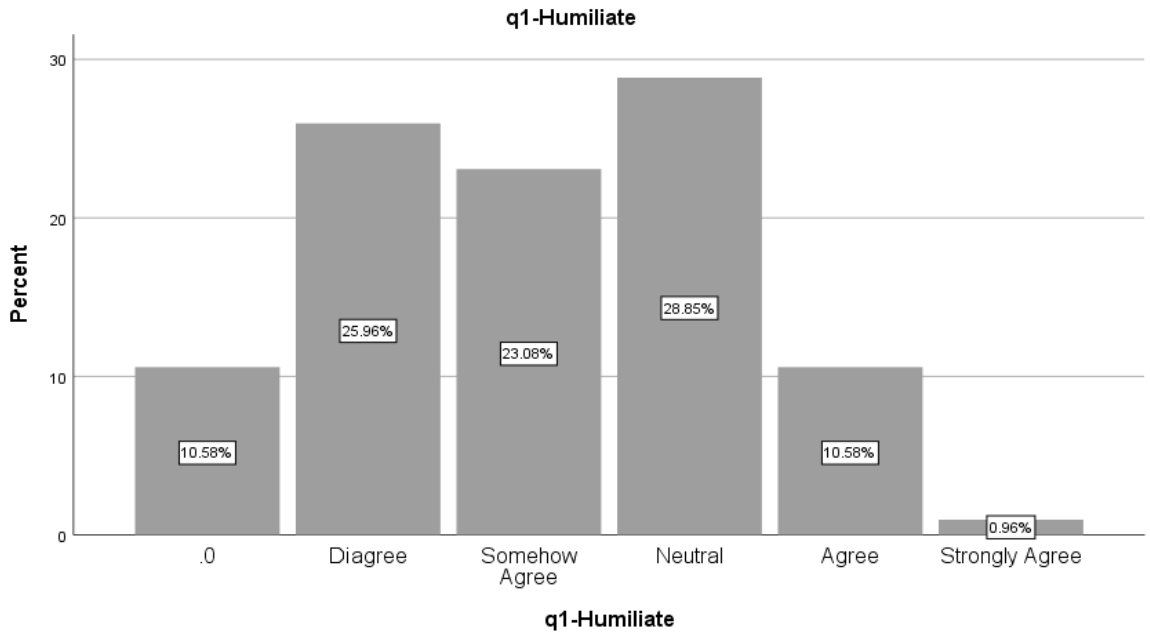
attitude towards them. While older male participants didn't report higher MMEA1 score however they reported higher MMEA2.

Additional Findings

Do Lebanese adults believe that COVID-19 lockdown increased the emotional abuse in their relationship?

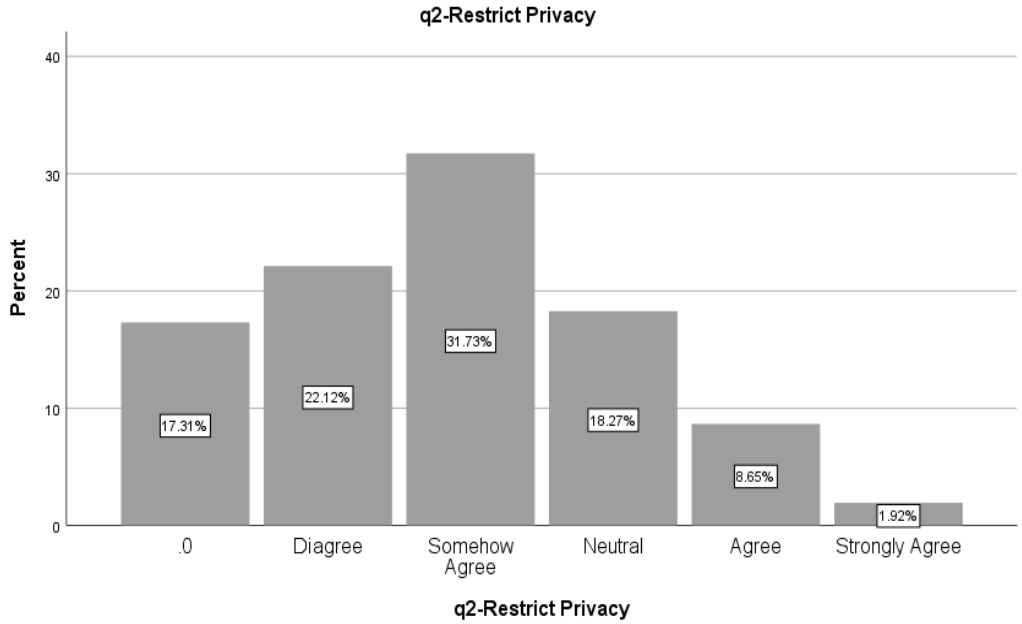
For the question Q1: "During the COVID 19 lockdown, I observed an increase in how often my partner humiliates me." We observe that approximately 34% of participants agreed with this statement and approximately 26% disagreed with it. (Figure 4.5)

Figure 4. 5
Q1 Chart



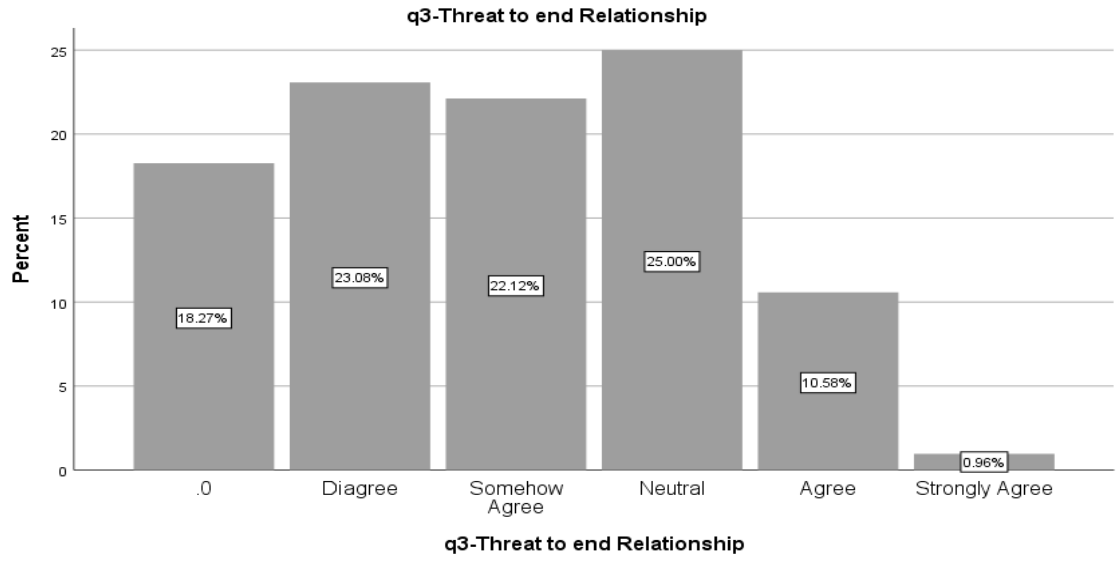
For the question Q2: "During the COVID 19 lockdown, I observed an increase in how often my partner restrict of my privacy." We observe that approximately 42% of participants agreed with this statement and approximately 22% disagreed with it. (Figure 4.6)

Figure 4. 6
Q2 Chart



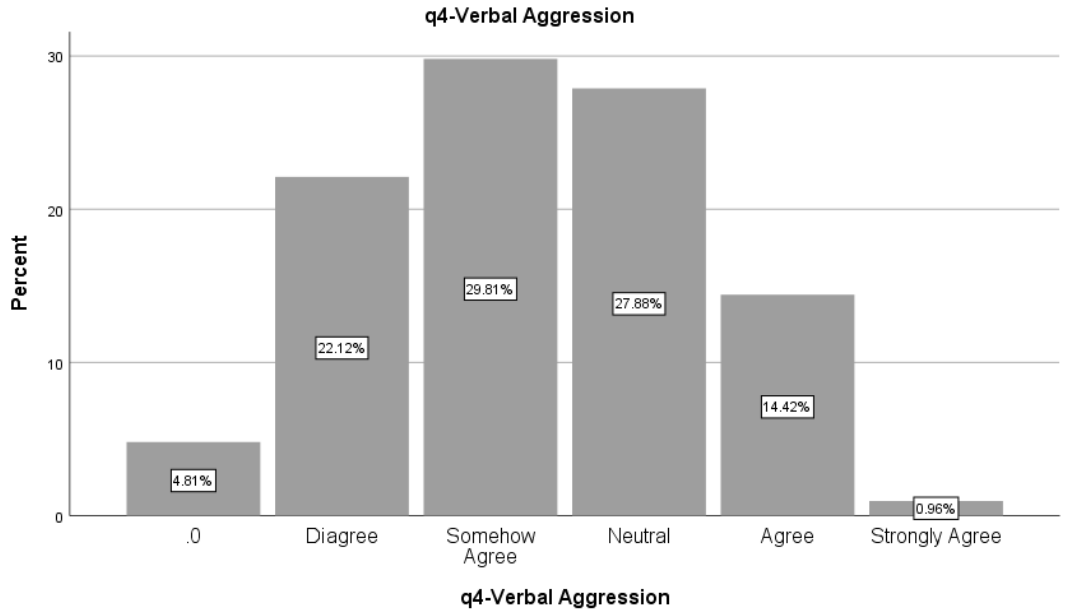
For the question Q3: "During the COVID 19 lockdown, I observed an increase in how often my partner is threatening to end our relationship." We observed that approximately 34% of participants agreed with this statement and approximately 23% disagreed with it. (Figure 4.7)

Figure 4. 7
Q3 Chart



For the question Q4: “During the COVID 19 lockdown, I observed an increase in how often my partner is using verbal aggression.” We observed that approximately 44% of participants agreed with this statement and approximately 22% disagreed with it. (Figure 4.8)

Figure 4. 8
Q4 Chart



Chapter 5

Discussion

The following analysis is useful for understanding the impact of COVID19 lockdown as a stressor factor to consider in couples' dynamism in the context of the VSAM model, especially in Lebanon. However, we understand that it has inherent limitations that need to be considered when interpreting the results. It is important to use multiple research methods to triangulate findings and gain a more comprehensive understanding of our phenomena under study. The aim of our analysis was to interpret the results, provide an explanation for the findings, and place the study in the context of the existing literature.

The first hypothesis focused on whether, higher number of lockdown hours per day, larger number of children at home, stronger beliefs in the ideation of ending an intimate relationship, and younger intimate partners, predicted higher scores of emotional abuse during COVID-19 among adult Lebanese intimate partners. This prediction model was not supported in our results. Therefore, each predictor was tested separately. The first predictor is number of hours that Lebanese adults engaged in an intimate couple spent together during COVID19 lockdown. Bradbury-Jones et al. (2020) found that COVID-19 lockdown measures were associated with an increase in emotional abuse. The study surveyed participants from 17 countries and found that during lockdown, there was a significant increase in emotional abuse. The authors suggested that the increased time spent at home, financial stress, and decreased access to social support during lockdown likely contributed to the increase in emotional abuse. Additionally, a study by Sijtsema et al. (2021) found that the COVID-19 pandemic was associated with an increase in emotional abuse among intimate partners. The study analyzed data from 19 countries and found that during the pandemic, emotional abuse increased by an average

of 8%. The authors suggested that the stress and anxiety caused by the pandemic and the associated lockdown measures may have contributed to the increase in emotional abuse. The results obtained in our study didn't conclude that Lebanese adults, who spent higher number of lockdown hours per day together, experienced more emotional abuse in their relationship than those who had spent less hours together.

The second predictor is the number of children at home. Our result indicated that the impression of participants about their partners' emotionally abusive attitude has increased towards them as the number of children became higher. This result complied with our literature review. I think that having children can increase stress and tension in a relationship, especially if the parents are struggling to balance the demands of work, household chores, and childcare during lockdown, financial demands and all the external stressors that Lebanon was going through within this specific period. This can lead to increased arguments and conflict, which can escalate into emotional abuse.

The third predictor is the ideation of ending an intimate relationship we observed that almost 53% of participants reported a negative answer while almost 47% of them reported a positive one. The numbers deviated more towards a negative attitude of the participants towards ending their intimate relationship with their partner during COVID-19 lockdown. Hall et al. (2021) found that the COVID-19 pandemic was associated with increased thoughts of leaving a romantic relationship among young adults in the United States. This suggested that the stressors associated with the pandemic may lead individuals to reevaluate and consider ending their relationships. These contrasting findings of our results and the study by Hall et al. (2021) may be attributed to differences in cultural and societal factors. For instance, a study by Zeineddine, Kazarian, & Abboud (2016) examined the attitudes towards divorce among Lebanese university

students. The study found that participants held negative attitudes towards divorce and perceived it as a taboo subject. The authors suggested that these attitudes may be rooted in cultural and religious beliefs that emphasize the importance of maintaining family unity and stability. As for the social factor Lebanon has been going through severe economic crisis during the COVID19 pandemic, I think that the victim may feel that they need to stay in the relationship for the sake of their children or because they lack the financial resources to leave. Therefore, this can limit a victim's ability to leave an abusive relationship which could explain why the strong ideation of ending the relationship was poorly negative.

Regarding gender as predictors of emotional abuse, H2 predicted that there is no gender difference in the practice of emotional abuse. Our findings complied with our literature review. Fieldhouse et al. (2020) found that COVID-19 lockdown was associated with an increase in intimate partner violence and emotional abuse among both men and women. Similarly, Sacco et al. (2021), Hines et al. (2020), and Romito et al. (2020) found that both men and women reported an increase in emotional abuse during the lockdown, with no significant gender differences. Regarding age as predictors of emotional abuse, H3 predicted that older female adult Lebanese intimate partners will score lower than the older male adult Lebanese intimate partners on the practice of emotional abuse, during the COVID-19 lockdown. H3 was not supported and we concluded that older female participants didn’t report higher MMEA scores. Research has shown that younger men are more likely to support gender equality and reject traditional masculine norms that promote aggression and dominance (Hearn, 2017). While older male participants didn’t report higher MMEA1 score however they reported higher MMEA2 which indicated the impression of participants about their partners’ emotionally abusive attitude towards them. Men

may have internalized beliefs that women should be dominant and control, which could contribute to emotional abuse (Clements et al., 2021).

Limitations

Our study was highly limited with time and budget. The sample size and the sample type were both limitations to this study since the participants, who did not have access to the internet and did not speak English, were excluded from the sample. A mixed model of quantitative and qualitative design would provide more insight about the results in the future. Another limitation was the cross-sectional analysis as it did not provide data to compare results with previous ones (Babbie, 2010). There was also the possibility of a reporting bias as participants were recalling their impressions from the past; this could have led to an underestimation or overestimation of the prevalence of emotional abuse among partners. Our study did not study other major factors that could have contributed to the increase of emotionally abusive attitudes during COVID19 lockdown such as: the onset of substance addiction during COVID19 lockdown, the external stressors such as the financial and political crises that Lebanon was going through in the time of COVID19 lockdown, and whether the participants or their partners suffered from a personality disorder or other mental health issues such as PTSD or others.

Clinical Implications

This study highlighted COVID-19's lockdown positioning as an external stressor entity of the vulnerability-stress-adaptation model (VSAM). The inclusion of this stressor in the emotional abuse assessment among intimate relationships has significant clinical and research implications. Some of the key implications include:

1. Treatment and Prevention: Prevention efforts can focus on awareness-raising among intimate couples about the role of external stressors in the increase in the emotionally

abusive attitudes in order to help them recognize the signs of emotional abuse and identify to possibly related stressor.

2. Improve education and awareness: Raise awareness about the unique challenges and risks associated with emotional abuse. For the general public and the younger age groups at universities and schools.
3. Improve screening and assessment: Develop and implement screening and assessment tools that can identify emotional abuse in different settings, including healthcare, social service, and legal contexts. Ensure that these tools are sensitive to different types of emotional abuse and that they are culturally appropriate. Because emotional abuse isn't easily identified especially by the Lebanese law enforcement agents such as police and jurisdiction bodies.
4. Address gender inequality and power dynamics in clinical research and legalizations: Address gender inequality and power dynamics that contribute to emotional abuse. In the Lebanese culture, males are often socialized to be dominant and assertive, and some may use emotional abuse as a way to exert power and control over their partners. This socialization may make them more likely to engage in emotionally abusive behaviors.

Recommendations and Future Research

We recommend to conduct further research on emotional abuse among intimate partners in Lebanon, including its prevalence, risk factors, and long-term effects. Additionally, here are some suggestions for future studies:

- Compare emotional abuse in Lebanon to other countries in the region and around the world.

- Determine the extent of emotional abuse among intimate partners in Lebanon and its effect on health in general.
- Evaluate the relationship between emotional abuse and other forms of intimate partner violence, such as physical, sexual, and financial abuse in Lebanon.
- Explore the relationship between personality types such as the Big 5 and the practice emotional abuse among Lebanese intimate partners.
- Assess the major stressors that Lebanese intimate partners suffer from and their relation to the practice of emotional abuse.
- Based on narrative inquiry, assess the major stressors that Lebanese intimate partners suffer from and their relation to the practice of emotional abuse.

Conclusion

When stressors are external such as the COVID19 lockdown, emotional abuse is often a tactic used by one partner to project power and control over the other partner. Partners who are deprived from socializing due to COVID19 lockdown might feel emotionally dependent on their partner and may become more vulnerable to emotional abuse or more possessive which could increase their emotionally abusive attitude. While this study highlighted the importance of external stressors on the VSAM model, such as the COVID19 lockdown, on the increase of emotional abuse among Lebanese adults, it is essential to approach the topic of emotional abuse and intimate partner violence with a broader perspective, recognizing that everyone's experience is unique and influenced by a variety of personal, relational, and external factors.

References

Adam M. Tomison and Joe Tucci (1997) Emotional abuse: The hidden form of maltreatment. NCPC Issues No. 8 — September 1997. https://aifs.gov.au/cfca/publications/emotional-abuse-hidden-form-maltreatment

Alan S. Gurman, Jay L. Lebow, Douglas K. Snyder (2015) Clinical handbook of couple therapy - Fifth edition. The Guilford Press a Division of Guilford Publications, Inc.:24-26 ISBN 9781462513925.

APA (2020) How COVID-19 may increase domestic violence and child abuse https://www.apa.org/topics/covid-19/domestic-violence-child-abuse

Babbie, E. (2010). *The practice of social research*. Belmont: Cengage Learning.

Behar Zusman V., Chavez J., Gattamorta K. (2020) Developing a Measure of the Impact of COVID-19 Social Distancing on Household Conflict and Cohesion. https://doi.org/10.1111/famp.12579

Beverly Engel (2002) "*The Emotionally Abusive Relationship: How to Stop Being Abused and How to Stop Abusing*". John Wiley & Sons, Inc.

Bradbury-Jones, C., Isham, L., & The Lancet Public Health. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. The Lancet Public Health, 5(4), e207. doi: 10.1016/s2468-2667(20)30068-1

Bronfenbrenner, U. (1989). Ecological systems theory (Vol. 6). Greenwich, CT: JAI Press

Borchers A., Lee R., Martsolf D. (2016). Employment Maintenance and Intimate Partner Violence. https://doi.org/10.1177/2165079916644008

Carney MM, Barner JR. (2012) Prevalence of partner abuse: Rates of emotional abuse and control. *Partner Abuse, 3(3)*:286–335.

CAS, Central Administration of Statistics of the presidency of the council of ministers (2019) Labour Force and Household Living Conditions Survey (LFHLCS) 2018–2019 Lebanon http://www.cas.gov.lb/index.php/demographic-and-social-en/population-en

Central Administration of Statistics of the presidency of the council of ministers (2019) "Labor Force and Household Living Conditions Survey (LFHLCS) 2018–2019" and "Population characteristics in 2009 report." http://www.cas.gov.lb/index.php/demographic-and-social-en/population-en

Clements, K., Williams, S., & Korgan, A. C. (2021). Domestic abuse and COVID-19: Increased risk and barriers to support for male victims. Journal of Family Violence, 36(5), 499-509. doi: 10.1007/s10896-021-00242-3

Cochran, W.G. (1977) Sampling Techniques. 3rd Edition, John Wiley & Sons, New York.

Counseling Center at University of Illinois Urbana-Champaign Connect. (2007) https://web.archive.org/web/20141120190029

Connelly, L. M. (2008). Pilot studies. Medsurg Nursing, 17(6), 411-2.

Counseling Center at University of Illinois Urbana-Champaign, (2007). https://counselingcenter.utk.edu/self-help-materials/emotional-abuse/

Cook, S. L. (2020). Emotional abuse in intimate partner relationships: A comparison of men and women's experiences. Journal of Interpersonal Violence, 35(11-12), 2611-2630. https://doi.org/10.1177/0886260517705518

Daphne Simeon, (2006) Emotional Maltreatment of Children: Relationship to Psychopathology https://www.psychiatrictimes.com/view/emotional-maltreatment-children-relationship-psychopathology

Dasgupta, S. D. (2019). Intimate partner violence: An overview. In R. K. Gupta & V. N. Das (Eds.), Forensic medicine: Fundamentals and perspectives (pp. 401-414). Springer.

DeSanctis, E (2020) “What emotional abuse really means” https://www.joinonelove.org/learn/emotional-abuse-really-means

Dutton, D. G. (2012). The Abusive Personality: Violence and Control in Intimate Relationships. The Guilford Press.

El Chammay, R., & Roberts, B. (2020). Using COVID-19 responses to help strengthen the mental health system in Lebanon. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(S1), S281-S283. http://dx.doi.org/10.1037/tra0000732

Enders, C. K. (2013). Dealing with missing data in developmental research. Child Development Perspectives. https://doi.org/10.1111/cdep.12008

Epstein, N. B., & Baucom, D. H. (2002). Enhanced cognitive-behavioral therapy for couples: A contextual approach. Washington, DC: American Psychological Association.

Fieldhouse, S., Kershaw, S., et al. (2020). Lockdown and domestic abuse: Evidence from calls to a UK helpline. Journal of Public Health, 42(4), 684-689. doi: 10.1093/pubmed/fdaa115

Finlay, K, Magnusson, LM. Two applications of wild bootstrap methods to improve inference in cluster-IV models. J Appl Econ. 2019; 34: 911– 933. https://doi.org/10.1002/jae.2710

Fontanesi, L., Marchetti, D., Mazza, C., Di Giandomenico, S., Roma, P., & Verrocchio, M. C. (2020). The effect of the COVID-19 lockdown on parents: A call to adopt urgent measures. *Psychological Trauma: Theory, Research, Practice, and Policy, 12(S1),* S79-S81. http://dx.doi.org/10.1037/tra0000672

Hearn, J. (2017). Men, masculinities and gender politics. In Palgrave Handbook of Gender and Development (pp. 177-193). Palgrave Macmillan, London. doi: 10.1057/978-1-137-42830-6_12

Ghasemi, A., & Zahediasl, S. (2012). Normality tests for statistical analysis: a guide for non-statisticians. International journal of endocrinology and metabolism, 10(2), 486–489. https://doi.org/10.5812/ijem.3505

Graham, Melissa PhD; Weale, Victoria PhD; Lambert, Katrina A. PhD; Kinsman, Natasha MNutDiet; Stuckey, Rwth PhD; Oakman, Jodi PhD Working at Home, Journal of Occupational and Environmental Medicine: November 2021 - Volume 63 - Issue 11 - p 938-943 doi: 10.1097/JOM.0000000000002337 https://journals.lww.com/joem/Fulltext/2021/11000/Working_at_Home__The_Impacts_of_COVID_19_on.5.aspx

Hall, J. A., Layous, K., Huh, J., Tunney, R. J., & Lee, K. (2021). Psychological flexibility moderates the relation between pandemic stress and negative relationship cognition. Personality and Individual Differences, 177, 110782. doi: 10.1016/j.paid.2021.110782

Haller, M., Norman, S. B., Davis, B. C., Capone, C., Browne, K., & Allard, C. B. (2020). A model for treating COVID-19–related guilt, shame, and moral injury. *Psychological Trauma: Theory, Research, Practice, and Policy, 12(S1),* S174–S176. https://doi.org/10.1037/tra0000742

Hamel, J. (2009). Gender-Inclusive Treatment of Intimate Partner Abuse: Evidence-Based Approaches. Springer Publishing Company.

Hill, R. (1998). What sample size is “enough” in internet survey research? Interpersonal Computing and Technology: An Electronic Journal for the 21st Century, 6(3-4).

Hines, D. A., Doumas, D. M., et al. (2020). COVID-19, intimate partner violence, and technology: A conceptual and call to action. Journal of Family Violence, 35(4), 341-346. doi: 10.1007/s10896-020-00196-6

Holmes, E. A., O'Connor, R., Perry, V. H., Tracey, I., Wessely, I., Arseneault, L., Ballard, C., Christensen, H., Silver, R. C., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., Worthman, C. M., Yardley, L., Cowan, K., Cope, C., Hotopf, M., Bullmore, E. (2020), Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science, Lancet Psychiatry, 7, 547–60.

Howe, Tasha R. (2012) Marriages and families in the 21st century a. bioecological approach." Chichester, West Sussex Malden, Massachusetts: John Wiley & Sons. ISBN 9781405195010.

Interval House. (2016). Barriers to employability and employment for women survivors of intimate partner violence. Toronto, ON: *Interval House.* https://www.intervalhouse.ca/sites/default/files/IntervalHouse-Barriers_WhitePaper-web_16-11-16_0.pdf

Jäger Sebastian, Allhorn Arndt and Bießmann Felix (2021). A Benchmark for Data Imputation Methods. Beuth University of Applied Sciences, Berlin, Germany. Doi: 10.3389/fdata.2021.693674

Jacobson, N., Gottman, J. (1998). When men batter women: New insights into ending abusive relationships. New York: Simon and Schuster.

Jacobson, N. S., & Margolin, G. (1979). Marital therapy: Strategies based on social learning and behavior exchange principles. New York: Brunner/ Mazel.

Jarnecke, A. M., & Flanagan, J. C. (2020). Staying safe during COVID-19: How a pandemic can escalate risk for intimate partner violence and what can be done to provide individuals

with resources and support. *Psychological Trauma: Theory, Research, Practice, and Policy, 12(S1),* S202-S204. http://dx.doi.org/10.1037/tra0000688

Johnson, W.L., Giordano, P.C., Manning, W.D. *et al.* The Age–IPV Curve: Changes in the Perpetration of Intimate Partner Violence During Adolescence and Young Adulthood. *J Youth Adolescence* **44,** 708–726 (2015). https://doi.org/10.1007/s10964-014-0158-z

Kadi S. (2020) COVID-19 lockdown provoking surge in domestic violence in Lebanon . *The Arab Weekly 21 May 2020*. https://thearabweekly.com/covid-19-lockdown-provoking-surge-domestic-violence-lebanon.

Kafa, and Ipsos (2014) General awareness on family violence in Lebanon: perceptions and behaviors of the Lebanese public. https://data2.unhcr.org/ar/documents/download/43829

Karakut G. and Silver K. (2013) "Emotional Abuse in Intimate Relationships: The Role of Gender and Age." *Violence and Victims* 28(5):*804-21* DOI: 10.1891/0886-6708.VV-D-12-00041 https://www.researchgate.net/publication/259454222_Emotional_Abuse_in_Intimate_Relationships_The_Role_of_Gender_and_Age#:~:text=Younger%20men%20reported%20experiencing%20higher,more%20common%20in%20younger%20participants.

Kelly, A. (2020, March28). Lockdowns around the world bring rise in domestic violence. The Guardian. https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence

Khoury, B., El-Khoury, J., & Ammar, J. (2020). Psychological needs and response during the COVID-19 pandemic in Lebanon. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(5), 497-498. https://psycnet.apa.org/fulltext/2020-43611-001.html

Kim H. Y. (2013). Statistical notes for clinical researchers: assessing normal distribution (2) using skewness and kurtosis. Restorative dentistry & endodontics, 38(1), 52–54. https://doi.org/10.5395/rde.2013.38.1.52

Kofman, Y. B., & Garfin, D. R. (2020). Home is not always a haven: The domestic violence crisis amid the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12(S1),* S199-S201. https://psycnet.apa.org/fulltext/2020-37317-001.html

Layard, R., D. Fancourt, A. Clark, N. Hey, J-E De Neve, G. O'Donnell and C.Krekel, 2020, 'When to release the lockdown? A wellbeing framework for analysing costs and benefits', *IZA Discussion Paper No 13186*. http://ftp.iza.org/dp13186.pdf

Lövestad, S., & Krantz, G. (2014). Men's and women's exposure and perpetration of partner violence: An epidemiological study from Sweden. BMC Public Health, 14, 1-9. https://doi.org/10.1186/1471-2458-14-1325

Molyneaux, R., Gibbs, L., Bryant, R. A., Humphreys, C., Hegarty, K., Kellett, C., Forbes, D. (2020). Interpersonal violence and mental health outcomes following disaster. *BJPsych Open*, 6(1), Article e1. https://doi.org/10.1192/bjo.2019.82

Montauk, T. R., & Kuhl, E. A. (2020). COVID-related family separation and trauma in the intensive care unit. *Psychological Trauma: Theory, Research, Practice, and Policy, 12*(S1), S96-S97. http://dx.doi.org/10.1037/tra0000839

Murphy, C. M., & Hoover, S. A. (1999). Measuring emotional abuse in dating relationships as a multifactorial construct. *Violence and Victims*, *14*, 39-53.

Murphy, C. M., & Hoover, S. A. (2019). Measuring emotional abuse in dating relationships as a multifactorial construct. Psychology of Violence, 9(1), 74-81. doi: 10.1037/vio0000176

NAN, National News Agency (2020) – Lebanon.

National Network to End Domestic Violence (2017) Forms of Abuse. https://nnedv.org/content/forms-of-abuse

Obeid, S., & Hallit, S. (2018). Correlation of the Stockholm syndrome and early maladaptive schemas among Lebanese women victims of beating into domestic/marital violence. *Couple and Family Psychology: Research and Practice*, 7(3-4), 171–182. https://doi.org/10.1037/cfp0000106

Pallant J. (2020) SPSS survival manual, a step-by-step guide to data analysis using SPSS Routledge, London. https://doi.org/10.4324/9781003117452

Peterman A, Bleck J, Palermo T. Age and Intimate Partner Violence: An Analysis of Global Trends Among Women Experiencing Victimization in 30 Developing Countries. J Adolesc Health. (2015) Dec;57(6):624-30. doi: 10.1016/j.jadohealth.2015.08.008. PMID: 26592331. https://pubmed.ncbi.nlm.nih.gov/26592331/

Pietromonaco, P. R., & Overall, N. C. (2020). Applying relationship science to evaluate how the COVID-19 pandemic may impact couples' relationships. *American psychologist.* Advance online publication. http://dx.doi.org/10.1037/amp0000714

Public Health Agency of Canada (1996) What is Emotional Abuse. National Clearinghouse on Family Violence Publication. http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/fvemotion_e.html

Rizo, C. F., & Macy, R. J. (2011). Help-seeking behavior among male victims of partner abuse: An application of the health belief model. Violence and Victims, 26(4), 411-427. https://doi.org/10.1891/0886-6708.26.4.41

Romito, P., Pomicino, L., et al. (2020). The impact of current and past interpersonal violence on the mental health of women during the COVID-19 pandemic lockdown. Journal of Interpersonal Violence, 36(3-4), 1829-1849. doi: 10.1177/0886260520965391

Sacco, M. A., Caputo, F., et al. (2021). Domestic violence during the COVID-19 pandemic in Italy. Journal of Interpersonal Violence, 36(3-4), 1583-1600. doi: 10.1177/0886260520925034

Shockley, K. M., Clark, M. A., Dodd, H., & King, E. B. (2020). Work-family strategies during COVID-19: Examining gender dynamics among dual-earner couples with young children. *Journal of Applied Psychology.* Advance online publication. http://dx.doi.org/10.1037/apl0000857

Sijtsema, J. J., Rambaran, J. A., Ojanen, T. T., Björkqvist, K., & Salmivalli, C. (2021). Bullying and emotional abuse during COVID-19: Short-and long-term effects on emerging adults' mental health. Journal of Interpersonal Violence, 36(13-14), NP3142-NP3159. doi: 10.1177/08862605211013992

Smith, S. G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., Chen, J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief—Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Statistics Canada (2020). The impact of covid-19 on family and children. https://www150.statcan.gc.ca/n1/daily-quotidien/200709/dq200709a-eng.htm

Tabachnick, B. G., & Fidell, L. S. (2013). Using Multivariate Statistics (6th ed.). Boston, MA: Pearson.

Thompson MP, Basile KC, Hertz MF, Sitterle D. (2006) Measuring Intimate Partner Violence Victimization and Perpetration: A Compendium of Assessment Tools. Atlanta (GA):

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. https://www.endvawnow.org/uploads/browser/files/IPV%20Compendium.pdf

Tracy, N. (2012, July 24). Emotional Abuse: Definitions, Signs, Symptoms, Examples, HealthyPlace. https://www.healthyplace.com/abuse/emotional-psychological-abuse/emotional-abuse-definitions-signs-symptoms-examples

Treece, E. W., & Treece, J. W. (1982). Elements of research in nursing (3rd ed.). St. Louis, MO:Mosby.

UN, (2020) Prevention and response to gender-based violence against women and girls in the Eastern Mediterranean Region in the time of COVID-19. http://www.emro.who.int/violence-injuries-disabilities/violence-news/prevention-and-response-to-gender-based-violence-against-women-and-girls-in-the-easter-mediterranean-region-in-the-time-of-covid-19.html

UNFPA, with contributions from Avenir Health, Johns Hopkins University (USA) and Victoria University (Australia). (2020). Impact of the COVID-19 pandemic on family planning and ending gender-based violence, female genital mutilation and child marriage pandemic threatens achievement of the transformative results committed to by UNFPA. UNFPA. https://esaro.unfpa.org/sites/default/files/pub-pdf/EMBARGOED%20UNTIL%2028%20APRIL%20-%20COVID-19%20impact%20brief%20for%20UNFPA%20copy.pdf

UNPF – United Nations Population Funds (2021) World population dashboard: Lebanon https://www.unfpa.org/data/world-population/LB

Van Houdenhove, B., Neerinckx, E., Lysens, R., Vertommen, H., Van Houdenhove, L., Onghena, P., Westhovens, R., & D'Hooghe, M. B. (2001). Victimization in chronic fatigue

syndrome and fibromyalgia in tertiary care: a controlled study on prevalence and characteristics. *Psychosomatics*, *42*(1), 21–28. https://doi.org/10.1176/appi.psy.42.1.21

Van Wyk JA, Benson MA, Fox GL, DeMaris A.(2003) Detangling individual-, partner-, and community-level correlates of partner violence. Crime Delinq. (2003); 49:412–38.

Vaziri, H., Casper, W. J., Wayne, J. H., & Matthews, R. A. (2020). Changes to the work–family interface during the COVID-19 pandemic: Examining predictors and implications using latent transition analysis. *Journal of Applied Psychology, 105*(10), 1073-1087. http://dx.doi.org/10.1037/apl0000819 https://psycnet.apa.org/fulltext/2020-64602-001.html

Wanqing, Z. (2020) Domestic violence cases surge during COVID-19 epidemic: Rights activists say law enforcement officials need to be more responsive to reports of gender-based violence. https://psycnet.apa.org/fulltext/2020-41430-001.html

WHO World Health Organization, (2021), https://apps.who.int/iris/rest/bitstreams/302735/retrieve (p. vii)

Williams M. and Bailey M.K. (2020), Intimate Partner Violence During SARS-CoV-2 (COVID-19) Pandemic. *Intimate Partner Violence: An Evidence-Based Approach* ISBN 978-3-030-55863-5 ISBN 978-3-030-55864-2 Springer Nature Switzerland AG https://doi.org/10.1007/978-3-030-55864-2

World Bank (2021) The world bank in Lebanon https://www.worldbank.org/en/country/lebanon/overview#1

Xiao, Yijing; Becerik-Gerber, Burcin DDes; Lucas, Gale PhD; Roll, Shawn C. PhD Impacts of Working From Home During COVID-19 Pandemic on Physical and Mental Well-Being

of Office Workstation Users, Journal of Occupational and Environmental Medicine: March 2021 - Volume 63 - Issue 3 - p 181-190
doi: 10.1097/JOM.0000000000002097
https://journals.lww.com/joem/Fulltext/2021/03000/Impacts_of_Working_From_Home_During_COVID_19.2.aspx

Yu, T., Sengul, M., & Lester, R. H. (2008). Misery loves company: The spread of negative impacts resulting from an organizational crisis. *The Academy of Management Review*, 33(2), 452–472. https://doi.org/10.5465/amr.2008.31193499

Zeineddine, R. F., Kazarian, S. S., & Abboud, N. N. (2016). Attitudes toward divorce among Lebanese university students: The role of gender and religiosity. Journal of Divorce & Remarriage, 57(5), 335-347. doi: 10.1080/10502556.2016.1178672

Appendix 1

Participant Information Letter

Dear Ms./Mr.
I am Nabil Atallah, a student at Haigazian University from the Department of Social and Behavioral Sciences. I am currently carrying out a research study titled “The Relationship Between COVID-19 Lockdown and The Emotional Aspect Of Intimate Partner Violence (IPV) Among Lebanese Adults” advised by Dr Hanine Hout.
You are being asked to take part in this study if you believe that you meet all of the following inclusion criteria:

- Identify yourself as Lebanese.
- Your age 18+
- You were engaged in an intimate partnership upon the COVID-19 pandemic outbreak.

Kindly read the below information to decide whether you would like to participate in this research study.

Purpose of the Research Project

This research study aims at understanding the relationship between COVID-19 lockdown and the emotional aspect of Intimate Partner Violence among adult Lebanese intimate partners. This study will contribute towards the partial fulfillment of my academic study requirements at Haigazian University.

What will I be asked to do?

- If you choose to participate in this research study, you will be asked to fill in a questionnaire. Your participation will involve completing a survey that entails statements that you will have to rate based on agreement, a demographic form for approximately (15) minutes.
- Participation in this project is voluntary. You are free to withdraw anytime without having to give any reason for your withdrawal.

What are my rights?

- Participation in this study is completely voluntary, anonymous and confidential. Your name or any other identifying information will not be asked.

- Data you provide along with data from all participants in the present research will be stored in aggregate in a password protected folder. The data will be analysed and reported in aggregate. Only the principal investigators of this study will have access to the compiled data which will be stored for a period of 10 years post data. During this time, you have the right to inspect the data.
- You have the right to withdraw your consent or discontinue participation at any time for any reason. Your decision to refuse participation or withdraw will not involve any penalty or loss of benefits to which you are entitled. Discontinuing participation in no way affects your relationship with Haigazian University.
- This research study has been reviewed and has received clearance from the Haigazian University ethics committee and advisor Dr Hanine Hout. If you have any further concerns about your rights as a research participant, please, do not hesitate to contact Dr Hanine Hout (hanine.hout@haigazian.edu.lb)

What are the risks and benefits of participation?

- Participation in this study does not involve any physical risk or emotional risk to you beyond the risks of daily life.
- You will receive no direct benefits from participating in this research; however, your participation does help researcher better understand the relationship between COVID-19 lockdown and the emotional abuse aspect of Intimate Partner Violence among adult Lebanese intimate partners.

Contact information

If you have any questions or concerns about the research, you may contact:
Nabil Atallah (natallah@students.haigazian.edu.lb)
Dr Hanine Hout (hanine.hout@haigazian.edu.lb)

This letter is signed by the researcher:

Nabil Atallah - Haigazian University - natallah@students.haigazian.edu.lb

If you feel that this research is reminding you of emotional violence and you need immediate support, please call EMBRCE 988 hotline available 27/7.

Participant Consent Form

The Relationship Between COVID-19 Lockdown and The Emotional Aspect Of Intimate Partner Violence (IPV) Among Lebanese Adults

1. I have volunteered to participate in this research project conducted for purposes of study. My participation is voluntary and does not involve payment of any kind.
2. I agree to participate in this research project conducted for purposes of study. My decision is voluntary and does not involve payment of any.
3. I know that I can choose to withdraw from participation any time without any penalties or consequences whatsoever. I also hold the right to decline to respond to any question(s) that I may feel uncomfortable with.
4. My participation involves answering a questionnaire for approximately (10 to 15) minutes.
5. I have been assured that the researcher will maintain my identity confidential.
6. I have been assured that the information from this survey will be used for the purpose of academic study only.
7. I have received the assurance that this research study has been duly reviewed and approved by the Haigazian University ethics committee.
8. I agree that the data gathered be kept in a secure location under the care of the study investigators for a period of 10 years.
9. I have been assured that I can access my data (if identified) at any time.
10. I have read and fully understand the explanation given to me. All my questions have been satisfactorily answered.
11. I, therefore, choose to voluntarily participate in this research study.
12. I have the right to save a copy of this consent form.
13. By pressing **"I agree, and I accept to participate"** below: I sign to agree on all the items listed in this consent form.
14. By pressing **"I don't agree and I refuse to participate"** below: I don't agree on some or all the items listed in this consent form and I refuse to participate in this study.

15. I AGREE AND I ACCEPT TO PARTICIPATE	16. I DON'T AGREE AND I REFUSE TO PARTICIPATE

This consent form is co-signed by the researcher:

Nabil Atallah - Haigazian University -
natallah@students.haigazian.edu.lb

If you feel that this research is reminding you of emotional violence and you need immediate
support, please call EMBRCE 988 hotline available 27/7.

Appendix 2

The Online Survey

PART 1 OF 4
The following questions ask about you and your intimate partner (or ex-partner) during COVID-19 different lockdowns and restrictions time intervals (from 02 February 2020 to 1 April 2022). Please provide your answers and impressions.

Your age during COVID-19 lockdown
----Select ----
Your intimate partner's (or ex-partner) age during COVID-19 lockdown
----Select ----
Your gender Female Male Non Binary
Your intimate partner's (or ex-partner) gender Female Male Non Binary
For how long were in intimate couple relationship with your partner (or ex-partner) during COVID-19 lockdown?
----Select ----
Were you and your partner (or ex-partner) living together during COVID-19 lockdown? YES NO
Did your child(ren) or your intimate partner's (or ex-partner) child(ren) live with you during COVID-19 lockdown? YES NO NOT APPLICABLE If your answer is YES. How many?
----Select ----
Were you employed /self-employed during COVID-19 lockdown? YES NO
Was your intimate partner (or ex-partner) employed /self-employed during COVID-19 lockdown? YES NO

SUBMIT >> SUBMIT >>

PART 2 OF 4
The following questions ask about you and your intimate partner (or ex-partner) during COVID-19 different lockdowns and restrictions time intervals (from 02 February 2020 to 1 April 2022).
Please provide your answers and impressions.

Was working from home imposed on your during COVID-19 restriction period (from 02 February 2020 to 1 April 2022)? YES NO If your answer is YES. How many hours per day?
----Select ----
Was working from home imposed on your partner during COVID-19 restriction period (from 02 February 2020 to 1 April 2022)? YES NO If your answer is YES. How many hours per day?
----Select ----
Did you have a permit to be present physically at your working place during COVID-19 lockdown? YES NO If your answer is YES. How many hours per day?
----Select ----

Did your intimate partner have a permit to be present physically at their working place during COVID-19 lockdown? YES NO If your answer is YES. How many hours per day?
----Select ----

SUBMIT >> SUBMIT >>

PART 3 OF 4
The following questions ask about you and your intimate partner (or ex-partner) during COVID-19 different lockdowns and restrictions time intervals (from 02 February 2020 to 1 April 2022). Please provide your answers and impressions.

During the COVID-19 lockdown, I observed an increase in how often my partner humiliates me.
Disagree Somehow Agree Neutral Agree Strongly Agree
During the COVID 19 lockdown, I observed an increase in how often my partner restrict of my privacy.
Disagree Somehow Agree Neutral Agree Strongly Agree
During the COVID-19 lockdown, I observed an increase in how often my partner is threatening to end our relationship.
Disagree Somehow Agree Neutral Agree Strongly Agree
During the COVID 19 lockdown, I observed an increase in how often my partner is using verbal aggression.
Disagree Somehow Agree Neutral Agree Strongly Agree
You considered ending your intimate relationship with your partner during the COVID-19 lockdown? YES NO

SUBMIT >> SUBMIT >>

IF YOU FEEL THAT THIS RESEARCH IS REMINDING YOU OF EMOTIONAL VIOLENCE AND YOU NEED IMMEDIATE SUPPORT, PLEASE CALL EMBRACE 988 HOTLINE AVAILABLE 27/7.

PART 4 OF 4
Multidimensional Measure of Emotional Abuse
The following questions ask about the relationship with your partner or ex-partner. Please report how often each of these things has happened during COVID-19 during COVID-19 different lockdowns and restrictions time intervals (from 02 February 2020 to 1 April 2022).
Indicate how many times you have done this where it says “you”, and how many times your partner has done this where it says “your partner”.

0=This has never happened| 1=Once| 2=Twice| 3=3-5 times| 4=6-10 times| 5=11-20 times| 6=More than 20 times| 7=Never in the past 6 months, but it has happened before
1. Asked the other person where they had been or who they were within a suspicious manner

You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7
2. Secretly searched through the other person's belongings
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7
3. Tried to stop the other person from seeing certain friends or family members
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7
4. Complained that the other person spends too much time with friends
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7
5. Got angry because the other person went somewhere without telling him/her
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7
6. Tried to make the other person feel guilty for not spending enough time together
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7
7. Checked up on the other person by asking friends or relatives where they were or who they were with
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7
0=This has never happened| 1=Once| 2=Twice| 3=3-5 times| 4=6-10 times| 5=11-20 times| 6=More than 20 times| 7=Never in the past 6 months, but it has happened before
8. Said or implied that the other person was stupid
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7
9. Called the other person worthless
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7
10. Called the other person ugly
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7
11. Criticized the other person's appearance
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7
12. Called the other person a loser, failure, or similar term
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7
13. Belittled the other person in front of other people
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7
14. Said that someone else would be better partner (better spouse, better girlfriend or boyfriend)
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7

0=This has never happened| 1=Once| 2=Twice| 3=3-5 times| 4=6-10 times| 5=11-20 times| 6=More than 20 times| 7=Never in the past 6 months, but it has happened before

15. Became so angry that they were unable or unwilling to talk
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7

16. Acted cold or distant when angry
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7

17. Refused to have any discussion of a problem
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7

18. Changed the subject on purpose when the other person was trying to discuss a problem
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7

19. Refused to acknowledge a problem that the other person felt was important
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7

20. Sulked or refused to talk about an issue
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7

21. Intentionally avoided the other person during a conflict or disagreement
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7

0=This has never happened| 1=Once| 2=Twice| 3=3-5 times| 4=6-10 times| 5=11-20 times| 6=More than 20 times| 7=Never in the past 6 months, but it has happened before

22. Became angry enough to frighten the other person
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7

23. Put his/her face right in front of the other person’s face to make a point more forcefully
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7

24. Threatened to hit the other person
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7

25. Threatened to throw something at the other person
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7

26. Threw, smashed, hit, or kicked something in front of the other person
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7

27. Drove recklessly to frighten the other person
You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7

28. Stood or hovered over the other person during a conflict or disagreement

You 0 1 2 3 4 5 6 7
Your Partner 0 1 2 3 4 5 6 7
0=This has never happened| 1=Once| 2=Twice| 3=3-5 times| 4=6-10 times| 5=11-20 times| 6=More than 20 times| 7=Never in the past 6 months, but it has happened before

SUBMIT >> SUBMIT >>

IF YOU FEEL THAT THIS RESEARCH IS REMINDING YOU OF EMOTIONAL VIOLENCE AND YOU NEED IMMEDIATE SUPPORT, PLEASE CALL EMBRACE 988 HOTLINE AVAILABLE 27/7.

Final Page

THANK YOU FOR TAKING THE TIME TO READ AND RESPOND.
YOU MAY CLOSE THIS TAB.

If you have any questions or concerns about the research, you may contact:
Nabil Atallah (natallah@students.haigazian.edu.lb)
Dr Hanine Hout (hanine.hout@haigazian.edu.lb)