

# Action Research Report on the Impact of COVID-19 on Child Protection and Well-being

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## Executive Summary

### About the study

COVID-19 has spread rapidly within and between the communities across Cambodia. The Royal Government of Cambodia has implemented measures to contain the spread of COVID-19, including school closures, social distancing, and quarantine, all of which have secondary impacts on children and their households. The Komar Rikreay Association (KMR), with funding support from The Asia Foundation (the Foundation), conducted research to generate rigorous evidence on how the COVID-19 pandemic and measures implemented to mitigate it are impacting children's protection and well-being. The research also identifies children's and their families' needs during these times.

The research focused on addressing one main question: "What are the impacts of COVID-19 on child protection and wellbeing? The research was implemented in 10 villages within 2 communes and 2 districts in Battambang province and resulted in the most comprehensive survey of children and families during the COVID-19 crisis in Cambodia to date, with 150 parents and caregivers and 150 children aged between 11-17 years old participating.

### Key findings

- Both children and their parents/caregivers are experiencing high levels of stress and tension in the home and **worsening psychosocial wellbeing**.
- In some households, **violence is being experienced**, including both verbal and physical violence. Children reported that violence was happening more to them than to adults; while adults tended to report experiencing more frustration with children's behavior, more aggression towards children and yelling too often.
- The **level of income loss** appears to be a key factor in **increased negative feelings and behaviours towards children** which were more evident in households that had lost more than half (up to all) of their income, compared to households losing less than half.
- Negative feelings towards children are being **experienced by female caregivers** much more than male ones, indicating women may be bearing the brunt of household pressures.
- Households identified a **need for services** such as general health, mental health, counseling, and domestic violence support but were unable to access them. Men and women reported this need at about the same rate.
- For those households with children still in school and using the internet, **knowledge of how to stay safe online was concerningly low among both parents and children**.
- A small number of parents had been **separated from their children** (13 of 150 respondents or 8.67%) and it's possible this was due to periods of illness and/or confinement. Many parents/caregivers had their own children and grandchildren plus nephews and nieces in their care.
- Despite rising stressors, households reported many **positive psychosocial wellbeing** effects and many positive feelings towards children. In fact, more adults reported positive than negative feelings towards children, despite their own worsening psychosocial wellbeing.

- **22% of parents/caregivers were living with a severe disability** and 85% of all adults indicated some level of one or more disability factors. Disability among adults appeared to be associated with worsening psychosocial wellbeing because of the COVID-19 pandemic.
- **Women caregivers** were more likely to report violence in the home than men, and to report exacerbated feelings of frustration and aggressive behaviour towards children, alongside greater loss of confidence in their parenting abilities.
- Across nearly all the psycho-social wellbeing factors, **women caretakers reported experiencing more negative changes**. Of those respondents who felt much lonelier than before, 61% were women; and of those feeling more worthless than before, 67% were women. Women reported experiencing more depression compared to men - of those who were much more depressed, 75% were women. 78% of those caregivers reporting they were much less able to cope were also women.
- Child labour was not evident from the study results, however female children were more likely to take on **sibling care**, whereas male children were more likely to take on **more chores**.

## Key Recommendations

- Emergency relief - implement a system for identifying vulnerable households and provide immediate access to sufficient cash to ease the burden on these households, while modifications to accessing services and other social welfare protections are taking place.
- Flexible interim social protection mechanisms - faster issuing of temporary social welfare benefits (e.g., ID Poor cards) to ensure access to free healthcare.
- Ensure essential health services and domestic violence services and counselling remain open and are provided additional resources, including provisions for outreach of those services and to ensure that service providers work closely with village and commune chiefs who will have a good idea of which households are in need.
- Develop support services and interventions with a gender lens - women are clearly reporting greater feelings of frustration and aggression, loss of parenting confidence, and poorer psycho-social well-being. They need urgent support and the men in households may need to be made aware of pressures on women.
- Reach children, women, and men with tailored information campaigns aimed to reduce stress and to provide tools to improve psychosocial well-being.
- Support schools to provide adequate learning resources to all students.
- Provide guidance and support for parents/caregivers and children regarding online safety. This should accompany any virtual learning curriculum, plus also be part of community campaigns, including with educational apps.

## I. Introduction and aims

### 1.1. Study background

On 30 January 2020, the World Health Organisation (WHO) Director General declared the outbreak of Coronavirus Disease (COVID-19) a Public Health Emergency of International Concern (PHEIC) (WHO, 2020a), and on 11 March 2020, declared the COVID-19 outbreak a global pandemic (WHO, 2020b).

The COVID-19 outbreak has had a serious impact on global and national economies, health systems, education systems, and more – including on the fulfilment of children's rights. The Royal Government of Cambodia has implemented measures to contain the spread of COVID-19, ranging from school closures, social distancing, washing hands, wearing masks, and closing businesses.

In addition to the immediate impacts on children's health and those of their caregivers, the social and economic disruptions caused by the outbreak of COVID-19 also presents a range of other risks to children's rights, including to their protection and wellbeing. These may be derived directly from the outbreak, from measures taken to respond to it, and from wider economic and other disruptions.

### 1.2. Research Purpose

This research report presents findings on the impact of the COVID-19 pandemic on children and their families. The purpose of this action research is to understand **the impact of COVID-19 on child protection and wellbeing** by interviewing the children themselves and their parents/caregivers.

This knowledge will be used by KMR and shared with government officials, donors, and NGO partners and networks, to inform the development of a variety of information products, services, and interventions.

### 1.3. Research Questions

This research report presents sought to answer the following Child Protection related research questions:

1. What is the impact of the COVID-19 pandemic on violence in the home?
2. What are the risks and protective factors associated with violence occurring in the home?
3. What is the impact of the COVID-19 pandemic on family relationships?
4. How has the COVID-19 pandemic impacted parents' and caregivers' parenting?
5. Have children been separated from their parents/caregivers?
6. What is the impact of the COVID-19 pandemic on children's psycho-social well-being?
7. What are the risks and protective factors associated with an increase in negative feelings for children?
8. What are the signs of distress that children are displaying since the outbreak of COVID-19?
9. What are the risks and protective factors associated with signs of distress in children?
10. What is the proportion of parents/caregivers reporting a negative change in their mental health and psychosocial well-being owing to the COVID-19 pandemic?

11. What is the proportion of children currently engaged in child labour?
12. What proportion of children know how to keep safe when learning online?
13. What is the impact of Covid-19 on Mental Health and Psychosocial Support-Related Services for parents or caregivers during the Covid-19 pandemic?

## II. Research Design and methods

### 2.1. Research Sampling Design

The research was designed to obtain a representative sample of 300 randomly selected respondents, including **150 children** and **150 parents/caregivers** in 10 villages within 2 communes and 2 districts in Battambang province. The action research did not go through the national ethics review.

#### *List of the surveyed locations*

| No | Village Name | Commune Name | District Name | Province   |
|----|--------------|--------------|---------------|------------|
| 1  | Kor          | Snoeng       | Banan         | Battambang |
| 2  | Snoeng Kaeut | Snoeng       | Banan         | Battambang |
| 3  | Rumchey      | Snoeng       | Banan         | Battambang |
| 4  | Boeng Krasal | Snoeng       | Banan         | Battambang |
| 5  | Boeng Prei   | Snoeng       | Banan         | Battambang |
| 6  | Phnomprampi  | Bour         | Phnum Proek   | Battambang |
| 7  | Damnak Beng  | Bour         | Phnum Proek   | Battambang |
| 8  | Bos Sa Om    | Bour         | Phnum Proek   | Battambang |
| 9  | Anlong Sdei  | Bour         | Phnum Proek   | Battambang |
| 10 | Ouda         | Bour         | Phnum Proek   | Battambang |

A random sample of the current participants of Komar Rikreay Association across all the randomly selected villages was developed with contact details such as name, address, number of children, ages of children, and phone number.

There were two eligibility criteria for participation in the study:

- Adult respondents (aged 18 and above) had to be parents and/or caregivers of children aged 0–17 living in the same household (Part 1 of the survey); and
- Child respondents had to be between the ages of 11–17 (Part 2 of the survey).

### 2.2. Research Methodology

Data was collected through a single survey divided into two parts. The survey questionnaire and Consent Form were translated from English into Khmer and a child protection specialist was hired to conduct a final review. The first part of the survey was for the adult parent and/or caregiver and gathered

household level information as well as information specifically about the parent/caregiver and children in their care.

If the adult parent/caregiver had a child aged 11–17, they were asked whether they could consent to their child answering some additional survey questions (the 2<sup>nd</sup> part of the survey). If the adult parent/caregiver consented, then the team continued the survey with their child.

Only one adult and one child (aged 11–17) per household could complete the survey. If the parent had more than one child aged 11–17, they could choose which child would complete the children's section of the survey.

The Washington Group Short Set of Questions on Disability (WG-SS) was used to disaggregate data for disability.

The survey relied on self-reporting so it can be assumed that there was likely a response bias, particularly for survey questions around parenting, family relationships and violence, and loss of income. Self-reporting of income could involve a combination of expectation bias, privacy concerns and the general challenge of accuracy of reporting income from people with multiple income sources without triangulation.

## **2.3. Limitations**

The sample was skewed:

- Towards current participants of KMR's activities within 10 villages in 2 communes and 2 districts of Battambang province.
- Towards the marginalised children and their parents in the rural area of Battambang (50 to 70 km from Battambang city) who were affected by COVID-19.

The self-reporting nature of the survey might mean violence is under-reported; questions on internet safety were not asked to those who indicated using educational apps for phones or tablets (unless they also said they used the internet); parent respondents were not asked about services they needed and did manage to access during this time.

## **2.4. Data collection**

Data was collected through a single online Kobotoolbox survey via an interviewer. The respondents were reached by phone and invited to participate in the study. The interviewer talked through the survey and entered the participants' responses directly into the online survey on their behalf.

## **2.5. Data analysis**

### **2.5.1. Data cleaning**

The data was extracted from Kobotoolbox as excel spreadsheets. This was then used to analyze the data and create graphs in order to validate the responses from children and their patients/caregivers.



## 2.5.2. Qualitative Data analysis

The quotes included in this report were selected following a qualitative analysis of three open-ended survey questions answered by the child-respondents. The qualitative analysis employed a conceptual content approach to identify key themes from the children's interviews.

## III. Sample numbers and characteristics

Data was collected from 150 adult respondents and 150 child respondents, from across the 10 randomly selected villages where KMR operates. The detailed characteristics of the respondents are presented in the table below:

**Table 1: All respondents**

| Variable                 | Adult respondent (Parent/ caregiver) |                        | Child Respondent (Ages 11– 17) |                        |
|--------------------------|--------------------------------------|------------------------|--------------------------------|------------------------|
|                          | No. of adult respondents             | % Of adult respondents | No. of child respondents       | % Of child respondents |
| <b>Total</b>             | <b>150</b>                           | <b>50%</b>             | <b>150</b>                     | <b>50%</b>             |
| <b>Village</b>           |                                      |                        |                                |                        |
| Kor                      | 7                                    | 2%                     | <b>7</b>                       | 2%                     |
| Snoeng Kaeut             | 14                                   | 5%                     | <b>14</b>                      | 5%                     |
| Romchey                  | 20                                   | 7%                     | <b>20</b>                      | 7%                     |
| Boeng Krasal             | 20                                   | 7%                     | <b>20</b>                      | 7%                     |
| Boeng Prei               | 26                                   | 9%                     | <b>26</b>                      | 9%                     |
| Phnomprampi              | 22                                   | 7%                     | <b>22</b>                      | 7%                     |
| Damnak Beng              | 8                                    | 3%                     | <b>8</b>                       | 3%                     |
| Bos Sa Om                | 11                                   | 4%                     | <b>11</b>                      | 4%                     |
| Anlong Sdei              | 4                                    | 1%                     | <b>4</b>                       | 1%                     |
| Ouda                     | 18                                   | 6%                     | <b>18</b>                      | 6%                     |
| <b>Gender</b>            |                                      |                        |                                |                        |
| Male                     | <b>67</b>                            | 22.33%                 | <b>70</b>                      | 23%                    |
| Female                   | <b>83</b>                            | 27.67%                 | <b>80</b>                      | 27%                    |
| Prefer not to say/ other | 0                                    | 0                      | 0                              | 0                      |
| Non-response             | 0                                    | 0                      | 0                              | 0                      |
| <b>Age</b>               |                                      |                        |                                |                        |
| 11–14                    | 0                                    | 0                      | 83                             | 28%                    |
| 15–17                    | 0                                    | 0                      | 67                             | 22%                    |
| 18–24                    | 0                                    | 0                      | 0                              | 0                      |
| 25–29                    | <b>1</b>                             | 0.33%                  | 0                              | 0                      |



|              |           |        |   |   |
|--------------|-----------|--------|---|---|
| 30–39        | <b>45</b> | 15%    | 0 | 0 |
| 40–49        | <b>60</b> | 20%    | 0 | 0 |
| 50–59        | <b>35</b> | 11.67% | 0 | 0 |
| 60+          | <b>8</b>  | 2.67%  | 0 | 0 |
| Non-response | <b>1</b>  | 0.33%  | 0 | 0 |

## IV. Results

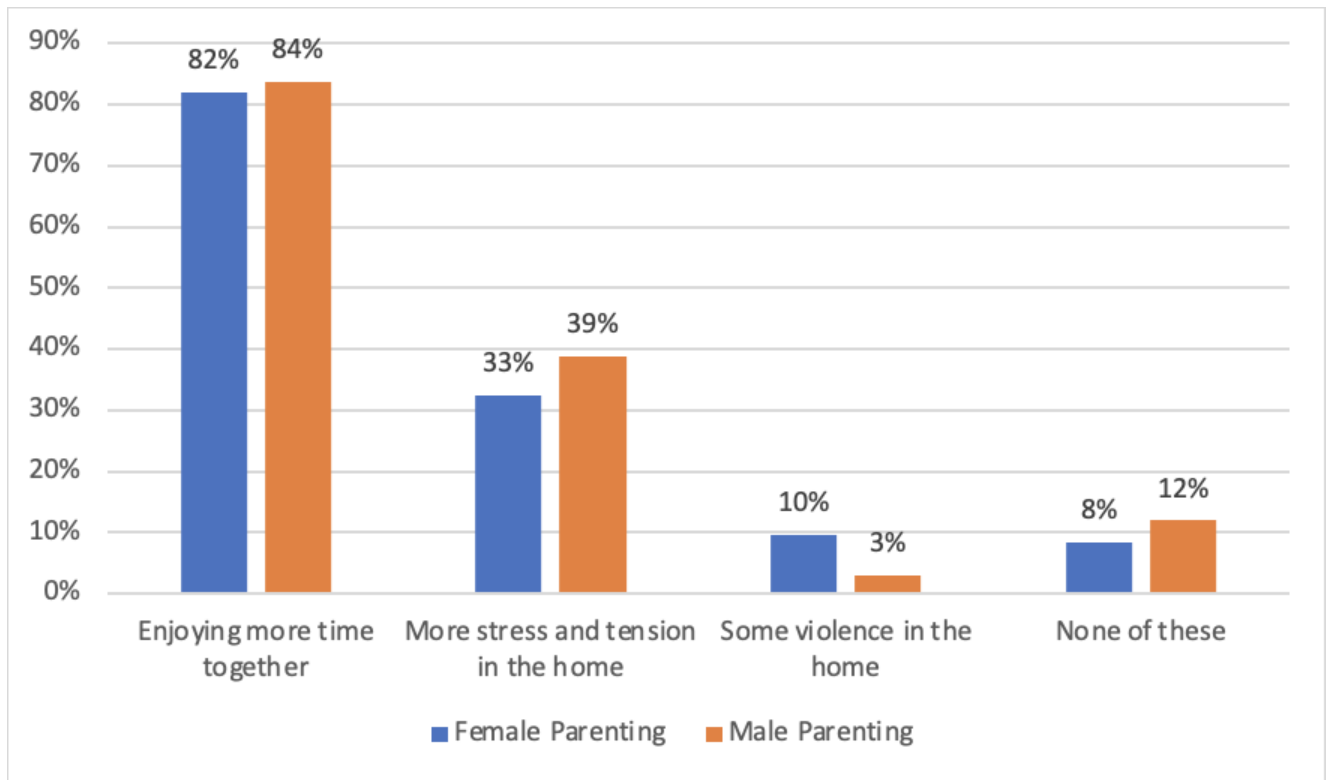
This report aims to present the impact of the COVID-19 pandemic on child protection issues, such as violence occurring in the home, the separation of children from their caregivers, mental health and psycho-social well-being of caregivers and children, child labour, online learning safety, and child protection support and services. Available data were analysed in the context of their families and communities. This enabled the team to detail the range of associated risks and protective factors in relation to child protection issues, as well as to draw attention to the complexity of their interrelationship.

### **4.1. What is the impact of the COVID-19 pandemic on violence in the home?**

Article 19 of The UN Convention on the Rights of the Child (UNCRC) stipulates a child's right to be protected from violence. It is evident from this study that tension, aggressive behaviour, and violence has risen in some households. When asked to describe the situation at home, 31% (46) of child respondents reported that some violence was occurring in the home. Of those 46 children, 39 reported that violence was occurring 'occasionally' or 'sometimes'; while eight respondents (a little over five percent of the total) noted children were being hit or verbally abused (five responses), an adult was being hit or verbally abused (one response), and/or that violence was happening daily (note that some responses are from the same respondent).

Adults surveyed also noted changes in their own behavior and the behavior of children under their care. Fifteen percent (15%) of parents/caregivers reported that there was more stress and tension in the home and six percent reported there had been some violence in the home. Women were more likely than men to report that violence was happening in the home: 10% of women reported violence was happening compared to 3% of men. Thirteen percent (13%) of parents/caregivers responded that they were resorting to yelling with children too often and 11% reported being more aggressive towards their children. Eighteen percent (18%) of parents/caregivers noted more aggressive behavior in children and two respondents saw children committing violence against others.

**Figure 1** below shows the situation in the home, including violence, as reported by caregivers and separated out by gender.

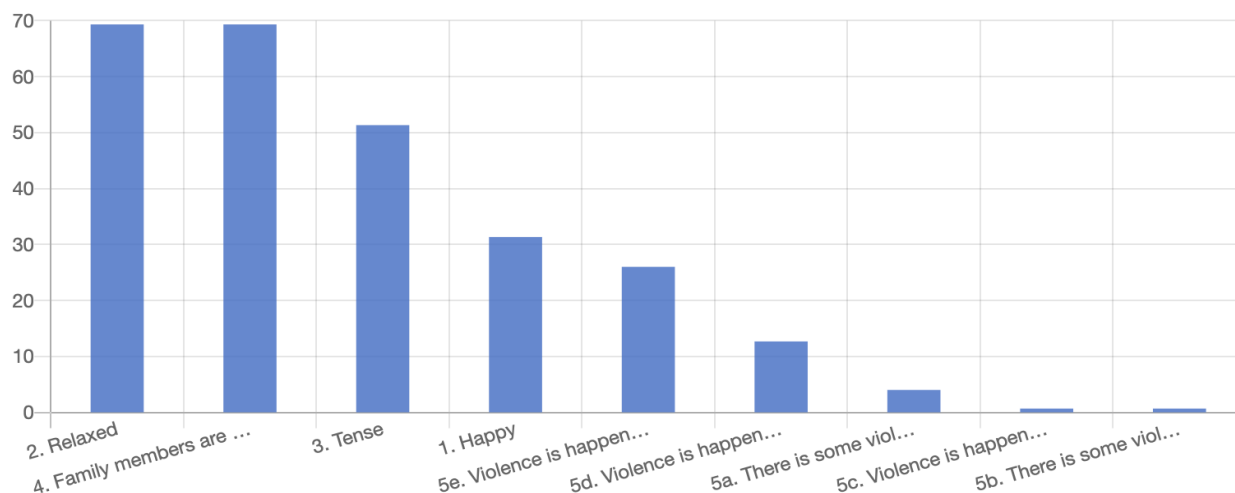


Children reported higher levels of violence than adults. When asked what worried them most about COVID-19, 10% of children responded by referring to the violence happening in their family. Adults tended to report experiencing more frustration with children's behavior, more aggression towards children, and yelling too often. They also noted physical violence occurring in the home, but less often than other forms of aggressive behaviour. It is possible that parents are underreporting violence, or that children and adults are interpreting aggressive behaviours differently.

**Figure 2** below shows children reporting on the situation in the home, including reports of violence.

**How would you describe the situation of your home at the moment?**

SELECT\_MULTIPLE". 150 out of 150 respondents answered this question. (0 were without data.)



| Value                                                                                    | Frequency | Percentage |
|------------------------------------------------------------------------------------------|-----------|------------|
| 2. Relaxed                                                                               | 104       | 69.33      |
| 4. Family members are afraid of someone becoming sick                                    | 104       | 69.33      |
| 3. Tense                                                                                 | 77        | 51.33      |
| 1. Happy                                                                                 | 47        | 31.33      |
| 5e. Violence is happening occasionally                                                   | 39        | 26         |
| 5d. Violence is happening sometimes                                                      | 19        | 12.67      |
| 5a. There is some violence in the family including children being hit or verbally abused | 6         | 4          |
| 5c. Violence is happening daily                                                          | 1         | 0.67       |
| 5b. There is some violence in the family involving adults being hit or verbally abused   | 1         | 0.67       |

## **4.2. What are the risks and protective factors associated with violence occurring in the home?**

Common factors associated with increased violence in the home, such as stress, unemployment, reduced income, limited resources, and limited social support, are likely to have been exacerbated by the widespread impacts of COVID-19.<sup>1</sup> A recent global survey into the impacts of COVID-19 on children found increases in violence in the home were associated with additional factors including lack of space or crowding, when a parent/caregiver had a disability, parents reporting more aggressive behaviour in children, and mixed gender households.<sup>2</sup> The study found that ‘when schools are closed, social services interrupted and movement restricted, children face heightened risk of exploitation, violence and abuse.’

With these factors in mind, analysis of our survey results found that violence occurring in the study homes was possibly associated with similar factors, though direct associations were difficult to determine as many households had similar experiences with regards to income loss, school closures, and other factors. Findings from this survey revealed that 90% of households had lost income as a result of COVID-19, mostly due to an adult in the house losing their job. Losses were significant- more than a quarter of households (27%) lost more than 75% of their income and seven percent lost all of it. Of those who reported violence in the home (10 respondents) and more stress and tension in the home (53 respondents), all of them had lost half to all of their income.

Associations between confinement and reported violence were unclear, possibly due to the low amount of households experiencing confinement at the time of the survey. Of eight households experiencing confinement due to covid-19 impacts, none of the parent/caregivers reported any violence in the home, though five of the eight reported more stress and tension in the household (as did many more who did not experience any confinement).

Alcohol abuse is another commonly reported risk factor for family violence and has been linked to an accumulation of stressful events and a lack of social support.<sup>3</sup> While alcohol consumption was not explored in this survey, one child respondent hinted that it may be a factor in household tensions “I would like my father to stop hanging out and drinking. I want him to be more cautious with Covid-19 and keep social distance.” Boy, aged 12 years, Bour Commune.

Five households reported needing but not being able to access domestic violence services during this time, and three of those reported violence was happening in the home. Twenty-two percent of respondents also needed but could not access mental health services, and 21% needed but could not access counselling.

Nearly 50% of children were getting to play less than before and a significant 32% (49) reported they did not speak or hang out with their friends. Sixteen percent of children reported getting less sleep than

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<sup>1</sup> Andrew M Campbell (2020), An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International. Reports*, 2, 100089.

<sup>2</sup> Nicole Dulieu and Melissa Burgess (2020), The Hidden Impact of COVID-19 on Child Rights. London, Save the Children International

<sup>3</sup> Campbell op.cit.

before which may contribute to greater signs of distress in children and can also be linked with greater experience of violence in the home.<sup>4</sup>

As many parents/caregivers did not report violence in the household, and those that did report violence shared many characteristics with those that did not, protective factors were difficult to ascertain. However, many adults did spend more time engaging in extra activities with their children: 47% played music, sang songs, danced, or did other musical activities; 32% (48) played outdoor games or exercised together; and 41% (66) of parents/caregivers read books to their children. A majority of parents/caregivers (nearly 73%) involved their children in everyday activities at home, such as cooking. The majority (84%) of households also had access to outside spaces where children could play. And as discussed above, stress, tension, and violence was lower in households that did not lose more than half of their income.

### **4.3. What is the impact of the COVID-19 pandemic on family relationships?**

There appeared to be both positive and negative impacts of COVID-19 on family relationships. Eighty-three percent (83%) of parents/caregivers reported showing more love and affection toward children in their care, 80% reported spending more time with them, and 82% reported having a greater bond with them (multiple options were possible). Similarly, 74% of adults reported children showing more love and affection towards them, 71% reported the perception that children were happier to be spending more time with them (the caregiver/parent), and 56% of parents/caregivers reported developing positive habits as a family. Only two respondents did not report any positive impacts of COVID-19 on relationships with children.

At the same time, 34% of parents/caregivers reported being more frustrated with children's behaviour and 22% felt that the children in their care showed less love and affection towards them. This was reported by men more than women. And, despite the positive experiences reported above, 35% of parents/caregivers and 51% of children said there was more tension in the home and 6.6% (10) parents/caregivers reported violence in the home. Seventy percent (70%) of children surveyed reported that family members were afraid of someone becoming sick and only 31% (41) of children surveyed said the situation at home was happy.<sup>5</sup>

Thirty-five percent (35%) of parents/caregivers had two children in their care, 30% had three children, and just over 24% had four or more children in their care. Those that had four or more children in their care were more likely to report stress and tension or violence than they were to report enjoying spending time together. Twenty-two percent (22%) of children reported having less personal time and space than before, 4% reported 'much less'.

Despite the increases in stress and tension, when asked what they've most enjoyed about this period, 43% of children indicated spending more time with family. "I am happier than before COVID-19 because my parents and I can spend more time together at home" Female child, aged 11 years, Banan Commune.

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<sup>4</sup> Dulieu, N, et.al. op. cit.

<sup>5</sup> See first question for more reporting on violence in the home.

#### ***4.4. How has the COVID-19 pandemic impacted parents' and caregivers' parenting?***

A high proportion of parents/caregivers reported many positive changes in their relationship with children in their care since the start of the COVID-19 pandemic (see Question 3), and 62% (93) reported feeling more confident in their parenting ability, with 54% reporting they were more responsive to their children's needs.

However, 28% of parents/caregivers felt less able to adequately care for their children and 14% (22) felt less confident with their parenting ability. Thirteen percent (13%) of parents/caregivers resorted to yelling too often at children and 11% (17) felt more aggressive towards their children - six of these respondents both yelled more and were more aggressive. No parents/caregivers reported resorting to physical punishment too often. These feelings were mainly worse among female caregivers who experienced much greater feelings of frustration, speaking less calmly, and yelling. Eighty-eight (88%) of women reported being more aggressive to children compared to 12% of men. Women also lost more confidence in their parenting ability (73%) compared to men (27%) and felt much less able to adequately care for their children compared to men (64% compared to 36%).

Parents/caregivers psychosocial wellbeing was significantly affected, with 78% reporting loss of happiness- 54% reported being less happy and 24% reported being much less happy than before. Fifty-three (53%) of parents/caregivers felt more or much more lonely and a very large proportion (84%) feeling more or much more worried than before.

Parents/caregivers' wellbeing is likely affected by their inability to cover essential household costs. Seventy-five percent (75%) of households had trouble paying for food because of loss of income, 37% (56) could not cover the cost of learning resources for children, and 50% could not cover healthcare costs. Eighteen respondents could not cover the cost of needed disability services or assistive devices (e.g., glasses, hearing aids). Only three respondents did not experience trouble paying for essential items and services, and only two respondents had trouble covering rent or housing. Despite positive impacts on family relationships, there is a clear need for support to ease the financial burdens on households which also contribute to caregivers' psychosocial wellbeing and their ability to care for children.

#### ***4.5. Have children been separated from their parents/caregivers?***

About 9% of parents/caregivers reported having children they had been separated from. Most parents/caregivers surveyed were the parent of children in their care or living with them (94%), but they also had grandchildren or nieces and nephews in their households. Thirty-three (33) of caregivers reported being grandparents of children in their care, however in only seven of these households the grandparent weren't also a parent of some children in their care.

Of the 13 parents reporting they had been separated from their children, 12 reported some level of disability across multiple areas (hearing, seeing, mobility etc.), eight reported experiencing illness of an adult or child, four were from the parent/grandparent households and four had experienced some confinement. One household reported being from a minority group.

Ninety-two percent (92%) of parents/caregivers and/or children in their care had not experienced any confinement at home due to the COVID-19 pandemic. For those who had (eight respondents), two respondents were confined for two weeks, two for three weeks, two for four weeks, one for 14 weeks and one for 25 weeks.

Nearly 50% (73) of parents/caregivers responded that they or another adult in the house had been sick due to any illness since the COVID-19 pandemic; and 33% (50) said a child (or more) had been sick due to any illness since the COVID-19 pandemic. Thirty-four (34) of these were in the same household (i.e., both parents and children were ill). Of the eight households experiencing some period of confinement, six of them had an ill adult(s) and/or child(ren), including the households with much longer confinement periods mentioned above.

#### ***4.6. What is the impact of the COVID-19 pandemic on children's psycho-social well-being?***

The children in this survey were certainly experiencing negative impacts of the COVID-19 pandemic on their psycho-social wellbeing. Over 60% of children reported being less happy than before with 9% of those being much less happy. Forty-seven percent (47%) of children felt less hopeful than before and more than 66% were more or much more worried than before. Seventy-six (76) respondents (over 50%) reported feeling sadder than before and, of those, 10 were much sadder. Only 30% (47 children) reported the situation in the home was happy, whereas tension and stress in the home was reported by just over half the children.

Nearly a third of children (27%) were feeling less safe and, as described above, a third also reported violence occurring in the house. Of those reporting feeling less safe, a third also reported violence happening in the house. Twenty-eight percent (28%) of children were experiencing more boredom than before and nearly a third of children (32% or 49) were not speaking with or seeing their friends at the time of the survey. Twenty-two percent (22%) had less of their own space and time than before.

There were not great differences in psycho-social wellbeing between boys and girls, except that the boys appeared to experience more worry than girls, while girls felt less safe than boys. Seventy-two percent (72%) of boys were more worried (or much more) compared to 62% of girls, and 80% of girls felt about the same or less safe than before compared to 67% of boys.

#### ***4.7. What are the risks and protective factors associated with an increase in negative feelings for children?***

Of all respondents, those experiencing more stress and tension and/or violence in the home were more likely to report negative behaviour towards children, whereas those reporting enjoying more time together reported less negative behaviours towards children.

Most respondents identified feeling one or two negative feelings toward children, however, eight respondents reported experiencing five or more negative feelings towards children, including more frustration with their behavior, less patience, speaking less calmly, resorting to yelling, and more aggression towards children. Of these eight experiencing numerous negative feelings, all had two or more children in their care – one respondent had four children, one had five children, and one had six



children in their care. Five of these respondents reported losing at least 75% of their income (up to all of their income) due to COVID-19 impacts, one reported losing more than half, and two did not answer the question. All of the parents/caregiver also had trouble paying for essential household costs such as food or health care (as did many other parents/caregivers) and six indicated there were support services such as health, counselling, or domestic violence services they wanted to access during this time but could not.<sup>6</sup>

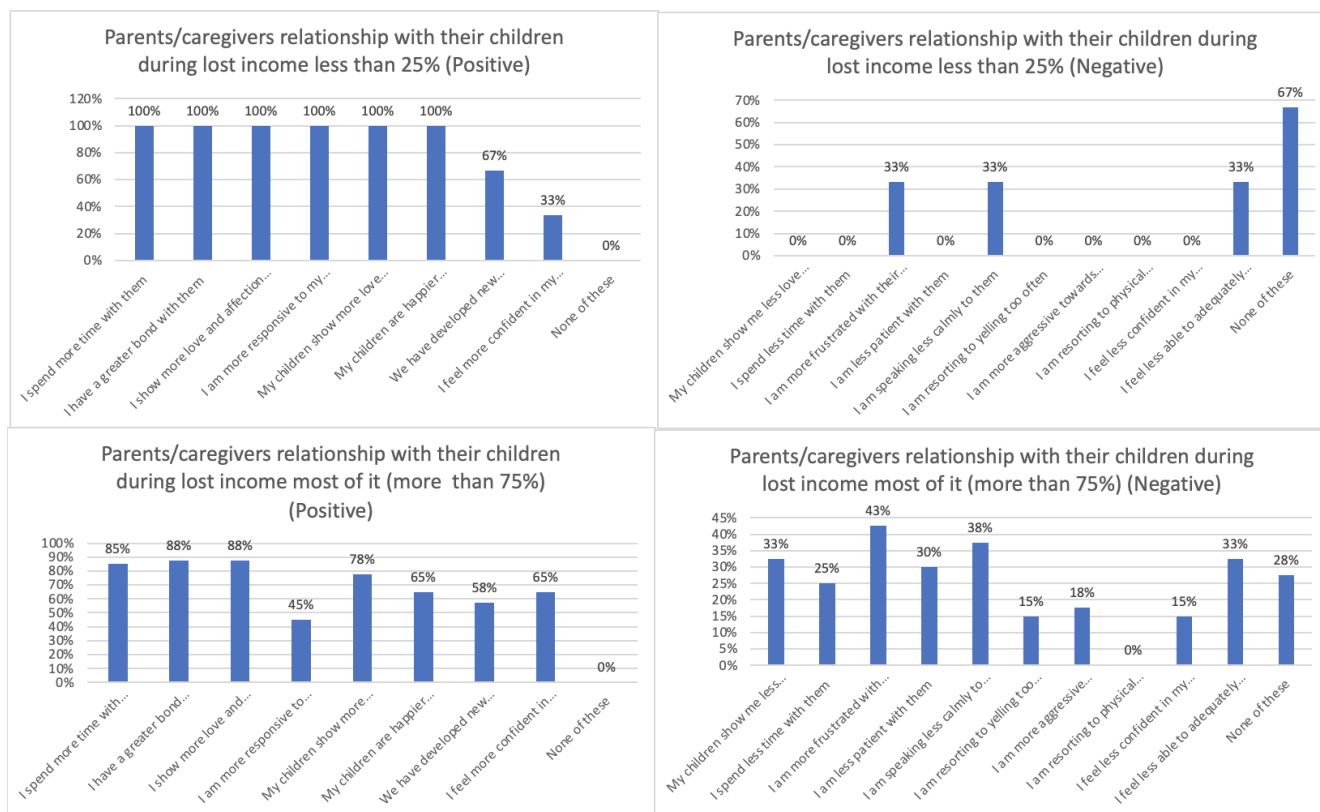
Caregivers' psycho-social wellbeing also affected their behaviour towards children. Those who felt like everything was much more of an effort were more likely to report greater negative feelings towards children including being more aggressive and yelling too often. These caregivers also had greater losses in confidence in their parenting ability and felt less able to adequately care for their children. Those feeling more nervous and less happy than before also reported high levels of negative feelings toward children.

However, from this study it appears level of income loss was a factor most closely linked with increases in negative feelings toward children. Parents who lost more than 75% of their income had much more negative feelings towards children than those who lost only a quarter of their household income. It is highly likely that mounting economic pressures experienced by households as well as the psycho-social wellbeing changes of parents/caregivers contribute to increasing negative feelings towards children. This is compounded by a lack of access to a range of support services, including access to food, that parents identified they needed but could not access.

**Figures 3 to 6** below show negative feelings towards children by income loss level.

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<sup>6</sup> It should be noted that these parents/caregivers also shared many positive experiences with the children under their care, including being more responsive to their needs, showing more love and affection, and developing positive habits as a family.



Households losing only a quarter of their income reported more positive feelings towards children. Aside from this group, there were also 45 parents/caregivers who did not experience any of the negative feelings towards children. The dynamics of these households may provide some clues into protective factors, however their experiences and reporting of psychosocial wellbeing shared similarities with those experiencing a lot of negative feelings. Thirty-eight (38) of these 45 respondents reported four or more positive changes in their relationships with children in their care, including showing more love and affection, having a greater bond, and spending more time with children (only one respondent did not identify any positive changes). However, these caregivers also experienced worsening psychosocial effects and income loss much like other caregivers. Twenty-six (26) reported needing but being unable to access support services including counselling and mental health, but none reporting needing domestic violence services.

#### 4.8. What are the signs of distress that children are displaying since the outbreak of COVID-19?

A large proportion (76%) of parents/caregivers noticed any sign of distress in children's behavior since the COVID-19 pandemic and 35% noticed three or more signs of distress. These signs included sleeping changes (49%), bedwetting (37%), and changes in emotional regulation (34%). A third of households saw children experiencing changes in appetite and 12% of parents/caregivers noticed children were more withdrawn, while 18% noticed more aggressive behavior and six percent reported unusual crying or screaming. Two parents/caregivers reported noticing children exhibiting violence against others. A quarter of parents/caregivers did not observe any signs of distress in children.

#### ***4.9. What are the risks and protective factors associated with signs of distress in children?***

As behavioral changes in children were widely reported, specific risk factors were hard to pinpoint. It is likely that multiple factors, such as increased stress and tension in the household, worsening psychosocial health of both parents/caregivers and children, and lack of engagement with friends and peers, contribute to these behavioral changes.

Similarly, it is hard to ascertain protective factors. About a quarter (24%) respondents did not observe any signs of distress in children. Of these, similar situations were shared with households with children who did show signs of distress - both types of respondents reported significant income loss, worsening psychosocial wellbeing of parents, but also engagement in activities with their parents/caregivers and having access to outside spaces where children could play. Of these respondents, 23 engaged their children in two or more activities, including help with everyday activities (such as cooking), watching TV, playing music, and so on. These respondents reported a high number of positive changes in relationships with children (such as having a greater bond, showing more love and affection, and developing new positive habits as a family) and reported much less negative changes in relationships with children. Fourteen (14) of these households reported no negative changes in their relationships, while another 11 reported only one change. Thirteen (13) households did not report needing but being unable to access support services<sup>7</sup>, however the remainder did require support services that they could not access.

#### ***4.10. What is the proportion of parents/caregivers reporting a negative change in their mental health and psychosocial well-being owing to the COVID-19 pandemic?***

Very high proportions of caregivers reported negative changes in their mental health and wellbeing in comparison to before the COVID-19 pandemic. Seventy-nine percent (79%) of respondents reported being less (55%) or much less (24%) happy than before, and 63% reported being more lonely (41%) or much more lonely (22%) than before. Eighty-four percent (84%) of parent/caregiver respondents were more worried than before – this figure includes 32% who were much more worried than before, and 41% of parents/caregivers felt more hopeless and 16% much more hopeless. Nearly half of parents/caregivers felt more depressed than before, including 16% feeling much more depressed. A quarter of parents/caregivers felt like everything was much more of an effort than before, and 54% felt more restless. Feelings of worthlessness were exacerbated in 31% of respondents and a quarter of parents/caregivers felt less able to cope than before, and six percent felt much less able to cope than before.

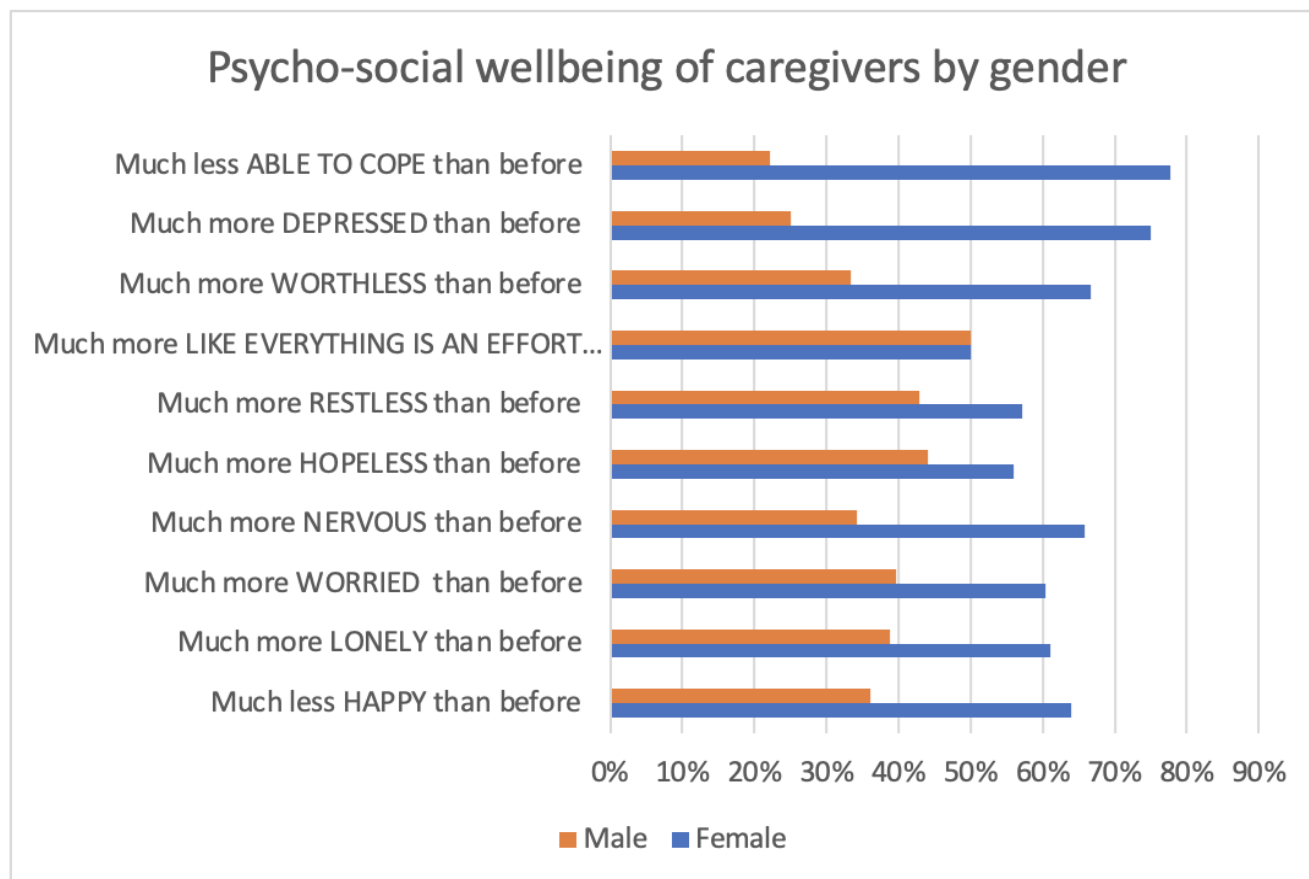
Differences in levels of psycho-social wellbeing were related to income loss levels, disability, and gender. Across nearly all the psycho-social well-being factors, women caretakers experienced more negative changes. Of those respondents who felt much more lonely than before, 61% were women, and of those feeling much more worthless than before, 67% were women. Women reported

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<sup>7</sup> This could be either because they were able to access the service they needed, or they did not need to access any services

experiencing more depression compared to men - of those who were much more depressed, 75% were women. And 78% of those caregivers reporting they were much less able to cope were also women.

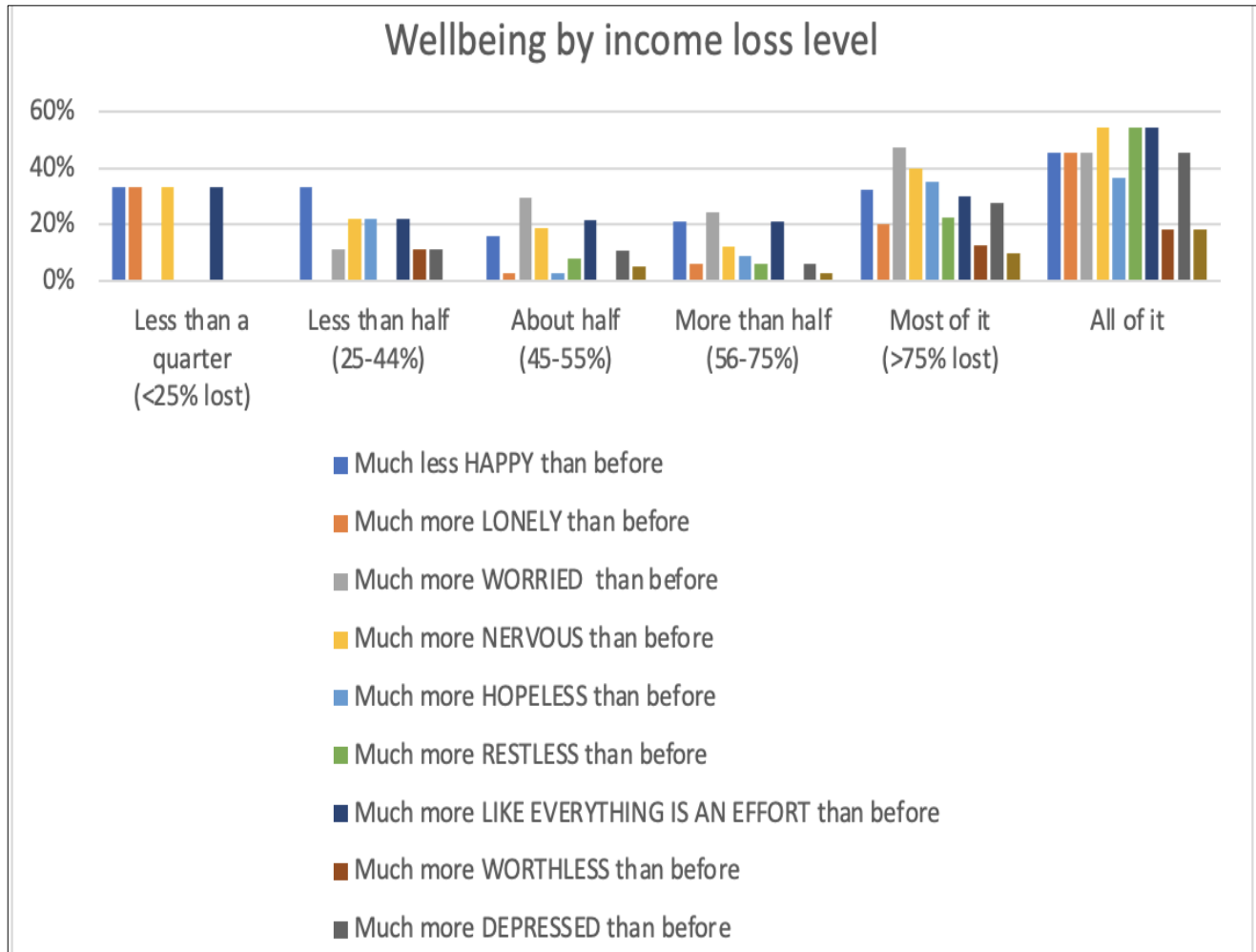
**Figure 7** Psycho-social factors reported by caregivers by gender



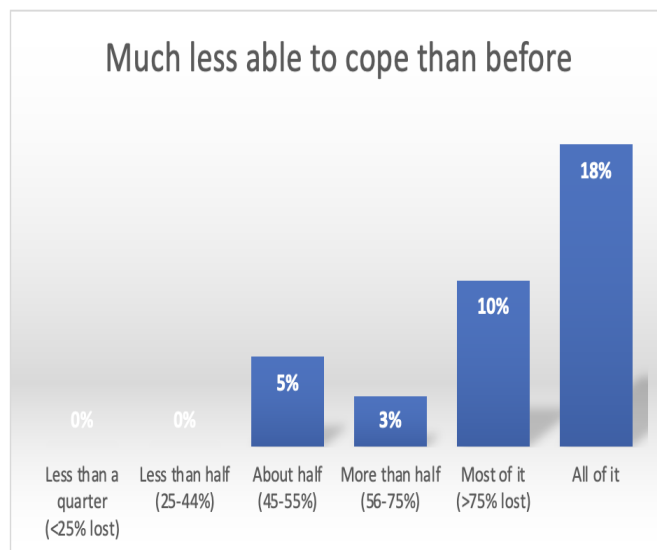
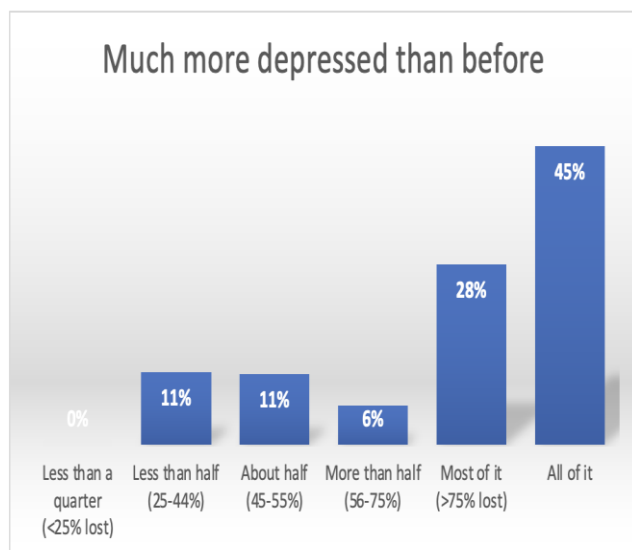
Caregivers reporting a disability experienced worse psycho-social outcomes. Fifty-two percent (52%) of people with some level of disability reported feeling like everything was much more of an effort, compared to 25% overall. Twenty-four percent (24%) reported feeling much more lonely than before, compared to 12% overall. And 27% of caregivers with a disability were more depressed compared to 12% overall, and 15% reported feeling much less able to cope, compared to 6 per cent overall.

Negative changes in psycho-social well-being was closely linked to levels of income loss. Those households who lost only a quarter or less of their income generally did not report as many negative effects on psychosocial well-being as those who lost greater amounts. However, those numbers are small - only three respondents lost less than a quarter and nine lost less than half. Yet of those who lost more than 75% (up to all of their income), they generally demonstrated worse psycho-social well-being than those who lost about half to three quarters. Figures 8 and 9 below show caregiver psychosocial well-being by income loss level and reporting of depression and ability to cope by income loss level.

**Figure 8** Well-being by income loss



**Figure 9** Depression and ability to cope by income loss level.



#### **4.11. What is the proportion of children currently engaged in child labour?**

Children were being engaged in work around the house. Forty percent (40%) of children reported that they were doing more chores than before the COVID-19 pandemic, and of those 3.33% were doing much more. Nearly a third were caring more for siblings than before and six of those children (4%) were caring for siblings much more. There were differences by sex with nearly half of all male children doing more or much more chores than before compared to a third of female children, and 39% of female children took on more or much more sibling care compared to 26% of male children.

Almost half (47%) of children reported doing about the same level of chores (41% of males and 53% of females), while 53% did about the same amount of sibling care as before (59% of males and 49% of females reported this). Interestingly, when parents/caregivers were surveyed, nearly nine per cent reported losing the income of a child, and when children respondents were asked open-ended questions on what worries them the most about the COVID-19 outbreak, 29 answered that losing their paid job worries them the most, suggesting that these 19% of children surveyed were engaged in paid work before the pandemic. There is no indication whether this work would be considered child labour.<sup>8</sup>

<sup>8</sup> It is unclear if these children's pre-COVID-19 employment would have been regarded as child labour. Similarly, helping around the house would not be considered child labour by ILO's definition that can be found here: [https://www.ilo.org/moscow/areas-of-work/child-labour/WCMS\\_249004/lang-en/index.htm](https://www.ilo.org/moscow/areas-of-work/child-labour/WCMS_249004/lang-en/index.htm)

| Task                |                                            | Male      |            | Female    |              | Total      |     |
|---------------------|--------------------------------------------|-----------|------------|-----------|--------------|------------|-----|
|                     |                                            | #         | % of males | #         | % of females | #          | %   |
| <b>Total</b>        |                                            | <b>70</b> |            | <b>80</b> |              | <b>150</b> |     |
| <b>Chores</b>       | Doing more chores (more + much more)       | 34        | 49%        | 26        | 33%          | 60         | 40% |
|                     | Doing less chores (less + much less)       | 7         | 10%        | 12        | 15%          | 19         | 13% |
|                     | Doing about the same chores                | 29        | 41%        | 42        | 53%          | 71         | 47% |
| <b>Sibling Care</b> | Doing more sibling care (more + much more) | 18        | 26%        | 31        | 39%          | 49         | 33% |
|                     | Doing less sibling care (less + much less) | 11        | 16%        | 10        | 13%          | 21         | 14% |
|                     | Doing about the same sibling care          | 41        | 59%        | 39        | 49%          | 80         | 53% |

#### 4.12. What proportion of children know how to keep safe when learning online?

The COVID-19 pandemic caused education to rapidly shift online because of school closures as part of health prevention measures. Children and parents who hadn't previously been exposed to the internet suddenly had to navigate the online world. The results of this study show that this was often done without any knowledge of how children should stay safe online.

Thirty-four percent (34%) of parent/caregiver respondents reported their children had access to the internet, however out of those with access to the internet, 35% of parents/caregivers were not aware of risks children may face on the internet and 24% were aware but did not know how to ensure their child's safety.

Thirty-four (34) of the 115 child respondents still in school were using the internet.<sup>9</sup> Of those 34, 32% (11 children) felt they knew which information they should and shouldn't share online and 26% (nine) knew how to change who they shared content with. Twenty-nine percent (29%) of those using the internet (10) did not know how to keep themselves safe when online, five (15%) did not think they were at risk, and three did not know what the question meant. Six children did not respond to the question and two respondents reported above gave conflicting answers (i.e., that they both knew and didn't know how to stay safe online). Where girls were more likely to report that they knew how to stay safe online compared to boys, they were also more likely to say they did not know what online safety means. The lack of response to the question suggests children did not properly understand the question on safety and what it means to be safe online.

Children using educational apps for tablets or phones (68 children) were not asked about online safety unless they also specifically indicated they were using the internet (34 of the 68 did so). However, these apps generally involve internet connectivity and mean that a child has access to a mobile device, and online safety is thus also of concern.

#### 4.13. What is the impact of Covid-19 on Mental Health and Psychosocial Support-related services for parents or caregivers during the COVID-19 pandemic?

Parents and caregivers struggled to access services they needed during the COVID-19 pandemic. When asked about what support parents/caregivers could *not* access that they or their household

<sup>9</sup> Not all children responded to this question. 115 out of the 150 children surveyed reported they were still in school (29 (nearly 20%) were not in school and 6 did not respond to the question).



needed during this time, more than 70% of households indicated needing access to either in-person or remote general health care services, 22% of respondents indicated needing mental health care services, and 21% needing counseling during this time.<sup>10</sup> Five respondents needed but couldn't access domestic violence services.

It is unclear why services could not be accessed, however it is possible barriers related to finances, travel restrictions, over-burdened or closed health care facilities, or distance to services contributed. There did not appear to be a disadvantage by minority groups - 39% of minority group households reported an inability to access services, compared to 69% of those not reporting as a minority group.<sup>11</sup> Even those respondents indicating positive impacts on family relationships like enjoying spending more time together, indicated that they had a need for support services.

During this time, 38% of parents/caregivers indicated they either did not need any services or did not know whether they needed them. It is possible some respondents were able to access some support services during this time, however this question was not asked.

## V. Conclusion

### 5.1. *Impact of the COVID-19 Pandemic on Violence in the Home*

This study has given insight into the experience of vulnerable families as a result of the COVID-19 pandemic. It is clear from this study that both children and their parents/caregivers are experiencing high levels of stress and tension in the home and worsening psychosocial wellbeing. In some households, violence is being experienced including both verbal and physical violence. Children reported that violence was happening more than adults, while adults tended to report experiencing more frustration with children's behavior, more aggression towards children, and yelling too often. This difference may be due to under-reporting by parents, or not acknowledging that their behaviour could be considered violent, but also there may be a different understanding of violence between children and parent respondents.

Loss of income appears to be a key factor in increased negative feelings and behaviours towards children. It is likely the dramatic losses of income and inability to purchase daily household items, including food, were significant contributors to stress and tension in the household. However, these feelings are being experienced by female caregivers much more than male ones, indicating women may be bearing the brunt of household pressures. These households identified a need for services such as general health, mental health, counseling, and domestic violence support but were unable to access them. Women were no more likely than men to express need for mental health, counseling, or domestic violence services.<sup>12</sup>

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<sup>10</sup> Please note multiple responses possible with some respondents indicating both counseling and mental health services for example

<sup>11</sup> Minority groups included based on religion, indigenous status/ethnicity, internally displaced persons, or refugee/asylum seekers.

<sup>12</sup> Interestingly, of 43 caregivers reporting the need for mental health, counseling for domestic violence services, 24 were male, 19 were female.

Households also indicated the need for financial and food support. While it is difficult to conclude what the barriers to service access were, a recent study into another vulnerable group seriously affected by the pandemic found that services needed to be either available at commune or village level and for village or commune chiefs to be closely involved in communicating about and arranging service needs, as they were the preferred contact for vulnerable people in the community.<sup>13</sup>

Many children were no longer in school and it's likely some children's education has been permanently interrupted by the COVID-19 pandemic. Of those still in school, most were using textbooks and/or educational apps for mobile devices, with only 1 respondent reporting having no materials. Of those using the internet, knowledge of how to stay safe online was concerningly low among both parents and children.

A small number of parents had been separated from their children (13 of 150 respondents or 8.67%). No reason was given however it's possible this was due to periods of illness and/or confinement. Many parents/caregivers had their own children and grandchildren plus nephews and nieces in their care. It's possible the effects of crowded, large households contributed to stress and tension in the home and diminishing psycho-social well-being of parents and children. However, a great contributor to this may have been the significant losses of income and inability to pay for essential household costs such as food and healthcare. Immediate access to sufficient cash and food supplements could ease the burden on households, while modifications to service access and other social welfare protections are taking place.

It is positive to note that, despite rising stressors, households reported many positive psychosocial well-being effects and many positive feelings towards children. In fact, more adults reported positive than negative feelings towards children, despite their own worsening psychosocial wellbeing.

## 5.2. Disability

Twenty-two percent (22%) of parents/caregivers were living with a severe disability (as per Washington group questions). Parents/caregivers in the study group appear to experience higher levels of some disabilities compared to the general population<sup>14</sup> with 85% of all adults in the study indicating some level of one or more disability factors. This has also made analysis by disability difficult given some levels of one or more disability factors were widespread.

Additionally, 63% of children reported some level of difficulty across the disability areas including remembering or concentrating (41%) and difficulty communicating (39%). Disability among adults appeared to be associated with worsening psychosocial wellbeing as a result of the COVID-19 pandemic.

## 5.3. Gender

Some differences in experience across gender were evident. Women caregivers were more likely to report violence in the home than men. Female children were more likely to take on sibling care whereas

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<sup>13</sup> UNFPA, Rapid Assessment on Social and Health Impact of COVID-19 Among Returning Migrant Workers, November 2020

<sup>14</sup> According to [this analysis of CDHS data](#), that figure is higher than in the % of people living with a disability in the general Cambodian population.

male children were more likely to take on more chores. Men were more likely to report children showing them less love and affection, however women were significantly more likely to report exacerbated feelings of frustration and aggressive behaviour towards children, alongside greater loss of confidence in their parenting abilities.

Support for vulnerable households needs to be tailored to the different needs across genders. Across nearly all the psycho-social well-being factors, women caretakers experience more negative changes. Of those respondents who felt much more lonely than before, 61% were women, and of those feeling much more worthless than before, 67% were women. Women reported experiencing more depression compared to men- of those who were much more depressed, 75% were women. And 78% of those caregivers reporting they were much less able to cope were also women.

## VI. Recommendations

Children's right to protection from all forms of physical or mental violence, abuse, exploitation, and neglect, is enshrined in Article 19 of the Convention of the Rights of the Child. State parties are obliged to take appropriate legislative, administrative, social, and educational measures to achieve this. The findings of this action research indicate specific vulnerability factors linked to loss of household income, and to the gender, disability, and mental health status of children and their parents/caregivers. This informs the following specific recommendations for the Royal Government of Cambodia, donors, and civil society organisations regarding their investments and interventions to keep children (both girls and boys) safe from harm in their homes and communities.

- Emergency relief - implement a system to identify vulnerable households and provide immediate access to sufficient cash to ease the burden on households, while modifications to service access and other social welfare protections are taking place.
- Flexible interim social protection mechanisms – provide faster issuing of temporary social welfare benefits (e.g., ID Poor card) to ensure access to free healthcare.
- Health services- ensure essential health services and domestic violence and counselling remain open and are provided with additional resources, including for outreach of those services and so that service providers work closely with village and commune chiefs who will have a good idea of the households in need.
- Gender-specific support services- develop support services and interventions with a gender lens. Women are clearly reporting greater feelings of frustration and aggression and loss of parenting confidence and poorer psycho-social well-being. They need urgent support and the men in households may need to be made aware of pressure on women.
- Tailored information- reach children, women, and men with tailored information campaigns aimed to reduce worry and provide tools for psychosocial well-being.
- Education- support schools to provide adequate learning resources to all students.
- Online safety- provide guidance and support for parents/caregivers and children in regard online safety should accompany any virtual learning curriculum, plus also be part of community campaigns, including with educational apps.

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