

# THE EFFECTS OF COVID-19 PHOBIA ON ABUSE OF CHILDREN BY PARENTS

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## SUMMARY

**Background:** This study aims to determine the effect of parents' levels of COVID-19 phobia on the risk of abuse and neglect towards their children.

**Subjects and methods:** A total of 472 parents, who have children between the ages of 0-18, who use social media and volunteer to participate in the research, were included in the study. The sociodemographic information form, Corona Virus 19 Phobia Scale (C19P-S), and Abuse Awareness Scale-Parent Form were used to collect the study's data.

**Results:** 57.9% of the parents participating in the study were female, and the mean age was  $42.08 \pm 10.33$ . It was found that 55.9% of the participants continued to go to the workplace during the COVID-19 pandemic. While 12% of the parents were treated for COVID-19, 21.4% were quarantined. The average C19P-S score of the parents was found to be 50.2. The mean score of the sub-dimensions of the scale varies between 8.4 and 18.5. The average score of the parents from the Abuse Awareness Scale-Parent Form was 55.4. A positive correlation was found between the Abuse Awareness Scale-Parent Form and the C19P-S score averages.

**Conclusion:** The findings have shown that the family's risk of children being exposed to abuse and neglect increases due to the negativities experienced during the pandemic period.

**Key words:** COVID-19 - pediatric nursing - abuse - child

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## INTRODUCTION

Defined as a highly contagious disease that spreads person-to-person through droplets from coughing or sneezing, Coronavirus (COVID-19) first broke out in China. It rapidly spread to many other countries, becoming a pandemic. As cases and deaths increase due to the COVID-19 pandemic, all countries have had to take strict measures, such as closing schools and workplaces and applying curfews. Limitations and uncertainties resulting from the pandemic have caused stress for parents and children (Poon et al. 2020, Huang et al. 2020, Zhu et al. 2020, Jiang et al. 2019, Johns Hopkins University 2020, Chakraborty & Maity 2020, Chung et al. 2022, Lazzari et al. 2020, Sinanović et al. 2020).

People may normally experience various psychological difficulties such as fear, panic, and stress in epidemics such as the COVID-19 pandemic. Studies performed during the COVID-19 pandemic reported increased rates of anxiety, depression, acute stress disorder, fear of illness, anger, sleep disturbance, and lack of concentration and that individuals were psychologically and negatively affected there from (Hu et al. 2020, Kaba & Sari 2020, Huang & Liu 2020, Wheaton et al. 2020, Kang et al. 2020, Liu et al. 2020, Cai et al. 2020, Xiang et al. 2020, Alyami et al. 2020, Arslan et al. 2020, Anjum et al. 2020, Ren & Guo 2020, Šljivo et al. 2020).

Although started in many countries, the desired level of vaccination has not yet been achieved globally. This situation has caused people to experience negative emotions caused by COVID-19 for more than a year, and the situation has yet to change. The fact that the

situation takes so long, that uncertainties and deaths continue, and that the number of cases continues to increase may cause people to have phobic reactions against COVID-19. Phobia is persistent and irrational anxiety and fear of a specific situation, object, or activity. COVID-19 phobia is defined as having excessive fear and anxiety due to COVID-19. It has been reported that COVID-19 phobia is common in children, adolescents, adults, older adults, and healthcare workers, which covers almost the entire society (American Psychiatric Association 2013, Arpacı et al. 2020a,b, Kaba & Sari 2020, Bulca Acar et al. 2022).

During the COVID-19 pandemic, parents have started to work from home. Most parents have had to strike a new balance between working from home and simultaneously being full-time parents and supporting their children studying from home (Jurkowitz & Mitchell 2020). In addition to unemployment, declining income, limited resources, and limited social support, adaptation to the new situation experienced by parents due to the COVID-19 pandemic, COVID-19 phobia has also caused an increase in domestic violence-related risk factors.

It has been reported that children of parents who lost their jobs due to the COVID-19 pandemic are approximately five times more likely to experience psychological abuse during the pandemic compared to children of parents who did not lose their jobs. It is also thought that the measures taken by countries in response to the pandemic may have led to increased violence against children. The shifting to distance learning has brought an additional burden to families who struggle to balance care, the education of their children, and their work-related response-

bilities. Curfew-related precautions may cause families to spend more time together, increasing tensions at home. All of the preceding, combined with social isolation, can increase the risk of children being exposed to domestic violence. Furthermore, parents' negative emotions, such as stress and anxiety, experienced by COVID-19 can trigger this situation (Bradbury-Jones & Isham 2020, Lee & Ward 2020, The Alliance for Child Protection in Humanitarian Action 2019, Sorokin et al. 2021).

Although the rates of abuse and neglect towards children seem to have decreased during the COVID-19 pandemic, it is thought that this is due to the lockdown of people and the decrease in contact with professional individuals (Campbell 2020). Many healthcare institutions emphasize that the risk of abuse towards children has increased due to the economic difficulties, uncertainties, and precautions caused by the COVID-19 pandemic on families (Substance Abuse and Mental Health Services Administration 2020, The Alliance for Child Protection in Humanitarian Action 2020, WHO Global 2020).

It is thought that the emotions experienced by parents due to the COVID-19 pandemic will affect their behaviors toward their children. The literature examination revealed no information on the effect of parents' COVID-19 phobia on their behaviors toward their children. This study aims to determine the effect of parents' levels of COVID-19 phobia on the risk of abuse and neglect towards their children.

## SUBJECTS AND METHODS

### Study design and sampling

The study is cross-sectional and descriptive research. The study covered parents with children aged 0 to 18 between January and April 2021, who use social media, and are literate in Turkish. Information about the study and the inclusion criteria were provided at the beginning of the survey. Parents participated in the study in light of the said information, and 472 parents participated and completed the survey. There was no data loss as it was obligatory to answer all the questions in the survey. The study was terminated two (2) weeks after the increase in the number of filled questionnaires ceased.

In the power analysis made in line with the results obtained from 472 parents at the end of the study, the effect size of our study was found as  $d=0.61$ , and the power of our study at the confidence level of 95% was calculated as 95%.

### Data collection instruments

The forms used to collect the study data were the Parent and Child Descriptive Characteristics Form, Corona Virus-19 Phobia Scale (C19P-S), and Abuse Awareness Scale-Parent Form. The Parent and Child Descriptive Characteristics Form include questions about the parents' demographic characteristics (age, gender, education level, income level, etc.) and the children's age, gender and pandemic experiences.

### Corona Virus-19 Phobia Scale (C19P-S)

The Cronbach's Alpha value of the scale, developed by Arpacı et al. in our country in 2020b, was found as 0.925. The C19P-S is a 5-point Likert-type self-assessment scale developed to measure phobia against the coronavirus. Scale items are evaluated between 1 "Strongly Disagree" and 5 "Strongly Agree". Items 1, 5, 9, 13, 17, and 20 measure Psychological Sub-scale; items 2, 6, 10, 14, and 18 Somatic Sub-scale; items 3, 7, 11, 15 and 19 Social Sub-scale; items 4, 8, 12, and 16 Economic Sub-scale. While the sub-scale scores are obtained by the sum of the answers given to the items of that sub-scale, the total C19P-S score is obtained by summing the sub-scale scores, which range from 20 to 100 points. Higher scores indicate an increase in lower scales and general Corona Virus-19 Phobia.

### Abuse Awareness Scale-Parent Form

The scale was prepared with 18 items to measure parents' awareness of abuse. The Likert-type measurement tool consists of five-point assessments, and the answers included the following: "strongly disagree (1)", "disagree (2)", "moderately agree (3)", "agree (4)", and "strongly agree (5)". Higher scores from the parent form indicate that the parents' awareness of abuse is high. The form can be applied to parents individually or in groups, and its application takes about 10 minutes. The internal consistency and the test-retest correlations of 18 items of Cronbach's Alpha were found as 0.98 and 0.94, respectively. The lowest and highest possible scores obtained from the measurement tool are 18 and 90, respectively. The score range of 18 to 42 represents low abuse, 42 to 66 moderate abuse, and 66 to 90 high abuse.

### Data Collection

Since Google Forms is frequently used, accessible, and easy to use, the data collection forms were transferred to Google Forms, and a link was created to share the questionnaires. The researchers shared the link (through Facebook, Instagram, blogs, and forums) to invite the participants to the study.

A pilot study was conducted to test the survey forms' comprehensibility before collecting data. 20 (twenty) parents were included in the pilot study, and the parents answered all the survey questions in an average of 10 to 20 minutes. After the pilot study, the parents did not make any suggestions; therefore, no changes were made to the survey questions. The parents who were piloted were excluded from the research.

### Ethical consideration

A Written Consent No. E-60116787-020-5957, dated January 7, 2021, was obtained from the Pamukkale University, Faculty of Medicine, Non-Interventional Medical Ethics Committee to collect the study data. Furthermore, information was provided about the study's subject matter and purpose and the time spent

filling in the survey form before the survey so that individuals included in the study could read it. They could fill in the study survey after confirming in the first question of the survey that they were willing to participate in the study.

### Analysis

The data were analyzed using an SPSS program, version 21. The average, standard deviation, number, and percentage values for the questions in the form were computed. Kruskal-Wallis test, independent-samples t-test, and correlation analysis were used in the data analysis. To identify the group responsible for creating the difference in significant relationships, the independent samples t-test was applied in cases where the parametric test assumptions were met. In addition, the relationships between continuous variables were examined with Spearman or Pearson correlation analyzes, and the differences between categorical variables were examined with Chi-square analysis.

### RESULTS

Table 1 shows the distribution of parents' sociodemographic characteristics. It was determined that the parents who participated in the study were 24 to 65, and their mean age was 42.08±10.33 years. It was found that more than half of the participants were mothers, nearly 1% had a nuclear family, and 55.9% continued to go to work during the COVID-19 pandemic. It was determined that 57% of the mothers and 51% of the fathers were university graduates. 58% of the participants' children are males. 12% of the parents received treatment for COVID-19, and 21.4% were quarantined due to COVID-19.

The average C19P-S score of the parents was found as 50.2 (Table 2). An average score between 8.4 and 18.5 was obtained in the sub-scales of the scale.

The parents' average score from the Abuse Awareness Scale-Parent Form was found as 55.4. The parent's score indicates a moderate level of abuse. It is seen that out of parents' characteristics, only the fathers' educational status affects the abuse of children (Table 3).

A positive correlation was found between the mean scores from the Abuse Awareness Scale-Parent Form and the C19P-S. Parents with higher C19P-S scores are more likely to abuse their children ( $r=0.378$ ,  $p=0.000$ ).

**Table 1.** Distribution of parents participated in the study by their sociodemographic characteristics

Sociodemographic characteristics	Avg.	SD
Age	42.08	10.33
Number of children	1.54	0.90
	Number	Percent
Gender		
Female	274	57.9
Male	198	42.1
Mother's education level		
Primary school graduate	105	22.2
Secondary school graduate	16	3.4
High school graduate	104	22.0
University graduate	247	52.3
Father's educational level		
Primary school graduate	83	17.6
Secondary school graduate	24	5.1
High school graduate	75	15.9
University graduate	290	61.4
Parents working status		
Going to workplace	264	55.9
Working from home	167	35.3
Working part-time	8	1.6
On unpaid leave	33	6.99
Income Level		
Income less than expenses	98	20.8
Income equal to expenses	251	53.2
Income higher than expenses	123	26.0
Family Type		
Nuclear	382	80.9
Extended	68	14.4
Fragmented	22	4.7
Child's Gender		
Female	294	58.1
Male	178	41.9
Receiving treatment due to COVID-19		
Yes	60	12.7
No	412	87.3
Being quarantined due to COVID-19		
Yes	101	21.4
No	371	78.6
<b>Total</b>	<b>472</b>	<b>100</b>

There is also a positive correlation between the scores from the C19P-S sub-scales and the mean scores from the Abuse Awareness Scale-Parent Form (Table 4).

**Table 2.** C19P-S score averages of the parents participated in the study

Subscales	Minimum	Maximum	Mean	SD
Sub-scales 1      Psychological sub-scale	6	30	18.5	6.3
Sub-scales 2      Somatic sub-scale	5	25	9.1	4.2
Sub-scales 3      Social sub-scale	5	25	14.2	5.5
Sub-scales 4      Economic sub-scale	4	20	8.4	3.8
<b>Total scale meanscore</b>	<b>20</b>	<b>90</b>	<b>50.2</b>	<b>17.3</b>

C19P-S: Corona Virus-19 Phobia Scale

**Table 3.** Mean scores of the parents participated in the study on the Abuse Awareness Scale-Parent Form

	Minimum	Maximum	Mean	SD	p	$\chi^2$
Mother's education level					0.317	3.531
Primary school graduate	25	70	55.1	8.1		
Secondary school graduate	40	71	55.7	10.0		
High school graduate	38	72	56.6	6.4		
University graduate	25	72	55	7.2		
Father's educational level					0.001	17.562
Primary school graduate	25	72	56.1	8.2		
Secondary school graduate	40	67	54.5	7.2		
High school graduate	44	71	58	7.4		
University graduate	25	72	54.6	6.9		
Parents working status					0.116	5.902
Going to workplace	25	72	55.8	7.4		
Working from home	37	69	54.4	6.8		
Working part-time	41	61	52.6	7.5		
On unpaid leave	37	70	55.7	8.5		
Receiving treatment due to COVID-19					0.690	1.392
Yes	25	68	55.8	7.7		
No	27	72	55.3	7.3		
Being quarantined due to COVID-19					0.612	0.008
Yes	25	65	55.7	7.1		
No	28	71	55.3	7.4		
Total scale score mean	25	72	55.4	7.3		

$\chi^2$ : Kruskal–Wallis test; t: Independent-samples t test

**Table 4.** Relationship between Abuse Awareness Scale-Parent Form and C19P-S

C19P-S	Abuse Awareness Scale-Parent Form*	p
Psychological sub-scale	0.350	0.000
Somatic sub-scale	0.313	0.000
Social sub-scale	0.287	0.000
Economic sub-scale	0.374	0.000
Total	0.378	0.000

\*correlation analysis

## DISCUSSION

During the COVID-19 pandemic, all public health-care institutions attempt to draw attention to the issue of child abuse and the fact that child abuse has increased. The shifting to distance learning has brought an additional burden to families who struggle to balance care, the education of their children, and their work-related responsibilities. Curfew-related precautions may cause families to spend more time together, increasing tensions at home. All of the preceding, combined with social isolation, can increase the risk of children being exposed to domestic violence. Furthermore, negative emotions, such as stress and anxiety, experienced by parents due to COVID-19 can trigger this situation (Bradbury-Jones & Isham 2020, Lee & Ward 2020, The Alliance for Child Protection in Humanitarian Action 2019, Al-Qahtani et al. 2020, Karaşar & Canlı 2020, Kaya et al. 2021).

It is thought that the negative emotions caused by the COVID-19 pandemic, which has been going on for more than a year, have progressed to phobia. In this

case, it can cause pressure on people and cause them to exhibit behaviors that they typically do not exhibit. Such negative emotions increase the risk of domestic child abuse and neglect.

Conducted differently from the studies in the literature, this study examined the effect of parents' level of phobia caused by the COVID-19 pandemic on the rates of parents' abuse towards their children. The data from this study suggests that the parents' phobia scores are related to their abuse practices towards their children and that individuals with a high COVID-19 phobia score have increased abuse rates. Pandemics can lead to the deterioration of the socio-ecological system in the environments where children live and, as a result, an increase in the incidence of maltreatment towards children (Martinkevich et al. 2020).

The concept of phobia, which characterizes excessive and constant fear of a particular object or situation, has started to be used for the COVID-19 pandemic, which has many adverse effects in the current world. Parents trying to cope with COVID-19 phobia can show less patience with their children. In addition, it is thought that the COVID-19 pandemic may increase the risk factors associated with parental burnout, which will trigger phobia, and parents may become more prone to child abuse and neglect (Griffith 2022).

Clinical results have found that the spread of infectious diseases, such as COVID-19, has adverse effects on human psychology and causes anxiety disorders worldwide (Chakraborty 2020, Taylor 2019). Asmundson & Taylor (2020) called this condition "coronaphobia" and argued that this new type of phobia had a

tremendous impact on human psychology. The findings obtained from the parents who participated in this study showed that coronaphobia in the parents caused a moderate level of abuse.

Apart from temperament and genetic predisposition, environmental factors may cause specific phobias. Phobic conditions can be an environmental trigger in significant disasters such as the COVID-19 pandemic. People may develop disproportionate cognitive, emotional, or behavioral responses to specific objects and situations they associate with the COVID-19 pandemic. The data obtained during the pandemic emphasized that children often survived the disease without symptoms, and their rate of transmitting the disease to others as carriers was very high. In Turkey, curfews frequently cover young people aged 0 to 18 to prevent the spread from children. It is thought that parents may maltreat their children due to the risk of being a potential carrier due to the effects of their phobia. The thought of children being carriers of the disease can lead to behaviors such as keeping a distance from their children, not showing them interest, love, and affection, and ignoring them. It is even thought that this situation may even lead to behaviors such as pushing and hitting children who are trying to spend time with their parents (Mahmud et al. 2021).

## CONCLUSION

As in the whole world, the effects of the covid 19 pandemic have been experienced very intensely in Turkey. Especially during the periods when research data is collected, there are closures and restrictions. This is thought to be the right time to collect data and determine the impact of the pandemic. It has been determined that parents have a covid 19 pandemic phobia, and this phobia poses a risk in terms of neglect and abuse toward children. Even in parents who are not in the risk group regularly, negative emotions during the pandemic can cause risk.

## Limitation

Since it is impossible to physically meet with parents and conduct a face-to-face survey due to the restrictions of the COVID-19 pandemic, the data were collected online and based on the parents' statements. The findings obtained from the data collected according to the parents' statements cannot be generalized to the whole population.

### Contribution of individual authors:

Çiğdem Erdoğan design of the study, statistical analyses, literature searches and analyses, interpretation of data, drafting of the article, data collection.

Sibel Serap Ceylan & Türkan Turan literature searches and analyses, interpretation of data, drafting of the article, data collection.

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