

TIZIANA SCHIRONE

University of Urbino Carlo Bo, Italy  
ORCID: <https://orcid.org/0000-0002-4052-1615>  
tiziana.schirone@uniurb.it

ISABELLA QUADRELLI

University of Urbino Carlo Bo, Italy  
ORCID: <https://orcid.org/0000-0001-5919-0716>  
isabella.quadrelli@uniurb.it

# The Experiences of Parents and Children During the COVID-19 Pandemic

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## *Doświadczenia rodziców i dzieci podczas pandemii COVID-19*

**Abstract:** The study, which included a total of 1,122 Italian parents (96.5% female; 3.5% male) of children with an average age of 7.56 years ( $N = 1,461$ ,  $SD = 2.03$ ), explores how parents with children (5–11 years old) represent changes in their daily habits as well as their own and children's experiences in relation to the impact caused by the health emergency. The study also investigates how work, family life, contextual factors and media exposure associated with information regarding COVID-19 have contributed to influencing emotional states and behavioural patterns. The research programme was carried out by an online questionnaire in June 2020. The pandemic was experienced in a variety of ways across four clusters. The highest levels of discomfort can be observed among those parents who have experienced isolation and the fear of contagion with higher levels of anxiety, which have been intensified by the perception of change and the deterioration in working conditions. Parents with higher emotional instability have found a low emotional stability and high depressive tones in their children. Results suggest that the capacity of parents to process and mentalise emotions by facing the difficulties and stress caused by the situation can act as a protective factor in contrasting any emotional instability in children.

**Keywords:** COVID-19; risk factors; parents' emotional stability; children's emotional stability; relational conflicts

**Abstrakt:** Na podstawie badania, którym objęto łącznie 1122 włoskich rodziców (96,5% kobiet, 3,5% mężczyzn) dzieci w średnim wieku 7,56 lat ( $N = 1461$ ,  $SD = 2,03$ ), przeprowadzono analizę tego, w jaki sposób rodzice dzieci w wieku 5–11 lat przedstawiają zmiany w codziennych nawykach oraz doświadczenia własne i dzieci w związku ze

skutkami wywołanymi stanem zagrożenia zdrowia. Zbadano również, w jaki sposób praca, życie rodzinne, czynniki kontekstowe i ekspozycja w mediach związana z informacjami dotyczącymi pandemii COVID-19 przyczyniły się do wpływania na stany emocjonalne i wzorce zachowań. Program badawczy został przeprowadzony za pomocą ankiety internetowej w czerwcu 2020 r. Pandemia była doświadczana na różne sposoby w czterech klastrach. Najwyższy poziom dyskomfortu można zaobserwować u tych rodziców, którzy doświadczyli izolacji i lęku przed zarażeniem z wyższym poziomem lęku, który został spotęgowany percepcją zmiany i pogorszeniem warunków pracy. Rodzice z większą niestabilnością emocjonalną stwierdzili u swoich dzieci niską stabilność emocjonalną i wysokie tony depresyjne. Uzyskane wyniki badania pozwalają wnioskować, że zdolność rodziców do przetwarzania i mentalizowania emocji poprzez stawianie czoła trudnościom i stresowi spowodowanemu sytuacją pandemiczną może działać jako czynnik ochronny w przeciwstawianiu jakiegokolwiek niestabilności emocjonalnej u dzieci.

**Słowa kluczowe:** COVID-19; czynniki ryzyka; stabilność emocjonalna rodziców; stabilność emocjonalna dzieci; konflikty relacyjne

## INTRODUCTION

The national state of health emergency<sup>1</sup> caused by SARS-CoV-2 has forced the Italian government into taking restrictive measures from March 2020.<sup>2</sup> The reduction in social contact and the stringent lockdown are risk factors that influence both emotion regulation and psychological well-being of adults and children. The closure of schools and the interruption of both physical and recreational activities, the change and/or loss of work activities and the overload in family work and care are risk factors also affecting people's psychological well-being. In addition, the overexposure to media streams and ambiguity and discrepancy in news reports associated with COVID-19 have intensified levels of both stress and depression (Holman et al., 2020). The search for information while also attempting to alleviate the anxiety levels caused by uncertainty has the secondary effect of worsening the situation (Heath, Gay, 1997; Lachlan et al., 2009) and causing disorientation due to the inability to distinguish genuine news from fake news (Kasperson et al., 1988; Chao et al., 2020). The literature stresses how pandemic situations, which are similar to COVID-19, can lead to adverse childhood experiences (ACE)<sup>3</sup> and cause disharmony, anxiety and worry, while also generating huge levels of stress both in carers and their children, which has a severe impact on both individual and public health (de Araújo et al., 2021).

An across-sectional survey on the psychological impact of the pandemic on the Chinese population identified both depressive symptoms (16.5%) and anxiety-inducing symptoms (28.8%). In particular, it was the parents who demonstrated a higher level of stress than other groups in the sample (Wang C., et al., 2020). A widespread and significant psychic distress was also found in the pre-COVID

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<sup>1</sup> The WHO declared the pandemic status in March 2020.

<sup>2</sup> The SARS-CoV-19 acute respiratory syndrome that broke out in China in 2020 witnessed its first case in Italy on 20 February 2020.

<sup>3</sup> ACE means every traumatic and stressful event that occurs throughout childhood.

literature that dealt with analysing situations akin to those witnessed during the current pandemic. Stress-related conditions, emotional disturbances, irritability, depressed mood and post-traumatic stress disorder (PTSD) related to being placed under quarantine (Brooks et al., 2020) have persisted for years after the emergency (Liu et al., 2012). An H1N1 influenza<sup>4</sup> study (Sprang, Silman, 2013) analysed factors related to childhood stress and discovered that 16.7% of people questioned had an acute stress disorder, and 6.2% had PTSD. The PTSD level four times higher than the mean sample was found in children (30%) and parents (25%) who had been subject to a period of isolation. Poor quality of sleep (57.1%), high levels of distress (41.8%) and anxiety (32.1%) as well as COVID-19 related PTSD (7.6%) were also recorded in one Italian study (Casagrande et al., 2020). Emotional distress was also observed in the 6–18 age group including distraction, irritability, fear of contagion, boredom, frustration and fear of asking for news about COVID-19 (Jiao et al., 2020). The literature confirms the experience of discomfort felt in children: 53.53% of Italian children (4–10) demonstrated greater levels of irritability, tantrums, intolerance towards the rules and made excessive demands while showing some ability to adapt to the restrictive conditions during the lockdown period (92.57%). A number of those questioned disclosed fears that had never been expressed before, and 34.26% became impatient with any news regarding the pandemic from TV or relayed by parents. The study warns of the specific adaptive behavioural patterns of some children that would not be caused by levels of resilience but which could hide any discomfort and symptoms of a depressive nature (Pisano et al., 2020). Another Italian study notes how parents highlighted the important level of emotional difficulty caused by the relationship between parental stress and the psychological ease of their children (Canzi et al., 2021).

Parents who report greater difficulty in managing restrictive measures report more intense stress that would also cause problems to children (Spinelli et al., 2020). It was highlighted that the predisposing factors of feelings of anxiety and fear are linked to parenting, due to protection-related behavioural patterns among parents whose children's fate in situations where their parents may become ill could cause feelings of anxiety with regard to the precarious nature of their future. Women with children are in fact more affected by stress compared with childless women (Korajlija, Jokic-Becic, 2020; Marchetti et al., 2020). Psychological distress was of a major concern from a clinical point of view in parental couples with children (0–13) with levels higher in mothers who were suffering more from parental exhaustion (Marchetti et al., 2020). The major impact of stress on mothers has also been related to the increase in family work and childcare (Craig, Churchill, 2021; Shockley et al., 2021; Izdebski, Mazur, 2021). Strong asymmetries to the detriment

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<sup>4</sup> The study was conducted in 2009 in the United States, Canada and Mexico (Sprang, Silman, 2013).

of Italian women regarding the issue of family work have been highlighted by the pre-COVID literature; studies carried out during the pandemic confirm the increase in women's family work levels during the lockdown period (Del Boca et al., 2020; Istat, 2020). The ability to reconcile work and the family has decreased with negative repercussions on the level of well-being and work performance of mothers in a large number of cases (Craig, Churchill, 2021; Shockley et al., 2021).

## HYPOTHESES

The survey explores how parents with at least one child in the age group of 5–11 years represent changes in their daily habits as well as their own and children's experiences in relation to the impact caused by the health emergency in the period between March and June 2020, that is the moment in which Italy instructed a total lockdown which lasted until the beginning of May, the month in which people were gradually able to start working and travelling again. In particular, the study investigates how some individual characteristics (e.g. emotional stability, consciousness, openness to experiences), perception of working and family conditions and media exposure associated with information regarding COVID-19 have contributed to influencing emotional states and behavioural patterns. It has been suggested that the capacity of parents to process and mentalise emotions by facing the difficulties and stress caused by the situation can act as a protective factor in contrasting any emotional instability in children.

## METHOD

### Participants

The research programme, which was approved by the University Ethics Committee, was carried out by a web-based survey in June 2020. The sampling procedure was non-probabilistic. In order to minimize coverage and participation biases, a complementary sampling strategy was employed. Targeted advertisements were used to recruit participants on social media;<sup>5</sup> a judgment sample was used to select parents in different sites: schools, summer camps, pediatricians.<sup>6</sup>

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<sup>5</sup> Reference population was Italian Facebook users with at least a child aged 5–11 years old.

<sup>6</sup> The criteria used to select participants were: region of residence (COVID-19 had a more severe impact on north regions); parents' socio-economic conditions. The questionnaire link was sent to parents by e-mail, WhatsApp or the school electronic register.

A total of 1,122 parents (96.5% female; 3.5% male) of children<sup>7</sup> with an average age of 7.56 years ( $N = 1,461$ ;  $SD = 2.03$ ) participated in the survey. Almost all of those questioned are of Italian nationality ( $N = 1,054$ ; 94.4%), and the average age of the parents is 41.1 years ( $SD = 5.4$ ). The majority of the participants are married ( $N = 835$ ; 75.2%). The prevailing educational qualification is a university degree ( $N = 572$ ; 51%),<sup>8</sup> followed by a high school diploma ( $N = 483$ ; 43%) and lower qualifications ( $N = 67$ ; 6%). They live mainly in the North ( $N = 501$ ; 47.4%) and Central Italy ( $N = 408$ ; 36.4%).<sup>9</sup> Most of the parents have two children ( $N = 688$ ; 59.6%); the remaining have one ( $N = 277$ ; 24.7%) and three ( $N = 175$ ; 15.6%); the majority of participants had a paid job at the time of the survey ( $N = 647$ ; 68.4%).<sup>10</sup>

## Tools

A questionnaire consisting of 91 close-ended questions had been prepared that explored the following dimensions: socio-personal and family characteristics, work, informal assistance network, the use of new media, remote schooling and teaching, events related to COVID-19, information regarding health emergency details provided to children and both child and parent behaviour and experiences. Two scales were devised to explore the emotions of children and parents, which make reference to a number of items linked to the Italian adaptations of the BFQ-C tests – Big Five Questionnaire Children, observer questionnaire (Barbaranelli et al., 1998) and the BFQ – Big Five Questionnaire (Caprara et al., 1994).<sup>11</sup> Reference was made in some specific items for children regarding emotional stability, conscientiousness and openness to experiences; for parents, reference was made to emotional stability/neuroticism. The scales have been structured to detect the experiences and behaviour of children and adults in relation to the initial phases of the pandemic, while considering the confinement and subsequent reopening of facilities. The expected response mode for both is based on positioning within a five-step Likert scale. The *Children's behaviour and emotions scale* concerns the assessment by parents of children's reactions to the COVID-19 emergency (Cronbach's  $\alpha = .676$ ) in three specific periods: pre-COVID, lockdown, reopening.

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<sup>7</sup>  $N = 43$  (3.8%) are parents who reported having children with certified pathology or disability.

<sup>8</sup> In the Italian population aged 25–64 in 2020 those with a degree qualification are 19.7%.

<sup>9</sup> Compared to population aged 25–64 living in Italy in 2020, in our sample are over-represented people living in the Centre (+16.5) and under-represented those living in the North (-1.7) and in the South (-15).

<sup>10</sup> 67.3% of mothers have a paid job. This is higher than 57% reported from a survey based on a representative samples of mothers (cf. Istat, 2019).

<sup>11</sup> The tools measure personality according to five factors: energy, agreeableness, conscientiousness, emotional stability/neuroticism, openness to experience.

*Parental behaviour and emotions scale* explores the self-perception of adult associated with the pandemic (Cronbach's alpha  $\alpha = .808$ ). The following scales have also been structured: *Fear of contagion* (worry of potentially contracting COVID-19, Cronbach's alpha  $\alpha = .896$ ), and *Stress from information relating to SARS-CoV-2* (disorientation experienced and level of tension caused by the overload of information, Cronbach's alpha  $\alpha = .868$ ). Finally, some items concerning the perception of working conditions during the pandemic were included in the cluster analysis.

### Procedure and statistical analysis

The study presented reports on the results of principal component analysis (PCA) relating to the scales. The dimensions that emerged from the PCAs were used for the cluster analysis.<sup>12</sup> The  $\chi^2$  test was also deployed to identify the connection between clusters and specific context variables.

## RESULTS

### PCA of the scales of parents and children

The PCA of the *Parental behaviour and emotions scale*<sup>13</sup> highlighted four latent dimensions: *parent emotional stability, conflicts and difficulties with the child, relational dynamism* and *mental space*. The items that comprise the first component concern emotional states such as irritability, anger, loneliness, sadness, sleep deprivation, concentration. *Conflicts and difficulties with children* deals with aspects of relational discomfort with children, which among other things are focused on the following: fatigue, irritability, conflict. *Relational dynamism* refers to the parental ability to react in a relationship by supporting children through activities, playing, time spent together. Finally, the items related to *mental space* refer to the need to acquire personal moments of reflection and relaxation. The *SARS-CoV-2 information stress scale* records the emotional reactions of adults and consists of two dimensions: *overload/disorientation* and *restlessness*. The heavy and confusing weight of information is explored by the first dimension, whereas the tension accumulated by excessive exposure to news is identified by the second one.

There are three components that emerged from the adults' responses to the *child behaviour and experiences scale*:<sup>14</sup> *emotional stability of the child, concern for*

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<sup>12</sup> The IBM SPSS means cluster procedure was followed. The variables included in the cluster analysis were standardised.

<sup>13</sup> KMO = .868; Bartlett's sphericity test = .000; total variance explained 63.4.

<sup>14</sup> KMO = .877; Bartlett's sphericity test = .000; total variance explained 64.8.

*viruses, dynamism and mental openness. The emotional stability of the child* consists of aspects associated with irritability, worry, sadness. The second dimension identifies emotional states closely connected to the virus, including concern for oneself and for one's family and anger towards COVID-19. *Dynamism and mental openness* refers to the child's ability to access their energy levels and channel them through creativity, playing and learning activities.

### Cluster analysis

The dimensions that emerged from the PCAs are merged into the analysis of the clusters which enabled the classification of the cases starting from the various reactions experienced by the parents and observed by them in their children. Scores from the *Fear of contagion* and *information stress scales on SARS-CoV-2*, responses associated with the perception of working condition and those related to the level of extra family support received and any support provided to grandparents were also used. Of the 372 cases that converged in the clusters, approximately half (50.8%) declared that they have suffered emotional consequences due to the pandemic, whereas the other half did not suffer any consequences in themselves and in their children.

Four clusters can be observed. The first and second groups propose a similar response pattern in which no particular difficulties experienced in relation to the pandemic period were encountered. The other two clusters show different responses: in the third, it is clearly prevalent the concern caused by COVID-19, and in the fourth, the experimentation of their own and their children's emotional difficulties.

## DISCUSSION

The four clusters extracted (Figure 1) relating to the representation of parental experiences and the emotions observed in children in the post-lockdown phase highlight various types of respondents. Among the clusters, the fourth one highlights how parents with known emotional instability have found a low emotional stability and high depressive tones in their children. Adults experience tension accompanied by irritability, irrational behaviour towards their child, anger, sadness and loneliness, along with difficulty in concentrating at work, a poor state of well-being and sleep deprivation. Children experience emotional disturbances that are characterised by tension, bad moods, sadness, worry and a lack of liveliness. The parental ability to access the control of emotions would act as a pro-

tective factor of stabilising the mood of the younger ones: it can be observed in this cluster that any discomfort felt by adult affects the emotional experience of the children and the parental ability to maintain a level control in the relationship between them. The adult-child relationship is in fact highly conflictual, and a certain amount of difficulty has been observed in sharing spaces and in carrying out playful and recreational activities with children. As has been amply demonstrated by the literature, the closure of the parent to listening to child needs, and their inaccessibility and restlessness caused by emotional instability would have an impact on the psychological well-being of children (Spinelli et al., 2020; Marchetti et al., 2020). These parents cite high levels of stress caused by remote work, which appears to be associated with a more perceived deterioration of working conditions ( $\chi^2 = 32.130, p < .001$ ) and career opportunities ( $\chi^2 = 23.983, p < .05$ ) compared with other clusters. The emotional instability observed in children seems to be a constant trait; in fact, higher scores were reported than in the other clusters regarding aspects that detect sadness, concern and bad moods among children both during the lockdown and in the pre-COVID period.<sup>15</sup> These parents have also been confused by the media; they experience information and news regarding the pandemic with a level of anxiety, a sense of disorientation and overload; they also feel the need to create personal spaces to reduce the level of tension and to transform sensory and emotional afferents by processing and mentalising them. The concerns associated with COVID-19 is minor and varies from what is perceived by the parents belonging to the third cluster who are inundated by a genuine fear of contagion and attribute their anxiety and that of their children to the actual virus. Exposure to the news causes high levels of anxiety. These parents do not observe depressive tones in children who, on the contrary, are experienced as energetic and capable of indulging in playful and creative activities. The amount of time to devote to children during the national lockdown in this case, became a resource because it created the potential for sharing spaces and time, which had otherwise been ruled out (Wang G. et al., 2020; Vaziri et al., 2020). The stress levels attributed to remote working are low as well as the need to find individual spaces. There are often parents in this cluster with white-collar occupations who are noticing an improvement in their working productivity following the lockdown ( $\chi^2 = 23.2012, p < .05$ ).

<sup>15</sup> Sadness: during the lockdown:  $\chi^2 = 66.36, p < .001$ , pre-COVID:  $\chi^2 = 41.12, p < .001$ ; concern: during lockdown:  $68.61, p < .001$ , pre-COVID:  $\chi^2 = 25.78, p < .05$ ; bad mood: during lockdown:  $65.21, p < .001$ , pre-COVID:  $32.86, p < .001$ .



Figure 1. Clusters extracted

Source: Authors' own study based on the collected data.

Parents belonging to the first two clusters do not express any particular discomfort. The second group appears to be sensibly balanced in terms of parental *emotional stability*, which is average in the first cluster. The same thing is true for the fear of contagion and for the concern caused by COVID-19. A sound ability to remain calm and to control emotions emerges in spite of the pandemic, even if there is a marked tendency among the second cluster not to be overwhelmed by the fear of contagion and stress caused by information being provided. Children are not perceived in either group as being overwhelmed by emotions, and while the parents of the first group do not support their children by dedicating space and time to them (relational dynamism), the latter group has engaged themselves in activities with them on a modest scale. The support provided by grandparents while taking care of children, which is an exclusive feature of the first cluster, should not be overlooked and this could be the cause of the low relational dynamism demonstrated by parents towards their children.

## CONCLUSIONS

Results from this exploratory study concern mainly experiences of well-educated (university degree = 51%) and working (67.3%) mothers living in the northern (47.4%) and central (36.4%) regions of Italy. The highest levels of discomfort can be observed among those parents who have experienced isolation and the fear of contagion with higher levels of anxiety, which have been intensified by the perception of change and deterioration in working conditions. In fact, both adults and children have shown restlessness, agitation, worry and depressed moods. There is a difficulty when containing child emotions, which is probably also caused by previous conditions. The concern for the infection perceived by parents and observed in children was also an opportunity for a number of those questioned to share any relational experiences disrupted by the normal pre-pandemic work routine. Any parental activation in terms of relationships has assumed a strong protective role and containment of any tension in such cases and has also controlled vulnerability levels and emotional instability among children. The research programme contributes to enriching the literature regarding the impact of the measures implemented to contain the SARS-CoV-2 pandemic on families; it also recognises conditions and contexts that can then become risk factors for the psychological well-being of children. It is considered appropriate to reflect on any help to be given to families experiencing emotional distress due to the conditions of isolation during the pandemic; however, it is also considered essential to rethink about the quality of life in relation to standard daily working routines in which the space and the time of the adult-child relationship becomes severely restricted. The self-selection of the participants and the cross-sectional nature of the research programme represent the main limitations of this study.

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