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Examination of parents' sensitivity levels to violence against children during the COVID-19: A post-pandemic evaluation

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ABSTRACT

Purpose: This study aimed to evaluate parents' thoughts, and sensitivity levels about violence against children during the COVID-19 period after the pandemic.

Design and methods: The population of this descriptive, cross-sectional, correlational, and multicenter study consisted of parents registered in six family health centers in a city in southern Turkey. Study data were collected between April and November 2023 using information forms that included questions about parents' personal information, and their thoughts about violence against children during the pandemic and the Sensitivity to Violence Against Children Scale and analyzed.

Results: According to 42.3% of parents, children's exposure to violence increased during the pandemic; 64.7% stated that children experienced emotional violence the most. Parents who thought that there was a decrease in the reports of violence due to school closures, social distancing, and restriction of children's access to health, and social and legal services had higher SVACS mean scores than those who did not think so ($p < 0.01$).

Conclusions: Most of the parents thought that children's exposure to violence increased and reports of violence decreased during the pandemic. In addition, parents' thoughts toward violence against children during the pandemic period were associated with their level of sensitivity to violence against children.

Implications for practice: During the pandemic period, it is important that pediatric nurses, who are in direct contact with children, are in contact with parents and take an active role in the process in the prevention, early detection and reporting of violence against children.

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Introduction

The World Health Organization (WHO) defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (WHO, World Health Organization, 2022). Violence against children can be diversified as physical, psychological, emotional, sexual, economic, and cyber (Huang et al., 2023; Rodriguez et al., 2021; Tar et al., 2021). As a result of a comprehensive study conducted in Turkey, it was reported that 43.1% of children brought to security units were victims of violence. Of these children, 58.5% were subjected to physical violence (injury), 13.7% to sexual violence, 8.7% to domestic violence, 4.8% to threats, and 14.3% to violence for reasons other than these (Turkish Statistical Institute, 2023). Studies on violence against children in European

countries have found that 4–9% of children experience psychological violence, 15–30% experience sexual violence, and 3–15% experience serious neglect. In addition, a significant rate of children (5–35%) are exposed to domestic violence (Jernbro & Jonson, 2017; Piquero et al., 2021). According to previous research, children are the group most affected by domestic violence, which is seen as a public health problem (Piquero et al., 2021; van Ijzendoorn et al., 2020). In addition to causing physical and psychological harm to children, violence against children in the family causes negative effects on the child's cognitive, behavioral, social, and emotional development and causes long-term problems in children (Hsu & Henke, 2021). Ending or significantly reducing violence against children is vital for raising healthy future generations (Kaufman & Torbey, 2019; Mathews & Collin-Vézina, 2019; Nemeroff, 2016). Within this context, the UN Sustainable Development Goals aim to “Eliminate all forms of violence against women and girls” (Goal 5.2) and “End abuse, exploitation, trafficking, and all forms of violence against children” (Goal 16.2); in addition, necessary steps are being taken on a global scale to achieve these goals by 2030 (WHO, World Health Organization, 2022).

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COVID-19, announced by WHO as a pandemic on March 11, 2020, brought numerous socio-economic stress factors and inequalities that put children at high risk of violence to the agenda (WHO, World Health Organization, 2020). The social isolation experienced as a result of the measures implemented to prevent the spread of COVID-19, such as restrictions on out-of-home activities for individuals under the age of 18 and interruption of face-to-face education, increased the likelihood of children being exposed to violence at home. In this process, the time the child spends at home and the increase in the burden of care, financial difficulties, poverty, stress, and fear due to the pandemic can also be listed among the risk factors related to violence against children (Abramson, 2020; Hsu & Henke, 2021; WHO, World Health Organization, 2020). The literature includes studies suggesting that the pandemic may increase violence against children (Abramson, 2020; Mathews & Collin-Vézina, 2019, Tar et al., 2021); however, it is predicted that reporting of violence may decrease due to reasons such as the loss of the role of teachers in identifying and reporting violence with the closure of schools and limited access to health services (Aslan et al., 2020; Petrowski et al., 2021).

Considering the negative effects of violence against children on children in the short and long term, the sensitivity levels of parents about violence cannot be ignored. Parents who are more sensitive to violence may actively seek information about the effects of violence on child development and make decisions based on this information. However, parents who are not sensitive to violence may be less sensitive to violence against children (Kaufman & Torbey, 2019; Mathews & Collin-Vézina, 2019; McCoy et al., 2020; Nemeroff, 2016; van Ijzendoorn et al., 2020). In this context, it is necessary to determine the relationship between parents' thoughts of violence against children and violence sensitivity levels in the pandemic. In this way, risk factors associated with violence against children during the pandemic period can be evaluated and processes can be managed effectively (McCoy et al., 2020; Petrowski et al., 2021; van Ijzendoorn et al., 2020). Considering the deficiencies in the prevention, early detection, and reports of violence against children due to the closure of schools in these processes, pediatric nurses, among health professionals, who are in one-to-one contact with children have important responsibilities (Honda et al., 2020). The relevant literature includes studies examining violence against children during the pandemic (Abramson, 2020; Anurudran et al., 2020; McCoy et al., 2020; Petrowski et al., 2021; Piquero et al., 2021; Tar et al., 2021); however, no study evaluating parents' thoughts, and levels of sensitivity to violence against children after the pandemic was found. Therefore, this study aimed to evaluate parents' thoughts, and sensitivity levels about violence against children during the COVID-19 period after the pandemic.

Materials and method

Study design

This study examining parents' thoughts, and sensitivity levels about violence against children during the COVID-19 period was prepared in a descriptive, cross-sectional, correlational, and multicenter research design.

Population and sample of the study

The population of the study included parents registered in six family health centers (FHC) in a city in the south of Turkey. The sample of the study consisted of parents who were registered in these centers, met the inclusion criteria, and agreed to participate in the study. The number of the study sample was calculated by taking the mean score of the level of sensitivity to violence against children ($43.30 + 6.53$) as a reference in a study (Özyürek et al., 2020), which is similar to the current study. It was determined that a total of 226 parents should be included in the

study as a result of calculations in the G*Power 3.1 program, with 0.95 power, 0.05 margin of error, and 0.480 effect size. Increasing the sample size by a larger percentage (such as 30%) instead of small increases (such as 10% or 20%) increases the statistical power of the study (Anderson et al., 2017; Ryan, 2013). Considering the possibility of missing data and in order to obtain more reliable study results, a large increase of 30% was made and the study was completed with 300 parents. The sample of the study was selected from the parents who met the inclusion criteria by using the simple random sampling method, a probability sampling method.

Inclusion- exclusion criteria

Parents over 18 years of age, who agreed to participate in the study and could communicate in Turkish (literate) were included in the study. Parents who did not agree to participate in the study and who could not communicate in Turkish were not included in the study.

Data collection tools

The Personal Information Form, and Sensitivity to Violence Against Children Scale (SVACS) were used to collect data.

Personal information form

This form was prepared by the researcher by reviewing the relevant literature (Bhatia et al., 2020; Humphreys et al., 2020; Özyürek, 2017) consists of two parts. The form included questions about the characteristics of the parents (age of the parent and spouse, number of children, employment status, a chronic or mental illness, social relationships, age of the parent when the first child was born, a child with disabilities, and perceptions of violence) and the family (family type, family income level, the place of residence with the longest time, relationships in the family, history of violence, smoking, alcohol, and substance use) in the first chapter.

The second part of the form includes 10 questions about parents' thoughts on violence against children during the COVID-19 pandemic, prepared by the researcher in line with the literature (Bhatia et al., 2020; Humphreys et al., 2020). These questions ask about the change in children's experience and reporting of violence during the pandemic, the type of violence experienced, and parents' views on the reasons for the increase in violence and decrease in violence reporting. The content validity index (CVI) of the items in this second section was evaluated using the Davis technique. A total of 5 experts in the fields of pediatric nursing (3), guidance counseling (1) and psychology (1) were consulted to obtain their opinions on the "content, scope, relevance, clarity and question structure" of the section that includes parents' thoughts toward violence against children during COVID-19. As a result of the expert evaluations, "Item-based content validity index (I-CVI) was found to be between 0.80 and 1.00 and Scale-based content validity index (S-CVI) was found to be 0.98. Internal consistency was evaluated as 0.00–0.40 unreliable; 0.40–0.60 low reliable; 0.60–0.80 highly reliable; 0.80–1.00 highly reliable (Büyüköztürk, 2018). A pilot study ($n = 20$) was conducted to check the comprehensibility and applicability of the questionnaire. Participants who participated in the pilot study were excluded from the main study.

Sensitivity to Violence Against Children Scale (SVACS)

This single-factor, 19-item scale was developed by Özyürek (2017) to determine the awareness of sensitivity to violence against children. The responses in the three-point Likert-type SVACS are "agree" (3), "partially agree" (2), and "disagree" (1), and five items (3, 6, 12, 14, and 18) are reverse scored. Higher total scores indicate a high level of sensitivity to violence against children. As a result of the validity and reliability studies of the scale, the internal consistency coefficient

(Cronbach's alpha) was calculated as 0.82 (Özyürek, 2017). In the current study, Cronbach's alpha value was 0.692.

Data collection

After obtaining the necessary permissions to conduct the study and after the WHO declared the pandemic over, data were collected between April and November 2023. Data were collected through one-on-one interviews with participants and data collection tools. A suitable empty room in the FHC determined by the participant was used as the interview setting. As the data were based on self-report, the participants were asked to complete the data collection individually. The researchers answered the questions in cases where the participants had questions. Data collection took approximately 20 min.

Data evaluation

The data were evaluated using the IBM SPSS 29.0 (Statistical Package of Social Science) program. In addition to descriptive statistical methods (mean, standard deviation), tests suitable for data distribution were used to compare quantitative data. Whether the variables used in the study were normally distributed, skewness and kurtosis values, histograms, and Q-Q plot graphs were examined and it was determined that the data were normally distributed. Independent sample *t*-test and one-way ANOVA tests were used to compare categorical and continuous data. Multiple linear regression analysis was performed by considering some variables about the change in Notifications on Violence during the Pandemic as independent variables and considering the parents' SVACS total score as the dependent variable. Based on Cohen's *d* value, the effect size was interpreted as weak if $d < 0.2$, moderate if $d = 0.5$, and strong if $d \geq 0.8$. The partial eta squared value obtained from the ANOVA results was evaluated as a low effect in the range of 0.01–0.06, a medium effect in the range of 0.06–0.14, and a large/high effect of 0.14 and above (Cohen, 1988). The significance level was accepted as $p < 0.05$ in all statistical analyses.

Ethical considerations

Ethics Committee Approval (Decision No. 2022/9/16) was obtained from Osmaniye Korkut Ata University Scientific Research and Publication Ethics Committee and institutional permission was obtained from Osmaniye Public Health Directorate. The author who developed the SVACS was contacted and permission to use the scale was obtained. In addition, the purpose of the study was explained to the parents participating in the study, and their written consent was obtained with the Informed Volunteer Consent Form.

Results

This study was conducted with 300 parents whose parental age was 36.51 ± 9.65 years. The mean age of the spouses was 37.16 ± 8.71 years, the mean age at having the first child was 25.09 ± 4.04 years, and the mean number of children was 2.01 ± 1.06 . The results of the comparison of the mean SVACS scores according to the descriptive characteristics of the parents are presented in Table 1. Of the participating parents, 65.7% were mothers and 34.3% were fathers. The mean SVACS total score of parents and spouses with high school and above education level was higher than that of parents and spouses with secondary school and below education level ($p < 0.001$; $d^{\text{parent}} = -0.457$; $d^{\text{spouse}} = -0.556$). Parents with moderate social relations had higher SVACS total scores than those with poor social relations ($p < 0.001$; $d = 0.861$). The mean SVACS total score of parents who were 28 years of age or older when their first child was born was higher than those who were younger than 28 ($p < 0.001$; $d = 0.048$). The SVACS total scores of parents with one child were higher than those of parents with two or more children ($p < 0.001$; $d = 0.053$). The mean

Table 1

Comparison of the mean scores of the SVACS by the descriptive characteristics of parents ($n = 300$).

Characteristics		$X \pm SD$ (min-max)	
Parent's age		36.51 ± 9.65 (19–57)	
Spouse's age		37.16 ± 8.71 (21–52)	
Parents's age when the first child was born		25.09 ± 4.04 (17–28)	
Number of children		2.01 ± 1.06 (1–6)	
	<i>n</i> (%)	SVACS $X \pm SD$ (Min-Max)	Test statistics <i>p</i>
Parent			0.728 [†] ;
Mother	197 (65.7)	42.19 ± 4.14 (29–50)	0.467;
Father	103 (34.3)	41.80 ± 5.08 (19–51)	$d = 0.089$
Educational status			
Primary school and lower	73 (24.3)	40.53 ± 4.04 (29–48)	-3.398^{\ddagger} ;
High school and higher	227 (75.7)	42.55 ± 4.51 (19–51)	<0.001 ;
			$d = -0.457$
Spouse's educational status			
Middle school and lower	59 (19.7)	40.10 ± 5.01 (19–49)	-3.826^{\ddagger} ;
High school and higher	241 (80.3)	42.54 ± 4.21 (24–51)	<0.001 ;
			$d = -0.556$
Social relationship status			
Moderate	50 (16.6)	45.12 ± 3.53 (36–50)	5.558 [†] ;
Poor	250 (83.3)	41.44 ± 4.40 (19–51)	<0.001 ;
			$d = 0.861$
Parents' age when the first child was born			
17–23	104 (34.7)	41.69 ± 3.59 (31–49)	b 7.464 [‡] ;
24–27	129 (43.0)	41.41 ± 4.78 (19–50)	b 0.001;
28 and over	67 (22.3)	43.87 ± 4.71 (29–51)	a $pr^2 = 0.048$
Number of children			
1	113 (37.7)	43.35 ± 4.54 (24–51)	a 8.252 [‡] ;
2	106 (35.3)	41.07 ± 4.27 (19–49)	b <0.001 ;
3 and more	81 (27.0)	41.54 ± 4.28 (29–49)	b $pr^2 = 0.053$
Family type			
Nuclear	289 (96.3)	42.20 ± 4.18 (29–51)	2.819 [†] ;
Extended	11 (3.7)	38.36 ± 8.91 (19–48)	0.005;
			$d = 0.866$
Place of residence where the participant lived with the family the longest			
City	190 (63.3)	42.95 ± 4.54 (24–51)	a 11.024 [‡] ;
District	88 (29.3)	40.60 ± 3.33 (31–48)	b <0.001 ;
Village	22 (7.3)	40.18 ± 5.84 (19–49)	b $pr^2 = 0.069$
Parental violence during childhood			
Yes	151 (50.3)	40.36 ± 4.27 (19–49)	-7.117^{\ddagger} ;
No	149 (49.7)	43.77 ± 4.01 (29–51)	<0.001 ;
			$d = -0.822$

$X \pm SD$: Mean \pm Standard Deviation Min- Max: Minimum-Maximum [†]: Student *t*-test.

[‡]: F One-Way ANOVA pr^2 : Partial eta-square; *d*: Cohen's *d* $p < 0.05$.

SVACS total scores of parents with nuclear families were higher than those of parents with extended families ($p = 0.005$; $d = 0.866$). The mean SVACS total score of the parents who lived with their families in provincial centers for the longest was higher than that of the parents who lived in towns and villages ($p < 0.001$; $d = 0.069$). The mean SVACS total score of parents who experienced parental violence in childhood was lower than that of parents who did not experience violence ($p < 0.001$; $d = -0.822$) (Table 1).

The comparison of parents' thoughts about violence against children during the pandemic and SVACS total mean scores are presented in Table 2. According to 42.3% of parents, children's exposure to violence increased during the pandemic; 64.7% stated that children experienced emotional violence the most. Of the parents, 71.0% thought that violence against children increased during the pandemic due to the increase in the time children spent with their parents with the closure of schools, 73.7% due to the economic difficulties experienced by parents, and 64.7% due to the stress caused by the measures taken about the pandemic. Of the parents, 61.3% stated that reports of violence against children had decreased during the pandemic, 63.0% thought this decrease was due to school closures, 76.3% due to social distancing, and 29.0% was due to the restriction of children's access to health, social, and legal services. The majority of parents (92.0%) stated that there was

Table 2
Comparison of parents' thoughts, and SVACS total mean scores regarding violence against children during the pandemic (n = 300).

Variable	n (%)	SVACS X ± SD	Test statistics; p
Change in children's experience of violence during the pandemic			
Increased	127 (42.3)	42.50 ± 4.49 (19–50) ^b	8.07 [‡] ;
Decreased	47 (15.7)	43.77 ± 3.73 (35–49) ^a	< 0.001;
Did not change	126 (42.0)	40.98 ± 4.48 (24–51) ^b	$\eta^2 = 0.052$
The type of violence that the children may have been exposed to the most during the pandemic			
Physical	102 (34.0)	42.19 ± 3.95 (33–51)	0.07 [‡] ;
Sexual	4 (1.3)	41.75 ± 4.43 (37–46)	0.932;
Emotional	194 (64.7)	41.99 ± 4.75 (19–50)	$\eta^2 \leq 0.001$
Violence against children due to the increase in the time children spend with their parents with the closure of schools increased			
Yes	213 (71.0)	41.99 ± 4.42 (19–51)	−0.428 ^b ;
No	87 (29.0)	42.23 ± 4.63 (24–50)	0.669;
			$d = -0.054$
Violence against children due to economic difficulties experienced by parents increased			
Yes	221 (73.7)	41.97 ± 4.64 (19–50)	−0.571 ^b ;
No	79 (26.3)	42.30 ± 4.02 (29–51)	0.568;
			$d = -0.075$
Violence against children due to the stress caused by the measures taken for the pandemic increased			
Yes	194 (64.7)	42.11 ± 4.32 (19–51)	0.296 ^b ;
No	106 (35.3)	41.95 ± 4.78 (24–50)	0.767;
			$d = 0.036$
Changes in reports of violence against children during the pandemic			
Increased	52 (17.3)	41.78 ± 5.27 (24–48)	39.323 [‡] ;
Decreased	184 (61.3)	42.78 ± 3.80 (33–51)	0.001;
Did not change	64 (21.3)	41.53 ± 4.37 (19–50)	$\eta^2 = 0.209$
Reports of violence due to school closures decreased			
Yes	189 (63.0)	43.30 ± 4.03 (33–50)	3.758 ^b ;
No	111 (37.0)	41.33 ± 4.58 (19–51)	< 0.001;
			$d = 0.449$
Reports of violence due to social distancing decreased			
Yes	229 (76.3)	43.83 ± 4.04 (35–51)	3.912 ^b ;
No	71 (23.7)	41.51 ± 4.47 (19–50)	< 0.001;
			$d = 0.531$
Reports of violence due to restricted access of children to health, social, and legal services decreased			
Yes	87 (29.0)	43.10 ± 4.18 (33–51)	2.613 ^b ;
No	213 (71.0)	41.63 ± 4.53 (19–50)	0.009;
			$d = 0.332$
The pandemic created a change in the behavior of parents toward their children causing violence			
Yes	24 (8.0)	41.50 ± 7.11 (19–49)	−0.634 ^b ;
No	276 (92.0)	42.11 ± 4.19 (24–51)	0.526;
			$d = -0.135$

X ± SD: Mean ± Standard Deviation Min- Max: Minimum-Maximum ϕ : Student t-test.
[‡]F One-Way ANOVA η^2 : Partial eta-square; d: Cohen's d $p < 0.05$.

no change in their behavior toward their children during the pandemic that would lead to violence (Table 2).

Analyses showed that the SVACS scores of parents who reported that children's exposure to violence and reports of violence against children "decreased" during the pandemic (43.77 ± 3.73; 42.78 ± 3.80) were higher than those who stated that these situations increased (42.50 ± 4.49; 41.78 ± 5.27) and did not change (40.98 ± 4.48; 41.53 ± 4.37) ($p < 0.001$; η^2 : 0.052; η^2 : 0.209). The mean SVACS scores of parents who thought that there was a decrease in the reporting of violence due to school closures and social distancing (43.30 ± 4.03; 43.83 ± 4.04, respectively) were higher than those of parents who did not think so (41.33 ± 4.58; 41.51 ± 4.47, respectively) ($p < 0.001$; $d = 0.449$; $d = 0.531$). The mean SVACS total score (43.10 ± 4.18) of the parents who thought that there was a decrease in the reporting of violence due to the restriction of children's access to health, social, and legal services was higher ($p = 0.009$; $d = 0.332$) compared to the parents who did not think so (41.63 ± 4.53) (Table 2).

The responses of the parents to the SVACS were analyzed and the results of the evaluations are presented in Table 3. The parents' total

Table 3
SVACS total mean scores.

Scale	X ± SD	Min-Max	Cronbach's Alpha
SVACS	42.06 ± 4.48	19–51	0.692

X ± SD: Mean ± Standard Deviation Min-Max: Minimum-Maximum.

SVACS scores ranged between 19 and 51; the mean score was 42.06 ± 4.48 (Table 3).

A multiple linear regression model using "Some variables about change in reporting of violence in the pandemic", which was associated with parents' SVACS score, yielded $AdjR^2$: 0.187. This result meant that all factors in the model together explained 18.7% of the total SVACS score ($F = 18.185$, $R = 0.445$, $R^2 = 0.198$, $AdjR^2 = 0.187$, $p < 0.001$) (Table 4).

Discussion

Violence against children transcends cultural boundaries regardless of socioeconomic status and has become a global public health problem, human rights, and development priority by gaining a pandemic dimension worldwide. Violence against children has the potential to negatively affect their development and cause lifelong consequences on their physical, mental, and social well-being (Hsu & Henke, 2021; Madigan et al., 2019). Violence against children impacts not only the individual child victimized but also society at large, as these children will shape the future of our society. The global economic effect of violence against children is much higher than the estimated investments made to effectively prevent violence against children (Geprägs et al., 2023; Hsu & Henke, 2021; van Ijzendoorn et al., 2020). However, despite the evidence on the harm to children's health/welfare and its heavy cost to society, there are only a few studies on the prevalence, causes, and prevention of violence against children (Anurudran et al., 2020; Kaufman & Torbey, 2019; Madigan et al., 2019). Economic difficulties, risk of transmission, and socioeconomic disorders that cause stress within the family as a result of social isolation, which entered our lives, especially with the pandemic, significantly affect the rates of violence. It is predicted that children who have to stay away from school and social environments during this period may be exposed to parental violence (McCoy et al., 2020; Petrowski et al., 2021; van Ijzendoorn et al., 2020). Therefore, in this study, a post-pandemic evaluation of parents' thoughts toward violence against children during the pandemic and their level of sensitivity to violence against children was conducted.

This study found that as parents' educational levels increased and social relations improved, their sensitivity to violence against children increased. It is thought that these parents are more aware of child abuse and neglect, which increases sensitivity to violence against children. A study conducted by Özyürek et al. (2020) reported that mothers with high school and university graduates had higher sensitivity to violence against children than those with primary school graduates. Koçak and Harmancı (2020) found that the decrease in social relations would lead to violence. Cluver et al. (2020) stated that living in a crowded family might increase violence against children. SVACS scores were found to be significant according to the variables of belonging to a nuclear family, parental age, number of children and place of residence, and no study was found in the literature to support our finding. This is thought to be due to parents having a closer relationship with their children, showing sensitivity to child welfare and safety, protecting the child from potential dangers and paying more attention to parental responsibilities.

Parents who were exposed to violence in their childhood have a high risk of inflicting violence on their children (van Ijzendoorn et al., 2020). According to another study, parents' experiences of violence during childhood increased their use of physical violence against their children during the pandemic (Geprägs et al., 2023). Similarly, the present study found that the violence sensitivity levels of parents who experienced violence from their parents in childhood were lower than those who did

Table 4
The relationship between parents' SVACS score and some variables about changes in violence reports during the pandemic.

Factors related to SVACS	SVACS total					VIF
	β^1 (95 % CI)	SE	β^2	t	p	
Constant	44.426 (40.254–48.597)	2.120		20.960	<0.001	
Changes in reports of violence against children during the pandemic	−4.378 (−5.608 to −3.149)	0.625	−0.401	−7.008	<0.001	1.077
Decrease in reports of violence due to school closures	0.317 (−0.878–1.512)	0.607	0.034	0.522	0.602	1.535
Decrease in reports of violence due to social distancing	1.249 (−0.070–2.569)	0.671	0.119	1.863	0.063	1.483
Decrease in reports of violence due to children's reduced access to health, social, and legal services	0.564 (−0.726–1.854)	0.656	0.057	0.860	0.390	1.625

$$F = 18.185 \quad R = 0.445 \quad R^2 = 0.198 \quad \text{Adj}R^2 = 0.187 \quad p < 0.001^{**}$$

* Multiple Linear Regression Analysis CI: Confidence Interval VIF: Variance Inflation Factor.

not experience violence. Intergenerational transmission of violence, summarized by the term “violence breeds violence”, is one of the common assumptions in the literature, meaning that the experience of violence or neglect in childhood increases the risk of violence in adulthood (Madigan et al., 2019).

Parents who participated in this study stated that children's exposure to violence increased during the pandemic and that they believed children experienced emotional violence the most. In the early days of the pandemic, UNICEF (2020) predicted that the measures taken to stop the spread of the COVID-19 pandemic would result in millions of children worldwide facing increased risks to their safety and quality of life, such as maltreatment, gender-based violence, abuse, social exclusion and separation from caregivers. A study conducted by Cluver et al. (2020) on children's exposure to violence during the pandemic determined that children's vulnerability and abuse increased during periods when schools were closed. In addition, the increased stress on parents due to the economic crisis caused by the pandemic increased the rates of violence and abuse against children (Cluver et al., 2020; Griffith, 2022).

Studies reported that children were exposed to different types of violence during the pandemic (de Oliveira et al., 2021; Huang et al., 2023; Petrowski et al., 2021; Rodriguez et al., 2021). A systematic review conducted by Huang et al. (2023) examining studies conducted between 2020 and 2022 on the prevalence and causes of child maltreatment during the COVID-19 pandemic found an increase in cases of violence against children (most commonly psychological violence). In an epidemiologic study on the increase in violence against children during the pandemic, de Oliveira et al. (2021) examined violence reports between 2016 and 2020 and found that violence increased during the COVID-19 pandemic compared to previous years. Petrowski et al. (2021) conducted an online survey in the United States on violence against children during the pandemic and found that parents reported an increase in arguing, yelling, using harsh words, and hitting their children. Another study examining child maltreatment during the COVID-19 pandemic found that parents reported an increased risk of psychological aggression and abuse during the pandemic (Rodriguez et al., 2021). Considering the data of the abovementioned studies, it was observed that the results of this study were similar to the literature and that the types of violence against children increased during the pandemic and emotional violence had an important share among the increased types of violence.

Most of the parents who participated in this study reported that they thought that factors such as the increase in the time children spend with their parents with the closure of schools, the economic difficulties experienced by parents, and the stress caused by the measures taken about the pandemic could increase violence against children in the pandemic. The study conducted by Geprägs et al. (2023), which examined the relationship between parental stress and physical violence during the

COVID-19 pandemic, showed that parents committed more physical violence and maltreatment against children in parallel with the increase in the level of stress they experienced. Whiteman et al. (2023) reported that unemployment, economic and financial difficulties, fear of getting sick, child care, stress of home education, depression, and drug and alcohol use increased parents' violence against children in parents. Another study conducted in Germany examined the stress levels of parents during the COVID-19 pandemic, and parents were asked open-ended questions about what causes stress the most. Some of the responses included social distancing (e.g. limiting contact, loneliness), restrictions (e.g. health, shopping, wearing masks), and childcare at home. The responses also reflected all of the stress-inducing experiences during the pandemic, including uncertainty about the progression and consequences of the pandemic, as well as social, economic, occupational, and familial aspects (Calvano et al., 2022). Similarly, there are other studies in the literature that support this finding (Cappa and Jijon, 2021; Gottert et al., 2021). Based on the data in the reviewed studies, the results of the current study are parallel to those in the literature, and the factors that increase violence against children during the pandemic are also similar.

Most of the parents in this study stated that reports of violence against children decreased during the pandemic and attributed this to factors such as school closures, social distancing, and restricted access of children to health, social, and legal services. Huang et al. (2023) found that while there was an increase in cases of violence against children during the pandemic, there was a decrease in reports and reported that the main reason for this was the increase in domestic violence as a result of the isolation measures implemented during the pandemic. Whiteman et al. (2023) reported an increase in all forms of domestic violence (violence against women and children, child abuse, and elder abuse) during and after the pandemic. However, the opportunities to ask for help from teachers, counselors, friends, health personnel, and law enforcement officers who could recognize the abuse or report the violence disappeared because there were no visitors to the house due to the lockdown, children did not go to school and could not participate in extracurricular activities, preventing them from interacting with people. Perez-Vincent and Carreras (2022) conducted a study on the reporting of violence against children and found that living in the same environment with the perpetrator during the lockdown prevented reporting violence because it posed a risk. Katz et al. (2021) conducted a study on reports of violence against children and child protection services during COVID-19 and found that calls to the police or hotlines increased in some countries and decreased in others. In a similar study, Humphreys et al. (2020) emphasized that clinicians lost opportunities to both detect and prevent maltreatment due to the postponement of healthy child visits and other routine medical care due to the pandemic.

Holland et al. (2021) determined a significant decrease in emergency department visits due to child violence and abuse during the

pandemic period compared to the previous year. However, Welch and Haskins (2020) reported a 23% increase in calls made to the national child abuse hotline when compared to 2018 and 2020. Baron et al. (2020) conducted a study on how the closure of schools during the pandemic affected the reports of child maltreatment and found that the closure of schools caused a decrease in the reports of violence against children. As seen in the literature, parents in the present study stated that violence both increased and became less visible during the pandemic period. This may be associated with higher violence sensitivity scores of parents who stated that reports of violence against children decreased, and those who thought that this decrease was due to factors such as school closure, implementing social distancing, and restricting children's access to health, social, and legal services.

The fact that the majority of the parents in the study stated that there was no change in their behavior toward their children during the pandemic that would cause violence was associated with their high level of sensitivity to violence against children. In line with children's need to feel safe with their families, parents should attempt to create this environment of trust. Individuals who witnessed and experienced violence in their childhood have a higher tendency to show violence. For this reason, families should be sensitive to violence and the negative situations that violence may cause (Özyürek et al., 2020; Tar Bolacali & Bolacali, 2023). Raising awareness by bringing forward parents' sensitivity to violence against children during the pandemic may reduce the rates of domestic violence against children in potential pandemic situations. One of the important findings obtained in this study was that some variables about the change in violence reports during the pandemic had an impact on the parents' SVACS total score and it explained 18.7%. On the other hand, it is thought that there is a large gap regarding the factors affecting violence against children during the pandemic period, as well as the sensitivity levels of parents to violence against children, and new studies are needed to define this gap.

Limitations

The strength of this study is that it was conducted with parents registered in six different FHCs, included a calculated sample size based on required power (0.95), use of probability sampling method and examined the factors affecting parents' sensitivity to violence against children in a multidimensional manner, including the pandemic period. On the other hand, this study had some limitations. Limitation of the study was that the assessment of parents' thoughts regarding violence against children was based on self-report and was limited to the characteristics measured by the scale used in the study.

Implications for clinical practice

The primary things that need to be done are not to regard epidemics as temporary situations, to be aware that possible epidemics may develop, to evaluate violence against children during epidemic periods, and to take necessary measures. In this context, it is necessary to examine the factors that trigger the possibility of violence against children by parents during the pandemic period and develop measures that will prevent children from being negatively affected by these factors. These measures developed to prevent violence against children should not be limited to the pandemic period only, but be integrated into all systems, including family, health, education, social protection, law, and justice. It is recommended that pediatric nurses, who are in direct contact with the child, stay in contact with the parents and take an active role in the process regarding the prevention, early detection, and report of violence against children during the pandemic period. Parents' views on the reasons for the increase in violence against children and the decrease in reporting during the pandemic period were determined in the study. It is recommended to conduct further interventional studies are planned in line with these results be conducted.

Conclusion

The majority of parents in this study had high levels of sensitivity to violence against children and there was no change in their behavior toward their children that would cause violence during the pandemic. The parents stated that children's exposure to violence increased during the pandemic, they thought their children experienced emotional violence the most, and that these could be due to factors such as the increase in the time children spent with their parents due to the closure of schools, the economic difficulties experienced by parents, and the stress caused by the measures taken related to the pandemic on parents. They also noted that reports of violence decreased during this period due to factors such as school closures, social distance, and restrictions on children's access to health, social, and legal services.

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Compliance with ethical standards

Ethical approval from the University Clinical Research Ethics Committee and Public Health Directorate written permission has been obtained.

Participant consent statement

The participation in the study had a voluntary basis and oral and written informed consent was obtained after the parent included in the study were given information about the study, confidentiality, privacy and their right to drop out of the study.

CRediT authorship contribution statement

Nisa Atay: Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Software, Resources, Project administration, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Edanur Tar Bolacali:** Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Software, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Sıla Dere:** Writing – review & editing, Writing – original draft, Supervision, Project administration, Methodology, Funding acquisition, Data curation, Conceptualization.

Declaration of competing interest

The authors have any personal and financial conflicts of interest or disclosures to report.

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