L'évolution des conduites parentales à caractère violent et du soutien social des parents pendant la pandémie de COVID-19

Mémoire

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Résumé

La pandémie de la COVID-19 a suscité l'inquiétude d'experts en raison du risque accru de violence familiale. L'isolement des familles et la promiscuité entre ses membres favorisent les tensions. Malgré un nombre croissant d'études, les connaissances sur le vécu des parents pendant cette période demeurent émergentes. Cette étude a pour objectif de décrire l'évolution des conduites parentales à caractère violent (agression psychologique et violence physique mineure) et du soutien social des parents pendant la pandémie de COVID-19. Elle vise également à déterminer la contribution du soutien social à l'évolution des conduites parentales à caractère violent. Cette étude s'inscrit dans une étude de cohorte prospective longitudinale, Ma vie et la pandémie au Québec (MAVIPAN). Les participants sont des parents vivant avec au moins un enfant entre 0 et 17 ans (*N* = 514). Les conduites parentales à caractère violent, le soutien social et les attributs sociodémographiques ont été mesurés à deux reprises (avril à juillet 2020, mai 2021). Les conduites parentales à caractère violent ont diminué significativement entre ces deux moments. Le soutien social est demeuré stable. Le soutien social est un prédicteur significatif de l'évolution de l'agression psychologique. Les participants rapportant un niveau de soutien social plus faible sont plus susceptibles de rapporter de l'agression psychologique aux deux temps de mesure, en comparaison aux parents qui ne rapportent aucune agression psychologique. Cette étude est un pas vers une meilleure compréhension de l'expérience des familles pendant la pandémie.

Mots-clés : Violence envers les enfants; Soutien social; Parentalité; Pandémie; COVID-19; Mesures répétées; Étude longitudinale.

Abstract

Amid the COVID-19 pandemic, several experts have raised concerns over an increased risk of family violence. Proximity between confined family members and social isolation foster tensions, making families more vulnerable. The first objective of this study was to describe the evolution of family violence against children (psychological aggression and corporal punishment) and parents' social support during the COVID-19 pandemic. The second objective of this study was to determine the contribution of baseline social support to the evolution of family violence against children between the two measurement times. This study was part of a broader longitudinal prospective cohort study, My life and the pandemic in Quebec (MAVIPAN). Participants included parents living with at least one child between 0 and 17 years old (*N* = 514). Family violence against children, social support, and sociodemographic characteristics were measured twice (April to July 2020, and May 2021). Family violence against children changed significantly between the two measurement times. Social support remained stable. Social support was a significant predictor of the evolution of psychological aggression. Participants reporting a lower level of perceived social support were more likely to report psychological aggression at both measurement times, compared to the reference group of parents reporting none. This study is a step towards a better understanding of families' experiences throughout the COVID-19 pandemic.

Keywords: Violence against children; social support; parenting; pandemic; COVID-19; repeated measures; longitudinal design.

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ANOVA	Analysis of variance
CP	Corporal punishment
FIML	Full information maximum likelihood
MAVIPAN	Ma vie et la pandémie au Québec/My life and the pandemic in Quebec
MCAR	Missing completely at random
PA	Psychological aggression
PCCTS	Parent-Child Conflict Scale
SPS-10	Social Provisions Scale

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Avant-propos

L'article inclus dans ce mémoire a été soumis pour révision par les pairs à une revue scientifique le 3 novembre 2022. L'article comprend une modification à sa version soumise, soit la mise à jour des statistiques issues de Statistiques Canada, qui ont été rendues disponibles seulement après la soumission de l'article. Mon rôle dans la préparation de cet article est l'élaboration de la problématique et des objectifs de recherche, effectuer la recension des écrits, faire le choix des analyses et interpréter les résultats. Je suis l'autrice principale de l'article. Les coautrices et coauteurs sont Marie-Hélène Gagné (Ph.D.), Marie Baron (Ph.D.), Sergio Cortez Ghio (Ph.D.), Claudia Savard (Ph.D.) et Annie Leblanc (Ph.D.).

Introduction

En mars 2020, la propagation de la COVID-19 à l'échelle internationale a été déclarée comme une pandémie par l'Organisation mondiale de la santé (Ghebreyesus; 2020). En réponse à l'urgence sanitaire, plusieurs mesures ont été mise en place pour limiter la transmission du virus. Par exemple, le confinement a été une mesure largement utilisée au début de la pandémie, puis réutilisée à différentes intensités et durées au fil de l'évolution de la situation épidémiologique. Les familles confinées devaient s'adapter au fait de partager constamment le même espace de vie pour accomplir leurs différentes occupations (Katz et al., 2020).

Ce contexte particulier a suscité l'inquiétude de plusieurs experts, notamment en raison du risque accru de violences familiales (Brown et al., 2020; Cuartas, 2020; Griffith, 2020; Humphreys et al., 2020; Pereda & Díaz-Faes, 2020; Usher et al., 2020; van Gelder et al., 2020). La proximité entre les membres de la famille peut favoriser les tensions au sein de cellule familiale, voire la violence conjugale et la violence envers les enfants (Marques et al., 2020; van Gelder et al., 2020). De plus, les familles se retrouvent davantage isolées de leur réseau, les rendant d'autant plus vulnérables (Gadermann et al., 2021; Pereda & Díaz-Faes, 2020). Les personnes confinées peuvent ressentir plusieurs émotions négatives, comme l'ennui, la frustration ou la solitude, pouvant générer de la détresse psychologique autant chez les enfants que les adultes (Brooks et al., 2020; Moore & Lucas, 2021).

L'étude des périodes de crise précédentes, comme les crises économiques, les catastrophes naturelles, les crises humanitaires et les pandémies, supporte de telles préoccupations. En effet, ces évènements historiques sont associés à une hausse de la violence (Lawson et al., 2020; Peterman et al., 2020; Rodriguez et al., 2021). Généralement, les groupes plus vulnérables de la société, comme les enfants, sont les plus affectés (Peterman et al., 2020).

Dans l'étude faisant l'objet de ce mémoire, les deux formes les plus courantes de violence familiale envers les enfants ont été étudiées : l'agression psychologique et la violence physique mineure (Clément et al., 2018). L'agression psychologique désigne tout comportement verbal et symbolique provoquant la peur et des dommages psychologiques chez l'enfant, comme faire des menaces à l'enfant, lui crier après ou le traiter de noms (Clément et al., 2018; Strauss et al., 1998). Il s'agit d'une forme de violence répandue dans la population générale : des enquêtes populationnelles auprès de 19 567 parents canadiens et 4503 parents américains estiment respectivement que 76,5% et 5,6% des enfants ont vécu de l'agression psychologique dans l'année précédant les enquêtes (Institut de la statistique [ISQ], 2018; Finkelhor et al., 2014). De plus, 47,7% des enfants en ont été victimes de manière répétée, soit plus de trois fois dans l'année précédant l'enquête. La manifestation

la plus fréquente est de crier ou hurler après l'enfant (ISQ, 2018). L'écart important entre les prévalences de ces deux pays est dû à l'utilisation de mesures différentes. Une enquête moins récente auprès de 991 parents américains et utilisant la même mesure que l'enquête canadienne rapporte une prévalence annuelle de l'agression psychologique de 88,6% (Strauss & Field, 2003). Tel que ces statistiques en témoignent, l'agression psychologique est une pratique parentale répandue. Celle-ci n'est pas seulement utilisée pour discipliner l'enfant, mais aussi dans la manière d'être en relation avec l'enfant au quotidien (Wolfe et McIsaac, 2010).

Quant à la violence physique mineure, elle consiste en « toutes conduites de nature physique utilisées en vue d'infliger une douleur à l'enfant mais non une blessure » (Clément et al., 2018). Ce type de violence réfère à la punition corporelle, utilisée pour discipliner l'enfant et l'amener à obéir. La violence physique mineure est une forme moins courante de violence en comparaison de l'agression psychologique. En effet, selon l'enquête populationnelle de l'ISQ (2018), 26,2% des enfants ont vécu cette forme de violence au moins une fois dans l'année précédente et 7,0% de manière répétée, soit plus de trois fois durant la même période. Une enquête américaine menée par Finkelhor et al. (2019) auprès de 1101 parents en 2014 rapporte une prévalence plus élevée de 37%. Taper l'enfant sur la main, le bras ou la jambe est la manifestation de violence physique mineure la plus fréquente (Finkelhor et al., 2019; ISQ, 2018). Par ailleurs, l'agression psychologique et la violence physique mineure peuvent cohabiter au sein d'une même famille (Brassard et al., 2020) : 22,2% des enfants qui vivraient ces formes de violence de manière cooccurrente (ISQ, 2018).

Les conduites parentales à caractère violent, comme l'agression psychologique et la violence physique mineure, ne sont pas automatiquement considérées comme de la maltraitance. Ces conduites se situent dans une zone grise où celles-ci peuvent être considérées comme plus ou moins adéquates, discutables ou socialement acceptables (Wolfe et McIsaac, 2010). Celles-ci sont généralement répandues et acceptées dans plusieurs pays et à travers plusieurs cultures (Cuartas et al., 2019; Gershoff & Grogang-Kaylor, 2016). Néanmoins, plusieurs études longitudinales prospectives concluent que ces pratiques sont associées à des conséquences négatives chez l'enfant qui en est victime. Par exemple, l'agression psychologique utilisée de manière chronique peut mener à des troubles anxieux ou dépressifs, l'utilisation abusive de substances et des pratiques sexuelles à risque dans la vie adulte (Norman et al., 2012). La violence physique mineure est plutôt associée à des conduites antisociales, des problèmes de comportements internalisés (symptômes anxieux et dépressifs) et externalisés (difficulté à réguler ses émotions, agressivité) et des enjeux de santé mentale chez l'enfant (Gershoff & Grogang-Kaylor, 2016). De même, la violence physique mineure n'est associée à aucun bénéfice pour l'enfant (Heilmann et al., 2021) et peut mener à des conduites parentales violentes plus sévères (Gershoff & Grogang-Kaylor, 2016).

La présente étude s'intéresse aux conduites parentales à caractère violent plutôt qu'à la maltraitance. En fait, le terme maltraitance ne sera pas utilisé dans cette étude, puisque celui-ci implique d'évaluer certains critères additionnels comme la sévérité, la fréquence et la chronicité des conduites pour déterminer s'il s'agit de maltraitance ou non et si la sécurité ou le développement de l'enfant est compromis (Chicchetti & Toth, 2005). Les données disponibles pour la réalisation de cette étude ne permettent pas de faire cette distinction.

Dans le contexte de la pandémie de COVID-19, des études suggèrent que la violence envers les enfants est à la hausse (Bullinger et al., 2020; Cappa & Jijon, 2021; Lee et al., 2021; Lee & Wald, 2020; Tso et al., 2022). Cappa & Jijon (2021) ont effectué une revue de la littérature sur l'exposition des enfants à la violence pendant cette période. En se basant sur 48 documents de travail, articles scientifiques et rapports provenant de plusieurs pays de divers continents, les autrices émettent quatre constats. Premièrement, les signalements aux autorités (service de police, services de protection de la jeunesse) ont diminué. Les autrices soulignent que cette tendance ne doit pas être interprétée nécessairement comme une diminution de la violence envers les enfants. Plutôt, le confinement a diminué les opportunités pour autrui d'en être témoin et de la signaler aux autorités (Baron et al., 2020; Cappa & Jijon, 2021; Herrenkohl et al., 2021). Deuxièmement, le nombre d'appels téléphoniques à la police et à des lignes d'écoute présentent des tendances mitigées. Certaines études enregistrent une hausse des appels liés aux violences familiales, d'autres une diminution. Troisièmement, les données des hôpitaux indiquent une augmentation des blessures causées par la violence familiale, en comparaison aux trois années précédentes. Les autrices expliquent cette observation par la hausse de la gravité des situations de violence conjugale et de violence envers les enfants. Quatrièmement, selon des données issues de sondages, les parents rapportent généralement une hausse de la violence dans leur ménage (Cappa & Jijon, 2021). D'autres sondages et études évoquent des tendances similaires à celles rapportées par Cappa et Jijon (2021) : les parents interrogés rapportent plus de conflits avec leur enfant, utiliser un langage plus sévère et crier, taper et discipliner plus fréquemment leur enfant (Lee & Wald, 2020) et des taux d'agression psychologique et de violence physique mineure significativement plus élevés sont observés (Tso et al., 2022).

Similairement, une étude par Bullinger et al. (2021) documente la violence envers les enfants pendant la pandémie de COVID-19 en se basant sur les situations rapportées par des professionnels de programmes de visites à domicile. 87% des professionnels estiment que le risque de maltraitance a augmenté pendant cette période. De plus, 45% des professionnels rapportent avoir été témoins de davantage de violence verbale et psychologique envers les enfants au cours des visites à domicile et 12% rapportent davantage de violence physique (Bullinger et al., 2021).

En somme, les connaissances actuelles supportent l'hypothèse voulant que les enfants soient plus à risque d'être exposés ou victimes de violence pendant la pandémie de COVID-19. Certaines études observent

toutefois des tendances différentes. Par exemple, Shakiba et al. (2022) observent une stabilité de l'agression psychologique et de la violence physique mineure chez 303 parents américains interrogés à trois reprises entre avril 2020 et mars 2021. Aussi, Gagné et al. (2021) rapportent une stabilité de la violence envers les enfants chez un échantillon de 127 parents canadiens ayant bénéficié d'un programme de soutien à la parentalité quelques années avant la pandémie. Selon les autrices, ce genre de programme permettrait aux parents d'acquérir les ressources pour intervenir de manière appropriée auprès de leur enfant tout en surmontant les défis apportés par la pandémie de COVID-19 (Gagné et al., 2021).

Le soutien social est une autre variable d'intérêt dans cette étude, qui se définit comme le « […] processus par lequel les relations sociales ont un effet bénéfique sur la santé et le bien-être » (Caron & Guay, 2005, p.16). Cette variable peut être opérationnalisée de plusieurs façons, soit le soutien disponible (aussi appelé soutien social perçu), la quantité de soutien reçue ou la satisfaction vis-à-vis ce soutien (Caron & Guay, 2005). Il est recommandé de mesurer le soutien social perçu comme disponible par l'individu, puisque cette mesure est plus fiable et prédit le mieux les bénéfices du soutien social sur son bien-être (Will & Shinar, 2000).

L'étude du soutien social a connu un essor dans les années 1970 et 1980 (Caron & Guay, 2005). Plusieurs écrits théoriques ont été publiés pendant cette période, dont ceux de Cutrona & Russel (1987), qui demeurent des références en termes de conceptualisation et de mesure du soutien social aujourd'hui. Selon ces auteurs, le soutien social est multidimensionnel et peut se manifester sous cinq formes:

1. Le soutien émotif, la capacité à se tourner vers autrui pour être réconforté ou sécurisé;
2. L'intégration sociale, le sentiment de faire partie d'un groupe avec lequel des intérêts ou des préoccupations communs sont partagés;
3. La valorisation personnelle, l'estime de soi renforcée par autrui;
4. L'aide tangible, aussi nommée soutien instrumental, l'apport en ressources concrètes pour surmonter un évènement;
5. Le soutien informatif, l'apport en information, conseil et accompagnement dans la recherche de solutions face à un problème.

Les ressources disponibles aux individus comme le soutien social sont déterminantes dans le processus d'adaptation à un évènement stressant (Parke, 1986). En effet, il y a consensus voulant que le soutien social agisse comme un facteur de protection chez les individus (Billings & Moos, 1981; Cohen & Wills, 1985; Cutrona & Russel, 1987; Parkes, 1986). Selon le modèle d'atténuation du stress (Cohen & Wills, 1985; Will & Shinar, 2000), le soutien social agit comme un tampon sur le stress vécu par un individu. Cet effet peut s'expliquer par deux mécanismes. D'une part, le soutien social influence l'évaluation que fait un individu d'une situation, cette dernière étant perçue comme plus ou moins menaçante. D'autre part, le soutien social agit sur

la gestion d'un stresseur. L'individu bien soutenu se sent davantage capable de surmonter la situation et a plus de probabilité de trouver des solutions pour y arriver (Will & Shinar, 2000).

La pandémie de COVID-19 a compromis de nombreux facteurs de protection des familles, y compris le soutien social (Cuartas, 2020; Cuartas & Rey-Guerra, 2020). En effet, les mesures de confinement et de distanciation sociale ont isolé les familles de leur réseau (Cuartas, 2020; Usher et al., 2020; van Gelder et al., 2020). Des ressources telles que les services de garde, les écoles, les services sociaux ou les proches n'étaient plus autant accessibles pour soutenir les parents dans leur rôle (Bérubé et al., 2021; Cuartas, 2020, Katz et al., 2020). Cette situation affecte de manière disproportionnée les familles à plus haut risque psychosocial, pour qui ces ressources constituent un filet de protection important (Cuartas & Rey-Guerra, 2020; Herrenkohl et al., 2021).

L'isolement social pendant la pandémie de COVID-19 est associé à des conséquences négatives sur la santé mentale des parents (van Gelder et al., 2020). Effectivement, les parents isolés sont plus vulnérables aux stresseurs et perçoivent ceux-ci comme plus menaçants (Brown et al., 2020). Aussi, les parents qui considèrent les stresseurs associés au confinement comme difficiles à surmonter ont tendance à vivre un niveau de stress plus élevé (Spinelli et al., 2020). De plus, les mères qui rapportent une perte de soutien social pendant la pandémie présentent une moins bonne santé mentale et un niveau plus élevé de stress (Zhou et al. 2021).

Un nombre limité d'études documente l'évolution du soutien social des parents pendant la pandémie de COVID-19. Ces études affirment généralement que le soutien social disponible aux parents est demeuré stable ou a diminué depuis le début de la pandémie. Par exemple, Snyder & Worlton (2021) ont tenu des entrevues auprès de 29 mères recrutées sur les réseaux sociaux. Les participantes ont été interrogées sur les différentes formes de soutien social dont elles bénéficient depuis le début de la pandémie. Les mères disent avoir moins de soutien social qu'auparavant, sans toutefois être totalement coupées de leur réseau. Elles rapportent également des sentiments de frustration et d'isolement associés à cette situation (Snyder & Worlton, 2021). Zhou et al. (2021) rapportent des résultats similaires dans un sondage auprès de 1142 nouvelles mères portant entre autres sur leur soutien social pendant la pandémie. Le niveau de soutien social des mères a changé significativement depuis le début de la pandémie. La plupart des participantes rapportent un niveau de soutien social stable ou moindre. Par ailleurs, celles qui utilisent des moyens de communication électronique (téléphone, courriels, appels vidéo, etc.) pour aller chercher du soutien rapportent un niveau de soutien social plus élevé que celles qui n'utilisent pas ces moyens (Zhou et al., 2021).

L'effet bénéfique du soutien social se manifeste aussi comme facteur de protection contre la violence familiale : la violence envers les enfants est associée négativement au soutien social (Ajduković et al., 2018; Budd et al., 2000; Merritt, 2009; Ono & Honda, 2017). Au-delà des associations, McGoron et al. (2020) ont

vérifié l'effet modérateur du soutien social sur l'accumulation de facteurs de risque (niveau d'éducation, statut marital, revenu familial, etc.) chez 87 mères américaines d'enfants âgés de 1 à 5 ans. En contrôlant le locus de contrôle du parent et les comportements externalisés de l'enfant, le soutien social a un effet modérateur sur la relation entre l'accumulation de facteurs de risque et le risque de maltraitance. Ainsi, le risque de maltraitance augmente avec l'accumulation d'un plus grand nombre de facteurs de risque chez les mères avec un niveau faible de soutien social. Chez les mères avec un haut niveau de soutien social, le risque de maltraitance demeure stable, peu importe l'accumulation de facteurs de risque. Ces résultats suggèrent que les mères peuvent bénéficier du soutien social en contexte de haut risque psychosocial afin de réduire le potentiel de maltraitance envers leur enfant (McGoron et al., 2020).

Des études pendant la pandémie de COVID-19 supportent les connaissances actuelles. Entre autres, Brown et al. (2020) ont mené une étude auprès de 216 parents d'enfants de moins de 18 ans recrutés parmi les services sociaux et éducatifs dans la région des Rocheuses américaines. Les participants ont répondu à un questionnaire portant sur l'impact de la pandémie sur le stress vécu et le potentiel de maltraitance envers leur enfant. Les autrices concluent que les parents avec un niveau de soutien social perçu plus élevé et un sentiment de contrôle plus élevé tendent à vivre moins de stress et à présenter un potentiel de maltraitance moindre. Aussi, McRae et al. (2021) se sont intéressés à la relation entre les conduites parentales à caractère violent, la détresse psychologique et le soutien social du coparent. Dans un devis longitudinal, les auteurs ont interrogé 362 parents néo-zélandais sur ces variables par le biais de questionnaires. Ceux-ci concluent que la détresse psychologique du parent prédit une augmentation des conduites parentales à caractère violent. Toutefois, cette relation est atténuée lorsque le soutien social du coparent est élevé. Ainsi, ces études mettent en lumière des relations similaires entre la violence envers les enfants et le soutien social, autant pour les données collectées avant que pendant la pandémie de COVID-19.

La pandémie de COVID-19 est un phénomène actuel et toujours en évolution au moment de la rédaction de ce mémoire. Malgré un nombre croissant d'études pour documenter ses conséquences, les connaissances sur le vécu des parents pendant cette période demeurent émergentes et limitées. Considérant ces besoins sur le plan des connaissances, ce mémoire a pour objectif de 1) décrire l'évolution des conduites parentales à caractère violent et du soutien social perçu chez les parents au cours de la pandémie de COVID-19; 2) déterminer la contribution du soutien social à l'évolution des conduites parentales à caractère violent entre les temps de mesure.

Ce mémoire comprend l'insertion d'un article. Ce dernier correspond au chapitre 1, décrivant la problématique, la méthodologie et les résultats de l'étude réalisée. Puis, ce mémoire se termine avec une conclusion générale.

Chapitre 1 – The Evolution of Parents' Violence Against Children and Social Support During the COVID-19 Pandemic

1.1 Résumé

Cette étude vise à décrire l'évolution des conduites parentales à caractère violent et du soutien social des parents pendant la pandémie de COVID-19. Elle vise également à déterminer la contribution du soutien social à l'évolution des conduites parentales à caractère violent. Cette étude s'inscrit dans une étude de cohorte prospective longitudinale, Ma vie et la pandémie au Québec (MAVIPAN). Les conduites parentales à caractère violent, le soutien social et les attributs sociodémographiques ont été mesurés à deux reprises chez des parents d'au moins un enfant entre 0 et 17 ans (*N* = 514). Les conduites parentales à caractère violent ont diminué significativement. Le soutien social est demeuré stable. Le soutien social est un prédicteur significatif de l'évolution de l'agression psychologique. Les participants rapportant un soutien social plus faible sont plus susceptibles de rapporter de l'agression psychologique aux deux temps de mesure, en comparaison aux parents qui n'en rapportent aucune.

Mots-clés : Violence envers les enfants; Soutien social; Parentalité; Pandémie; COVID-19; Mesures répétées; Étude longitudinale.

1.2 Abstract

The first objective of this study was to describe the evolution of family violence against children and parents' social support during the COVID-19 pandemic. The second objective of this study was to determine the contribution of baseline social support to the evolution of family violence against children between the two measurement times. This study was part of a broader longitudinal prospective cohort study, My life and the pandemic in Quebec (MAVIPAN). Family violence against children, social support, and sociodemographic characteristics were measured twice in a sample of parents of at least one child between 0 and 17 years old (*N* = 514). Family violence against children changed significantly. Social support remained stable. Social support was a significant predictor of the evolution of psychological aggression. Participants reporting a lower level of perceived social support were more likely to report psychological aggression at both measurement times, compared to the parents reporting none.

Keywords: Violence against children; social support; parenting; pandemic; COVID-19; repeated measures; longitudinal design.

1.3 Introduction

In March 2020, COVID-19 was declared a pandemic by the World Health Organization (Ghebreyesus, 2020). Governments implemented public health measures to limit the spread of the virus. Among measures, lockdowns were used multiple times and at different intensities depending on the epidemiological situation.

Amid the COVID-19 pandemic, several experts have raised concerns over an increased risk of family violence (Brown et al., 2020; Cuartas, 2020; Griffith, 2020; Humphreys et al., 2020; Usher et al., 2020; van Gelder et al., 2020). Indeed, proximity between confined family members may foster tensions and even violence against children (Brooks et al., 2020; Brown et al., 2020; Marques et al., 2020; van Gelder et al., 2020). Additionally, families were more isolated from their network, making them more vulnerable (Pereda & Diaz-Faes, 2020).

The two most common forms of family violence against children are psychological aggression (PA) and corporal punishment (CP). PA consists of "verbal and symbolic acts by the parent intended to cause psychological pain or fear on the part of the child" (Straus et al., 1998). In family violence surveys conducted among representative samples of 19,567 Canadian parents and 4,503 American parents, 76.5% and 5.6% of children were victims of PA at least once in the 12 months preceding the surveys, respectively (Institut de la statistique du Québec [ISQ], 2018; Finkelhor et al., 2014). The Canadian survey reported that 47.7% of children were victims of PA repeatedly, more than three times during the same period. The most common manifestation was to shout, yell, or scream at the child (ISQ, 2018). One of the reasons PA is so widespread is because it is not only used to discipline the child but it is also a way of interacting with the child in everyday life (Wolfe & McIsaac, 2010).

CP is a less severe form of physical assault. CP stands for "noninjurious, open-handed hitting with the intention of modifying child behavior", which includes spanking (Gershoff & Grogan-Kaylor, 2016). As reported in the same Canadian survey previously mentioned, 26.2% of children experienced this form of violence at least once and 7.0% of children have been victims of it repeatedly, more than three times during this same period (ISQ, 2018). Another American survey conducted among 1101 parents in 2014 reported a higher prevalence of CP, i.e. 37% (Finkelhor et al., 2019). The most common manifestation of CP was slapping on the hand, arm, or leg of the child (ISQ, 2018). It is common for PA and CP to occur concurrently (Brassard et al., 2020): 22.2% of children experienced both forms of violence according to the Canadian survey (ISQ, 2018).

PA and CP are not always considered abuse. Indeed, these behaviours are in a gray area where they are more or less adequate, questionable, or socially acceptable (Wolfe & McIsaac, 2010). These practices are generally widespread and accepted across countries and cultures (Cuartas et al., 2019; Gershoff & Grogan-

Kaylor, 2016). Nevertheless, several prospective longitudinal studies indicate that these practices are associated with negative outcomes in children. On the one hand, PA, when used chronically, could lead to depressive and anxiety disorders, drug use, and risky sexual behaviours later in life (Norman et al., 2012). On the other hand, CP is associated with antisocial behaviours, internalized and externalized problems, and mental health problems in children (Gershoff & Grogan-Kaylor, 2016). Moreover, CP is not associated with any benefit for the child (Heilmann et al., 2021) and can be a precursor to more serious acts of violence (Gershoff & Grogan-Kaylor, 2016).

According to several experts, family violence against children was expected to be more frequent during the COVID-19 pandemic, consistent with past historical crises. Indeed, events like economic crises, natural disasters, humanitarian crises, or pandemics were associated with increased violence (Lawson et al., 2020; Peterman et al., 2020; Rodriguez et al., 2021). Generally, the most vulnerable groups are the most affected, including children (Peterman et al., 2020).

Several risk factors have increased the risk of violence against children since the beginning of the pandemic. For example, parents had to deal with the fear of infection, social isolation, closure of schools and daycares, reduced access to health services, worsening of mental health problems, financial difficulties or concerns, and management of the balance between working from home, education, and child care (Brooks et al., 2020; Brown et al., 2020; Fegert et al., 2020; Fontanesi et al., 2020; Gadermann et al., 2021; Marques et al., 2020; Prime et al., 2020; Spinelli et al., 2020). These pandemic-specific risk factors were added to those already existing in families before the pandemic. For example, a history of domestic violence, children's disability, and poverty increase vulnerability to child abuse (Cuartas & Rey-Guerra, 2020).

Although the pandemic is still ongoing, some trends regarding the evolution of violence against children were observed. Cappa and Jijon (2021) conducted a literature review on children's exposure to violence between March 1 and December 31, 2020. The authors made four observations based on 48 working papers, articles, and reports. First, reporting to authorities, such as the police and child protection services, generally declined. However, this trend should not be interpreted as a decrease in violence. The lockdown might have invisibilized violent behaviour, giving fewer opportunities for others to witness it and report it (Baron et al., 2020; Cappa & Jijon, 2021; Herrenkohl et al., 2021). Second, the authors obtained mixed results following the analysis of phone calls to the police and crisis lines. Some studies recorded an increase in calls related to family violence, others a decrease. Third, hospital data indicated an increase in child abuse-related injuries during the pandemic, compared to the previous three years. Fourth, in survey-based studies, parents generally reported increased violence in their households (Cappa & Jijon, 2021). Similar trends were observed in other research and surveys,

reporting more conflicts with the child, use of harsher language, more frequent yelling and hitting (Lee & Ward, 2020), and significant increases in PA and CP rates (Tso et al., 2022).

Another study by Bullinger et al. (2021) assessed child maltreatment and family violence risk between June 3 and June 16, 2020, through 258 professionals from a home-visiting program. In total, 87% of professionals considered that the risk of maltreatment had increased since the beginning of the pandemic. Furthermore, 45% of professionals reported witnessing more verbal or emotional abuse directed at a child in the families they serve, and 12% of them reported more child physical abuse (Bullinger et al., 2021). Overall, these studies show through different sources of information that children were more at risk of being exposed to or victims of family violence during the COVID-19 pandemic. Some studies reported a different picture. Gagné et al. (2021) reported that family violence against children remained stable before and after the start of the pandemic in a sample of parents who benefited from a parental support program a few years before the pandemic. According to the authors, such a program could have given parents resources to intervene appropriately with their children while managing the challenges brought by the pandemic (Gagné et al., 2021).

Another variable of interest in the present study is social support. Social support is the provision of social resources that "may help [a person] successfully cope with adverse life events and circumstances" (Cutrona & Russel, 1990). Social support is a multidimensional construct that can manifest in five forms: attachment, social integration, reassurance of worth, reliable alliance, and guidance (Cutrona & Russel, 1990).

The resources available to individuals, such as social support, are decisive in the process of adaptation to a stressful event (Parkes, 1986). According to the stress-buffering model, social support has a buffering effect on stress. On the one hand, social support influences the evaluation of a stressor perceived as less or non-threatening. On the other hand, social support influences the management of the stressor; the individual feels more capable of overcoming the situation (Wills & Shinar, 2000).

The COVID-19 pandemic has undermined many protective factors of families, including social support (Cuartas, 2020; Cuartas & Rey-Guerra, 2020). Indeed, lockdown and social distancing measures have isolated families from their network (Cuartas, 2020; Usher et al., 2020; van Gelder et al., 2020). Resources such as daycares, schools, social services, or loved ones were no longer as accessible to support parents in their role (Bérubé et al., 2021; Cuartas, 2020). This situation might have disproportionately affected families at higher psychosocial risk, for whom these services constitute a significant safety net (Cuartas & Rey-Guerra, 2020; Herrenkohl et al., 2021).

A limited number of studies document the evolution of social support among parents since the beginning of the COVID-19 pandemic. These studies indicate that generally, social support available to parents has

remained stable or decreased since the onset of the pandemic. Snyder and Worlton (2021) interviewed 29 American breastfeeding mothers recruited on social media. The participants were questioned about the different forms of social support they have received since the start of the pandemic. Although not cut off from their network, the mothers reported less social support than before as well as feelings of frustration and isolation. Zhou et al. (2021) reported similar findings through an online survey of 1,142 new American mothers. The participants were asked about their social support system and mental health during the pandemic. They mentioned having a lower or stable level of social support with the onset of the pandemic. The least affected mothers used electronic means of communication (phone, emails, video calls, etc.) to reach out for support (Zhou et al., 2021).

Social isolation during the COVID-19 pandemic was associated with adverse mental health outcomes for parents (van Gelder et al., 2020). Indeed, isolated parents were more vulnerable to stressors and perceived these stressors as more threatening (Brown et al., 2020). Parents who perceived the stressors associated with lockdown as hard to overcome were more likely to experience higher stress levels (Spinelli et al., 2020). Additionally, mothers who reported a loss of social support during the pandemic were more likely to display poorer mental health and a higher level of stress (Zhou et al., 2021).

The beneficial effect of social support seems to act as a protective factor against violence toward children: violence against children is negatively associated with social support (Ajduković et al., 2018; Budd et al., 2000; Merritt, 2009; Ono & Honda, 2017). McGoron et al. (2020) conducted one of the only studies verifying whether parents' social support has a moderating effect on the relation between the accumulation of sociodemographic risk factors (low household income, low education attainment, home overcrowding, etc.) and the potential for child abuse. A sample of 87 mothers of children aged 1 to 5 was recruited online and in daycare centres in the New Orleans region, United States. Controlling for the parent's locus of control and the child's externalized behaviours, social support had a moderating effect on the relationship between the accumulation of risk factors and the risk of child abuse. The risk of child abuse increased as risk factors accumulated in mothers with a low level of social support. Among mothers with a high level of social support, the potential of child abuse remained stable, regardless of the accumulation of risk factors (McGoron et al., 2020).

A study conducted during the COVID-19 pandemic presented results consistent with current knowledge. Brown et al. (2020) recruited 216 parents of children under 18 from social and educational services in the American Rockies region. The participants answered a questionnaire on their experienced stress and potential for child abuse during the pandemic. The authors conclude that parents with a higher level of social support and a higher perceived control tended to experience less stress and had a lower potential for abuse (Brown et al., 2020).

Considering that the COVID-19 pandemic is a recent and ongoing phenomenon, studies on the experience of families during this period are still emerging. Current knowledge mainly focuses on changes before and after the onset of the pandemic. The understanding of the evolution of violence against children and parents' social support during the following months of the pandemic remains limited. In addition, longitudinal studies remain rare, so the literature is based mostly on transversal studies capturing only a specific moment in the pandemic.

This study provides a longitudinal perspective of family violence against children and parents' social support during these unprecedented times. The first objective of this study is to describe the evolution of family violence against children and parents' social support during the COVID-19 pandemic. It is expected that family violence against children, in the forms of PA and CP, increased significantly between the two measurement times. It is also expected that social support decreased significantly over the same period. The second objective of this study is to determine the contribution of social support to the parents' evolution of family violence against children between the two measurement times. Two scenarios are considered. If a significant change is observed in social support, we will examine the extent to which this change covaries with changes in family violence against children, the hypothesis being that a significant decrease in social support will increase family violence against children. If no significant change is observed in social support, we will verify whether social support at baseline predicts changes in family violence against children, the hypothesis being that lower social support will predict an increase in PA and CP.

1.4 Methods

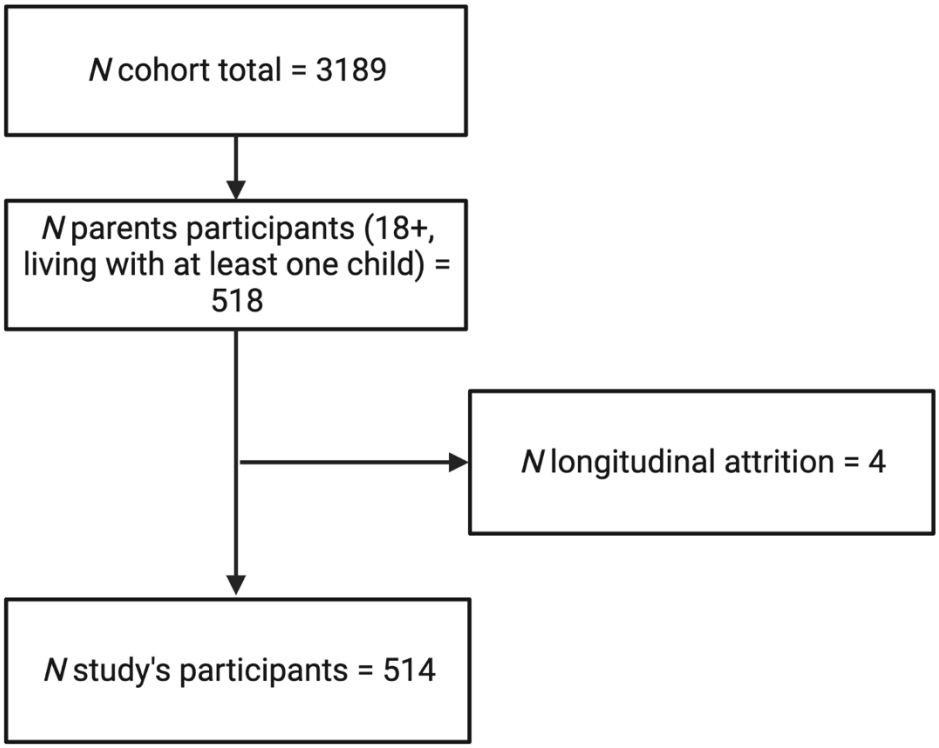
Procedure and Participants

Data for this study was extracted from a broader longitudinal prospective cohort study titled My life and the pandemic in Quebec (MAVIPAN; (LeBlanc et al., 2022). The MAVIPAN initiative is led by the four research centres of the Capitale-Nationale's Integrated University Health and Social Services Centre. It aims "to accelerate the availability of high-quality, real-time evidence within health and social services structures to address, support and minimise ongoing and future, direct and indirect, psychosocial consequences of the COVID-19 pandemic" (LeBlanc et al., 2022, p. 2). This study was approved by the Ethics Committee of the Primary Care and Population Health Research Sector of the Quebec Integrated University Health & Social Services Centre (Reference number: 2021-2043), Committee of record, and the Ethics Committees of participating institutions. Additional information about the MAVIPAN initiative can be found elsewhere while we report briefly essential information in this text.

MAVIPAN participants were recruited online by mass email and social media among employees of public health and social services, users of these services, and the general population of the province of Quebec, Canada. Participants could also share the link to the study (snowball sampling). Any interested person aged 14 or older, who resided in Quebec, Canada, could read and understand French or English, and who agreed to share their contact information to be contacted again was eligible to participate. For the present study, the sample was limited to participants aged 18 and over and living with at least one child under 18 at the first measurement time. At follow-up, the attrition rate in parents was 0.77% (four participants). Sample flowchart is presented in Figure 1. For the remaining participants, data are missing completely at random (MCAR). T-test and chi-square tests indicated that participants who dropped out do not differ from the other participants on the study's variables.

Figure 1

Sample Flowchart



Data were collected through online questionnaires on PULSAR, an online platform that allows data to be collected, stored, and analyzed securely. The participants completed a battery of questionnaires covering several themes (employment, health, well-being, social life, children, etc.) at multiple measurement times. Two

measurement times were used in this study. First, participants completed a consent form, a verification form of the inclusion criteria, and the baseline questionnaire between April 29 and July 24, 2020. The baseline questionnaire lasted between 15 minutes to 1 hour, depending on which subgroup(s) the participant belonged to (parents, disabled, healthcare workers, etc.). Participants answered the items according to their situation since March 13, 2020, the start of confinement in Quebec. In May, 2021, participants completed a second questionnaire on some of the themes previously covered in the baseline questionnaire. This questionnaire lasted from 20 to 45 minutes. Table 1 presents examples of public health measures in place at the two measurement times (INSPQ, 2022). The events related to the public health measures presented are not exhaustive and are intended to be a general summary of the epidemiological situation in Quebec.

Table 1

Examples of Adopted Public Health Measures in Quebec at the Study's Measurement Times

Measurement Time	Public Health Measures
T1	Gradual reopening of nonessential businesses
	Visits and private gatherings allowed under certain conditions
	Gradual removal of checkpoints between regions
	Introduction of mandatory mask wearing in closed public places
	End of the first wave of COVID-19
T2	Gradual reopening of schools
	Visits and private gatherings allowed under certain conditions
	Removal of curfew
	Easing of public health measures in halls and stadiums

The sociodemographic characteristics of the sample are presented in Table 2. Participants were on average 40.49 years old (*SD* = 7.47). Number of occupants in the household was on average 3.95 persons (*SD* = 1.05). Most participants identified as a woman, were of European or other North American origins, and were living as a couple (de facto union or married). Women were overrepresented by making up 87.2% of the sample. Most participants had a university degree (undergraduate or graduate), were full-time employees, and had a household income of $40,000 or more. This sample is considered rather privileged socioeconomically in comparison with the general population. For example, people with a university degree represented 75.1% of the sample, while they represent only 32.9% of the general population (Statistics Canada, 2022b). In addition, low-income households were underrepresented: they represented 4.9% of this sample, as opposed to 11.1% of the general Canadian population (Statistics Canada, 2022a).

Table 2

Sociodemographic Characteristics of the Sample at Baseline

Baseline characteristic	*n* (%)
Gender	
Female	448 (87.2)
Male	63 (12.3)
Gender-fluid, non-binary and/or Two-Spirit	2 (0.4)
Marital status	
Single	36 (7.0)
De facto union	253 (49.2)
Married	159 (30.6)
Separated	29 (5.6)
Divorced	14 (2.7)
Widowed	1 (0.2)
Education	
Less than a high school diploma or equivalent	2 (0.4)
High School Diploma or equivalent	35 (6.8)
College diploma or equivalent	85 (16.5)
Undergraduate university degree	194 (37.6)
Graduate university degree	193 (37.5)
Household income	
0-39 999$	25 (4.9)
40 000$ and more	443 (86.2)
Direct contact with COVID-19	
Yes	103 (20.0)
No	334 (65.0)
Ethnicity	
North American Aboriginal Origins	30 (5.8)
Other North American origins	172 (33.5)
European	227 (44.2)
Caribbean	1 (0.2)
African	2 (0.4)
Asian	3 (0.6)
Other	8 (1.6)

Note. *N* = 514 College corresponds to the education between high school and undergraduate programs, a peculiarity of the province of study; Percentages that do not equal 100% indicate missing data.

Measures

MAVIPAN's experts selected and validated measurement scales in their respective fields. Only the scales used in this study will be detailed below. The sociodemographic characteristics were measured at baseline, while other variables were measured at baseline and 10 to 13 months later.

Sociodemographic Characteristics

The sociodemographic characteristics of interest for this study include parents' age, parent's gender, marital status, highest education level, household income, ethnicity, exposure to the COVID-19 virus, and number of occupants in the household. Except for age, participants were asked to indicate the statement that best suited them. Participants also had the option "I prefer not to answer". These variables allow the description of the sample and to be used as controls in the statistical analyses.

Family Violence Against Children

Family violence against children, the dependant variable, is measured using the Parent-Child Conflict Tactics Scales (PCCTS; Straus et al. (1998), translated into French and adapted by Clément et al. (2018). Two subscales of the PCCTS were used: psychological aggression (5 items) and corporal punishment (4 items). On a four-point frequency scale (1 = never happened, 2 = once or twice, 3 = 3-5 times, 4 = 6 times and more), participants were asked the frequency of various behaviours from any adult of the household when resolving a disagreement or conflict with their oldest child since the start of the pandemic. At each item, participants also had the option "I prefer not to answer". Examples of statements are "Shouted, yelled, or screamed at"; "Slapped on the hand, arm, or leg". The rating of psychological aggression allows to determine a dichotomous score where 0 = use of psychological aggression less than three times and 1 = use of psychological aggression three times or more. PA is considered present when it is repeated to reflect the more chronic use of this practice, since its occurrence is common in the population. This coding is used in population surveys on violence against children (ISQ, 2018). The rating of corporal punishment allows to determine a dichotomous score where 0 = absence of corporal punishment and 1 = presence of corporal punishment. These scales were validated in a French-speaking population and have good psychometric properties. Clément et al. (2018) reported excellent fidelity (polychoric α = .76 to .80) and recommended these scales for the measurement of violence against children in the general population.

Social Support

Perceived available social support was measured with the Social Provisions Scale (SPS-10; Cutrona & Russel, 1990), translated into French and adapted by Caron (2013). The SPS-10 is composed of five subscales of two items, each corresponding to a different type of social support (attachment, social integration, reassurance of worth, reliable alliance, and guidance). Participants were asked to describe their relationships

by indicating their level of agreement with each statement on a four-point Likert scale (1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree). Participants were given the option “I prefer not to answer”. Examples of statements were “There is someone I could talk about important decisions in my life”; “I feel a strong emotional bond with at least one other person”; “There are people I can count on in an emergency”. The addition of all scores generates a total score between 10 and 40 of the perceived available social support by the respondent. A higher score indicates a greater perceived availability of social support. This scale was validated in a French-speaking population and has excellent psychometric properties by Caron (2013): All items are strongly correlated to the total score and the scale's internal consistency is excellent (α = .88). This scale is recommended in surveys due to its short administration time (Caron, 2013). Social support is used as an independent variable in the statistical analyses.

Analysis strategy and missing data

Analysis strategy included the assessment of missing data, descriptive analyses, analyses of differences between baseline and follow-up (McNemar tests and repeated measures analysis of variance; ANOVA), as well as multinomial and binary logistic regressions. SPSS 28 was used to conduct most analyses, while Mplus was used for regressions.

The frequency of missing data varies depending on the variable, as detailed in Table 3. Apart from longitudinal attrition, missing data are caused by 1) participants who stopped answering the questionnaire before completing it; 2) participants no longer living with children at follow-up, or did not specify it. In the first case, it may be due to the duration of the questionnaire, which can be relatively long depending on whether the participant belongs to several subgroups and therefore must answer more items. This is particularly the case for the items aimed at parents, which were towards the end of the questionnaire. In the second case, the items addressed to the parents are not presented to the participants and therefore they do not complete the family violence against children measure. This is particularly the case for the items aimed at parents, which were towards the end of the questionnaire. To manage missing data, listwise deletion was applied in SPSS 28 (descriptive and comparative analyses) and full information maximum likelihood (FIML) procedure was applied in Mplus (regressions). The use of different methods to manage missing data results in differences in sample sizes (N = 514 for SPSS 28; N = 411 for Mplus).

Table 3

Frequencies of Missing Values per Variable

Variable	*n* (%)
Age	0 (0.0)
Number of occupants	3 (0.6)
Gender	1 (0.2)
Marital Status	22 (4.3)
Education	4 (0.8)
Household Income	46 (8.9)
Direct contact with COVID-19	77 (15.0)
Social Support T1	36 (7.0)
Social Support T2	54 (10.5)
Psychological Aggression T1	32 (6.2)
Psychological Aggression T2	85 (16.5)
Corporal Punishment T1	29 (5.6)
Corporal Punishment T2	81 (15.8)

Note. *N* = 514.

1.5 Results

The first objective of the study was to verify if there was a significant change between the two measurement times for family violence against children and social support, respectively. Descriptive statistics for these variables at both measurement times are presented in Table 4.

Table 4

Frequencies and Means of Study Variables

Variable	T1			T2		
	n (%)	*M*	*SD*	*n* (%)	*M*	*SD*
Psychological aggression						
None	371 (72.2)			354 (68.9)		
Three times or more	111 (21.6)			75 (14.6)		
Corporal Punishment						
None	445 (86.6)			409 (79.6)		
At least once	40 (7.8)			24 (4.7)		
Social support		35.63	5.29		35.65	5.29

Note. (*N* = 514); Percentages that do not equal 100% indicate missing data.

McNemar's tests indicated that PA (p = .003) and CP (p = .053) both significantly decreased over the period covered by this study. However, a repeated measures ANOVA suggested that parents' total social support did not change significantly over this period, $F(1, 431) = .130$, p = .719. Since there is no significant change in social support, subsequent analyses will use social support at baseline as a predictor of changes in family violence against children.

To better capture the various trajectories in the sample, four categories were created:

1. Absence of violence: the participant reported no violence towards the child at both measurement times;
2. Emergence of violence: the participant reported no violence at baseline but did report some violence at follow-up;
3. Cessation of violence: the participant reported violence at baseline but did not report any violence at follow-up;
4. Persistence of violence: the participant reported violence at both measurement times.

The frequency of each trajectory of family violence against children is presented in Table 5, for PA and for CP. Given the very small proportions of parents reporting emergence, cessation, and persistence of CP, these trajectories were collapsed into a single category "presence of violence" for further analyses.

Table 5

Frequency of Evolution of Family Violence Against Children Trajectories

Trajectory	PA	CP
	n (%)	*n* (%)
1. Absence of violence	282 (54.9)	364 (70.8)
2. Emergence of violence	25 (4.9)	13 (2.5)
3. Cessation of violence	51 (9.9)	26 (5.1)
4. Persistence of violence	48 (9.3)	8 (1.6)

Note. N = 514. Percentages that do not equal 100% indicate missing data.

The second objective of this study was to determine the contribution of social support to the parents' evolution of family violence against children between the two measurement times. The four trajectories of violence described above were used as the dependant variable in the multinomial logistic regression. The category of reference was "absence of violence". A standard method was used. The following sociodemographic characteristics were entered in the model as control variables: parents' age, number of occupants in the household, education, and household income. Social support at baseline was introduced as a predictor.

The results of the multinomial logistic regression are presented in Table 6. Wald tests indicate that parents' age (p = .011), education (p = .054), and household income (p = .031) were significant predictors of the PA cessation trajectory. As parents' age and household income increase, the odds of belonging to the PA cessation trajectory decreased, compared to the absence of PA trajectory. On the contrary, the odds of belonging to the PA cessation trajectory increased with a higher education level. Parents' age (p < .001) and social support (p = .002) were significant predictors of the persistence of PA trajectory. The higher the parents' age and social support, the lower the odds of belonging to this trajectory in comparison to the absence of PA trajectory. None of the remaining results were significant.

Table 6

Multinomial Regression Analysis: Prediction of Evolution of PA

Variable	*B*	*SE*	*p*	*OR*
Emergence				
Age	-.038	.031	.226	0.963
Number of occupants	-.089	.227	.695	0.915
Education	-.566	.516	.272	0.568
Household Income	-.038	.110	.731	0.963
Social Support	.035	.052	.500	1.036
Cessation				
Age	-.062	.025	.011*	0.940
Number of occupants	-.012	.158	.938	0.988
Education	.927	.480	.054*	2.526
Household Income	-.176	.081	.031*	0.839
Social Support	-.023	.032	.468	0.977
Persistence				
Age	-.094	.026	.000***	0.910
Number of occupants	.192	.164	.242	1.211
Education	.577	.456	.206	1.781
Household Income	-.046	.086	.591	0.955
Social Support	-.090	.028	.002**	0.914

Note. *p < .05. **p < .01. ***p < .001; N = 411; Category of reference is absence maintained.

For CP, a binary logistic regression was performed; the dependent variable was dichotomized as follows:

0. Absence of CP, where the participant reported no CP at both measurement times;
1. Presence of CP, where the participant reported CP at least one at any of the measurement time. This category includes all participants that could be categorized in the emergence of CP, cessation of CP, and persistence of CP.

A standard method was used. Again, parents' age, number of occupants in the household, education, household income, and baseline social support were entered in the model.

The results of the binomial logistic regression are presented in Table 7. Wald tests show that parents' age was a significant predictor of presence of CP (p = .026). Increasing parents' age was associated with a decreased likelihood to report the presence of CP. None of the remaining predictors were significant.

Table 7

Binomial Regression Analysis: Prediction of Presence of CP

Variable	*B*	*SE*	*p*	*OR*
Age	-.053	.024	.026*	0.948
Number of occupants	.088	.158	.578	1.092
Education	.023	.409	.954	1.024
Household Income	-.110	.074	.137	0.895
Social Support	-.053	.028	.058	0.949

Note. *p < .05; N = 411

1.6 Discussion

The first objective of this study was to describe the evolution of family violence against children and parents' social support during the COVID-19 pandemic. First, it should be noted that most parents reported no PA or CP at both measurement times, as expected in the general population. Results indicated that in the first months of the pandemic, there were significant changes in the use of PA and CP by the adults of the household toward the target child. However, these changes were not in the hypothesized direction: a general decrease in family violence against children was observed, and twice as many parents reported a cessation of violence rather than an emergence of violence. This hypothesis was based on concerns raised by experts and studies that mainly documented the change between the period before and after the onset of the pandemic (Bullinger et al., 2021; Cappa & Jijon, 2021; Lee & Ward, 2020; Tso et al., 2022). There might be a different pattern of behaviour once the pandemic is declared and ongoing, explaining the decrease of PA and CP reported in this

sample. Violence against children may have temporarily increased at the initial shock of the pandemic outbreak, then decreased to the pre-pandemic baseline level once parents have adapted to this new reality and are better able to regulate their behaviours toward their child. The absence of pre-pandemic data in the MAVIPAN study prevents this hypothesis from being verified.

As regards to parents' social support, results revealed stability between the two measurement times. This finding does not support our hypothesis that social support would have deteriorated as the COVID-19 pandemic progressed. Several factors may explain this finding. The fact that most participants were socioeconomically privileged means that they could benefit from greater social support. Since privileged individuals they generally have a more developed network outside of formal services (daycares, schools, social services, etc.), they are less affected by the closures caused by the pandemic (Cuartas & Rey-Guerra, 2020). Also, knowing that the use of electronic means of communication helps mitigate the impact of the pandemic on the social support of parents (Zhou et al., 2021), these parents are in a position where they have access to the material resources necessary to maintain their social network despite the isolation generated by the pandemic. This could explain the consistency of our results with the works of Zhou et al. (2021), who also reported a stability in the social support level of parents, especially those who have used electronic means of communication. Also, the stability of parents' social support could be explained by a lack of sensitivity of our methodology to detect variations in social support related to the severity of the public health measures in place to counter the spread of the virus. It is likely that social support varies according to whether these measures are more or less restrictive in terms of social contacts but that our research protocol did not capture these variations, especially since each of our measurement times corresponded to a time when the containment measures were being gradually relaxed.

The second objective of this study was to determine the predictive role of baseline social support to the evolution of family violence against children between the two measurement times. Our results partially supported the hypothesis that a lower level of social support will predict the increase of family violence against children. While controlling for sociodemographic characteristics, social support emerged as a significant predictor of ongoing PA towards the child: Participants reporting a lower level of perceived social support were more likely to belong to the "Persistence of PA" trajectory, where PA is reported at both measurement times, than to the reference group "Absence of PA". However, social support did not predict the belonging to any other trajectory of PA. Thus, in this sample, social support emerges as a protective factor only when PA is chronic. It is worth noting that social support, a protective factor against family violence against children documented across multiple studies (Brown et al., 2020), including with populations at higher psychosocial risk (Ajduković et al., 2018; McGoron et al., 2020), emerged in the present study even in a more privileged population. Social support could therefore benefit families where PA is more severe, or potentially where psychological abuse is present.

For CP, the relationship with social support was in the expected direction, but it was not significant. CP remains a rare phenomenon and the sample size may not allow detection of a significant effect. Also, social support could not be a protective factor against CP in this sample. Since this sample is more privileged, the benefits of social support may not be as significant as for marginalized or socioeconomically disadvantaged parents.

Some sociodemographic characteristics entered as control variables in the regression models also emerge as significant predictors of one or another trajectory of violence. Taken as a whole, however, these results are not always consistent, making their interpretation difficult. The young age of the parent predicts belonging to the trajectories of cessation and persistence of PA, but not to the trajectory of emergence of PA, while it also predicts the presence of CP. As predictors of PA, the parent's level of education and household income do not go in the same direction, even though they are two indicators of the socioeconomic level of families. These inconsistencies could be attributable to the relatively small proportions of parents in the trajectories characterized by the presence of family violence against children. As sociodemographic variables were not central to the research hypotheses, these results will not be discussed further.

This study's purpose was to better the understanding of the evolution of family violence against children and parents' social support during the COVID-19 pandemic. The role of parents' social support and parent-specific characteristics in the prediction of family violence against children was explored. Since family violence against children is influenced by multiple factors (Katz et al., 2020), this understanding could be further enhanced by exploring child-specific characteristics, such as the child age, sex, and disability. Environmental factors would also benefit from being explored in greater depth. The understanding of parents' experience on multiple levels is necessary to get a full picture of the extent of the impact of the COVID-19 pandemic on their lives.

The main strength of this study is its longitudinal design. It gives insight into the evolution of the variables over time, in this case at a one-year interval. Another strength of this study is the use of validated and established scales with good psychometric properties. This promotes the validity, reliability, and comparability of these findings.

This study has some limitations to consider in the interpretation of the results. The sample is not representative of parents in the general population because of the use of convenience sampling. The sample includes a large majority of women and is highly privileged: the participants are more educated and have a higher income than the general population. The results therefore cannot be generalized. Also, the use of two measurement times does not allow to observe trends over time. The correlational and predictive nature of the design does not allow the establishment of causality. Finally, CP is a rare phenomenon distributed asymmetrically in the population, being more prevalent in a disadvantaged population. A large sample size is required in order to study this phenomenon. Otherwise, this measurement must often be reduced to a

dichotomous scale and is not able to make nuances on the severity, frequency and chronicity of the violence. This has the consequence of not allowing to meet the second objective of this study since the binary variable excludes the notion of measurement time and therefore to study parents' social support as a predictor of the evolution of family violence against children. The small prevalence of CP at the two measurement times motivated this decision.

Our findings have potential intervention implications. This study contributes to the body of literature documenting the experience of parents during the COVID-19 pandemic. By identifying protective factors against family violence against children in the context of a sanitary crisis, this study helps to target the more vulnerable parents to offer them interventions to support their parenting role. Indeed, factors such as parents' social support and some parent-specific characteristics can be promoted through interventions and policies (Fortson et al., 2016). For example, Feinberg et al. (2021) argue that the implementation of prevention programs aimed at strengthening the co-parenting relationship during the transition to parenthood is a promising avenue for reducing family violence against children in a context of increased stress such as a pandemic. Also, the work of Zhou et al. (2021) put forward that electronic means of communication are a promising modality to support parents' social support network during a pandemic and lockdown measures.

Research is only beginning to explain the impacts of the COVID-19 pandemic on parents, and more broadly on the population. Further research is needed to better understand the consequences of public health measures, such as lockdowns. Which public health measures have the greatest or least impact on parents? Which empirically-supported interventions could help mitigate their negative consequences? What explains why some parents experience positive outcomes, as in this sample? The integration of qualitative data could improve the understanding of these different phenomena. As pandemics of such magnitude are set to become more common in the future (Marani et al., 2021), learning as many lessons as possible from the COVID-19 pandemic is essential to be adequately prepared.

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Conclusion

À l'aide des données issues d'une enquête à deux temps de mesure auprès de la cohorte prospective longitudinale MAVIPAN, ce mémoire avait pour premier objectif de décrire l'évolution des conduites parentales à caractère violent et le soutien social perçu des parents au cours de la pandémie de COVID-19. Les résultats des analyses révèlent que les conduites parentales à caractère violent, soit l'agression psychologique et la violence physique mineure, ont diminué significativement entre les deux temps de mesure. Ces résultats sont contraires à l'hypothèse formulée qui postulait plutôt une augmentation. Le niveau de soutien social des parents est demeuré stable pendant cette même période. Ce résultat est aussi opposé à la direction attendue, mais demeure cohérent avec d'autres études. Le second objectif de ce mémoire était de déterminer la contribution du soutien social à l'évolution des conduites parentales à caractère violent entre les temps de mesure. Les résultats indiquent que le soutien social est un prédicteur significatif du maintien de l'agression psychologique, soit le fait d'en rapporter aux deux temps de mesure. Certaines caractéristiques sociodémographiques du parent ont également émergé comme des prédicteurs significatifs (âge du parent, éducation et revenu du ménage).

Contrairement aux préoccupations et aux tendances soulevées dans la littérature, les parents de l'échantillon présentent un portrait favorable pendant la pandémie : une diminution générale de la violence envers les enfants, une plus grande proportion de parents qui rapportent une disparition des conduites parentales à caractère violent plutôt que leur apparition et un niveau de soutien social relativement élevé et stable aux deux temps de mesure. Pourquoi ces parents semblent-ils mieux s'en sortir qu'envisagé? Leur statut socioéconomique élevé relatif au reste de la population est une piste d'explication. En effet, les familles présentant davantage de facteurs de vulnérabilité (faible revenu, enjeux de santé mentale et de dépendances, handicap chez l'enfant, racisme, marginalisation, violence conjugale, etc.) ont été davantage affectées par la pandémie de COVID-19 (Herrenkolh et al., 2021; Prime et al., 2020). Ainsi, les parents de l'échantillon pourraient ne pas avoir vécu un impact autant important de la pandémie. En rencontrant des défis en moins grand nombre et de moindre intensité, ces parents seraient dans un contexte plus favorable pour s'adapter. Ces résultats s'ajoutent aux autres études aux conclusions plus optimistes de l'expérience des parents pendant la pandémie de COVID-19 (Gagné et al., 2021, Shakiba et al.; 2022). La présence de certains résultats hétérogènes dans la littérature peut s'expliquer par l'existence de plusieurs trajectoires ou profils d'adaptation des parents face à la pandémie. Par exemple, certains parents pourraient avoir vécu plus de défis au début de la pandémie et s'être progressivement adapté avec le temps, avoir vécu des difficultés de manière chronique ou avoir eu de la facilité à traverser cette période (voir Schäfer et al., 2022).

Ce mémoire met en lumière la complexité de la relation entre les conduites parentales à caractère violent et le soutien social. Cette relation n'émerge pas dans tous les contextes où les conduites parentales à

caractère violent sont présentes. Le soutien social pourrait être surtout bénéfique pour des parents présentant un certain profil. Dans cette étude, il s'agit des parents présentant de l'agression psychologique de manière plus chronique. Selon Wolfe et McIsaac (2010), l'isolement social est une réalité courante chez les familles empreintes de violence envers les enfants. Généralement, celles-ci n'ont pas de contact significatif à l'extérieur de la cellule familiale (famille élargie, voisinage, communauté, etc.) et sont donc moins exposées à des modèles de conduites parentales plus positifs. De plus, l'isolement social est associé à plusieurs facteurs de vulnérabilités, comme des conditions de vie stressantes, ce qui contribue à la création d'un environnement favorable à l'apparition de conduites parentales à caractère violent (Wolfe & McIsaac, 2010). Bref, les résultats de ce mémoire sont cohérents avec cette réalité et réaffirment les potentiels bénéfices du soutien social chez les familles où la violence envers les enfants est omniprésente.

Ce mémoire révèle également certains défis de l'étude de la violence envers les enfants chez une population plus privilégiée sur le plan socioéconomique. La violence envers les enfants est généralement moins fréquente chez les familles favorisées (Wolfe & McIsaac, 2010; Zhang et al., 2022) et cette situation entraîne des enjeux statistiques. C'est particulièrement le cas de la violence physique mineure : il s'agit d'un phénomène rare qui se distribue de manière asymétrique, étant souvent plus fréquent chez une population plus défavorisée. La rareté de ce type de conduites nécessite souvent de réduire sa mesure à une échelle dichotomique, menant à la perte d'information sur la sévérité, la fréquence et chronicité de ces conduites. Dans la présente étude, cela a pour conséquence d'exclure la notion du temps des analyses et donc de ne pas répondre au deuxième objectif. Les faibles prévalences de la violence physique mineure justifient cette décision. Certaines mesures peuvent être mises en place pour mitiger cet enjeu dans des recherches futures, comme s'assurer d'avoir une grande taille d'échantillon et/ou que celui-ci soit représentatif de la population.

Ce mémoire possède des forces et des limites à prendre en considération lors de l'interprétation des résultats. Une force de ce mémoire est l'utilisation d'un devis longitudinal. La collecte de données à plus d'un temps de mesure permet de documenter l'évolution des variables dans le temps, dans le cas présent à un intervalle d'un an. De plus, l'utilisation d'outils de mesure validés auprès de la population à l'étude et possédant de bonnes propriétés psychométriques favorise la validité, la fidélité et la comparabilité des résultats. En dépit de ces forces, le recours à un échantillonnage de convenance a pour conséquence que l'échantillon n'est pas représentatif de la population générale et ne permet pas la généralisation des résultats. La nature corrélationnelle et prédictive de ce mémoire ne permet pas d'établir des relations de causalité entre les variables.

Ces résultats ont des retombées potentielles pour les connaissances. La plupart des connaissances actuelles sur les impacts de la pandémie de COVID-19 se fondent sur les changements observés entre avant et après le début de la pandémie. Toutefois, peu demeure connu sur les mois subséquents de cette crise. Ce

mémoire contribue donc à une meilleure compréhension de l'expérience des familles pendant la pandémie de COVID-19.

Ces résultats ont aussi des retombées potentielles pour l'intervention. Le soutien social et certaines caractéristiques sociodémographiques des parents émergent comme des facteurs de protection contre les conduites parentales à caractère violent. Ces résultats mettent en lumière la nécessité que ces facteurs soient renforcés par le biais d'interventions et de politiques et ainsi donner les ressources nécessaires aux parents pour accomplir leur rôle parental dans les conditions les plus optimales. Par exemple, les travaux de Feinberg et al. (2021) montrent que l'implantation de programmes de prévention visant à renforcer la relation coparentale au moment de la transition à la parentalité est une avenue prometteuse pour diminuer les conduites parentales à caractère violent dans un contexte de stress accru comme une pandémie. Aussi, Zhou et al. (2021) avancent que l'utilisation de moyens de communication électronique est une modalité pertinente pour favoriser le maintien du réseau social des parents durant une pandémie ou un contexte de confinement.

La recherche est à ses débuts pour expliquer les impacts de la pandémie de COVID-19 sur la population. Davantage d'études sont nécessaires pour comprendre les conséquences des mesures sanitaires, comme le confinement, et pour identifier les interventions basées sur les données probantes qui pourraient mitiger celles-ci. Comme les pandémies d'une telle ampleur sont appelées à se produire de plus en plus fréquemment dans le futur (Marani et al., 2021), il est essentiel d'apprendre de la pandémie de COVID-19 pour y être préparé adéquatement.

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