

# Family and Social Predictors of Phobic Anxiety Disorders in Children: A Comparative Cross-Sectional Study

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**Abstract** Phobic anxiety disorders (PAD) are among the most common mental disorders in children. Family and social factors play an important role in their development. The aim was to study the clinical-demographic, family, and social predictors of PAD in children. A comparative cross-sectional study was conducted: 127 children with PAD (ICD-10: F40, F93) and 82 children in the control group. The Spence Children's Anxiety Scale (SCAS), Eysenck's Neuroticism Scale, and Olweus Bullying Questionnaire were used. Statistical analysis included  $\chi^2$ , ANOVA, and binary logistic regression. The average age of patients with PAD was 10.3 years; 66.9% were boys. The most common diagnoses were F93.1 (31.7%) and F40.2 (23.8%). Children with PAD more frequently lived only with their mother (40.2% vs. 14.6%), had divorced parents (23.6% vs. 8.5%), experienced behavioral problems at school (48.8% vs. 12.2%), and were subjected to bullying. Family history of anxiety disorders was present in 35.4% (compared to 13.4% in the control group). Logistic regression revealed key independent predictors: difficulties in relationships with father (OR $\approx$ 83,000,  $p=0.004$ ), behavioral problems at school (OR $\approx$ 28,700,  $p=0.007$ ), and family history of anxiety disorders (OR $\approx$ 6,800,  $p=0.008$ ). PAD in children is closely related to dysfunctional family structure, disrupted child-parent relationships, and bullying. Early screening of such factors and family-school interventions may reduce the burden of anxiety disorders.

**Keywords** Children, Anxiety disorders, Phobias, Risk factors, Family

## 1. Introduction

Anxiety disorders in children and adolescents are the most common mental disorders that lead to decreased academic performance and social adaptation [1]. Phobic anxiety disorders (PADs) emerge in primary school age and are associated with pronounced emotional and somatic disturbances.

Key predictors of anxiety disorders are adverse family conditions, parental anxiety [2], bullying and victimization [3,15], as well as genetic predisposition [9]. Modern meta-analyses confirm authoritarian parenting, emotional coldness, and conflicts between parents increase risk, while support and warm relationships are protective factors [5,14]. Recent studies indicate that family dysfunction and parental stress lead to mental difficulties in children and increase their involvement in bullying [6].

However, data on the combination of these factors in Uzbekistan are lacking, which justifies this study.

**Objective:** to identify clinical-demographic, social, and family predictors of PADs in children.

The study was conducted as a cross-sectional project: we compared children with clinically verified phobic anxiety disorders to a group of relatively healthy peers matched by age and gender. The main cohort included 127 children diagnosed with ICD-10 codes F40.x and F93.x, who were under outpatient and inpatient observation in specialized institutions; the control group comprised 82 children recruited from district polyclinics. The participants' ages ranged from 6 to 14 years (mean = 10.25 years, SD = 2.80). We excluded children with severe neurological disorders, significant intellectual disabilities, or those whose parents declined participation.

Assessment of symptoms and associated factors was carried out using standardized tools: the Spence Children's Anxiety Scale (SCAS) for quantitative characterization of anxiety levels and subdomains, the Eysenck Personality Questionnaire neuroticism scale as an indicator of personal predisposition, and the Olweus Bully/Victim Questionnaire for studying bullying experiences and roles in school interactions (victim, aggressor, bystander). Additionally, the questionnaire included clinical and demographic questions (age, gender, complaints, duration of symptoms), detailed family history (family structure, presence of mental disorders in relatives, nature of relationships with mother and father), and questions about school adjustment and social connections (presence of friends, satisfaction with classroom relationships,

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behavioral problems).

Statistical data analysis was performed using SPSS (version 25). The  $\chi^2$  test was used for comparing categorical variables, while one-way analysis of variance (ANOVA) was employed for continuous variables. To identify independent predictors of phobic anxiety disorder, we constructed a binary logistic regression model and present odds ratio (OR) estimates with 95% confidence intervals; the threshold for statistical significance was set at  $p < 0.05$ .

All procedures adhered to ethical requirements: the research protocol was approved by the local ethics committee, parents provided informed consent, and data was stored and processed in an anonymized form.

## 2. Results

In the study sample of 127 children with phobic anxiety disorders (PAD), boys predominated (66.9%), while the proportion of girls was 33.1%. The average age of patients ranged from primary school to adolescence. The most common diagnosis was childhood phobic anxiety disorder (F93.1), diagnosed with 31.7% of participants. The second most frequent was specific phobic disorder (F40.2), which was observed in 23.8% of children. Social phobias (F40.1) and mixed forms of anxiety disorders were recorded somewhat less frequently. Thus, within the clinical group, a diverse distribution was observed, reflecting the spectrum of phobic disorders in childhood.

The symptomatic profile in patients was characterized by a high frequency of somatic complaints. More than half of the children with PAD reported sleep disturbances (65.4%), recurrent abdominal pain (62.2%), and headaches (55.9%). These data indicate pronounced physical somatization of anxious experiences, which is characteristic of younger age and often complicates the timely identification of the psychiatric nature of the problem. The mean score on the Spence Anxiety Scale was 82.2 points, which significantly exceeds the clinical threshold and indicates severe anxiety symptoms in the sample.

Comparative analysis with the control group revealed several social and family differences. Children with PAD were significantly more likely to be raised in single-parent families: living only with the mother was observed in 40.2% of cases compared to 14.6% in the control group ( $p < 0.001$ ). Parental divorce also occurred significantly more frequently among patients (23.6% versus 8.5%;  $p = 0.003$ ). Additionally, almost half of the children with anxiety disorders (48.8%) exhibited behavioral problems at school, while among the control participants, this figure did not exceed 12.2% ( $p < 0.001$ ). Finally, episodes of bullying and victimization were reported significantly more often, highlighting the role of the school environment as a stress-inducing factor in the development of anxiety disorders.

To identify independent predictors of PAD development, binary logistic regression was performed. The model showed that the strongest predictor was difficulties in the relationship

with the father (OR $\approx$ 83,000,  $p = 0.004$ ), indicating the exceptional importance of the father figure in a child's emotional development. The second strongest predictor was behavioral problems at school (OR $\approx$ 28,700,  $p = 0.007$ ), reflecting the close connection between social and behavioral disturbances and the formation of phobic anxiety. Lastly, the presence of anxiety disorders in the family history also proved to be a significant predictor (OR $\approx$ 6,800,  $p = 0.008$ ), confirming the role of hereditary and familial predisposition.

Despite the extremely high values of odds ratios for individual variables, which are likely related to the limited size of subgroups and the quasi-separation effect, the overall model demonstrated high explanatory power and allowed for the identification of key clinical and social factors associated with the development of phobic anxiety disorders in children.

## 3. Discussion

The obtained results demonstrate that the development of phobic anxiety disorders in children has a multifactorial nature, in which family and social contexts play a leading role. The most significant factor in our sample was difficulties in relationships with the father. This factor proved to be a powerful predictor of anxiety pathology and may reflect both the direct impact of emotional support deficit and indirect effects - decreased sense of security, limited coping models, and insufficient identification with the parental figure. Similar data on the role of paternal involvement in children's emotional development are provided by Olson (2021) [4], as well as a more recent study by Zhou et al. (2025) [6], which showed that family dysfunction and high levels of parental stress are associated with an increased risk of school victimization and anxiety disorders.

Bullying in the school environment proved to be another key factor. In our sample, children with PAD were significantly more likely to experience victimization, which fully aligns with the results of Pontillo (2019) [3], as well as more recent works by Iannello (2023) [15], Zhao (2023) [8], and Han (2025) [10]. These studies convincingly show that school aggression and bullying are closely linked to anxiety symptoms, social isolation, and declining academic performance. The influence of parental characteristics on the likelihood of victimization is described in detail in the meta-analysis by Grama et al. (2024) [5]: authoritarian parenting, emotional coldness, and family conflicts increase the risk, while warm relationships and support serve as a protective buffer.

The contribution of parental anxiety and excessive control was equally important. In line with our results, these factors increase the likelihood of anxiety symptoms developing in a child, which coincides with the conclusions of Allen et al. (2018) [2], as well as more recent studies by Shek et al. (2025) [13] and Ytreland et al. (2025) [14]. These works demonstrate the intergenerational transmission of anxiety, where parenting style and parents' emotional difficulties are directly reflected in children's anxiety levels. (2025) [13] and Ytreland and colleagues (2025) [14].

It is also necessary to consider hereditary mechanisms. Liu et al. (2024) [9] have demonstrated that sibling bullying has a genetic basis and is closely linked to anxiety symptoms. This confirms that the role of the family environment cannot be considered in isolation from biological predispositions.

In addition to external factors, a child's individual characteristics play a significant role. Behavioral inhibition, low stress tolerance, and difficulties in emotion regulation have long been described as personal predictors of anxiety disorders. In recent years, these connections have been confirmed by several studies: Warner et al. (2023) [7], Chen et al. (2025) [11], and Valdes et al. (2024) [12]. These studies show that personal and temperamental characteristics shape a child's vulnerability, which is activated under the influence of external stressors such as family conflicts or school aggression.

Thus, our research aligns with the general concept of multi-level interaction of risk factors, where hereditary predisposition, parenting styles, and social environment form a cumulative impact on a child's mental health. The contribution of our research lies in the fact that, for the first time using data from our country, we have demonstrated the combined role of these factors in the development of PAD.

Nevertheless, limitations should be considered. The study was conducted in a clinical sample rather than a population sample, which limits the possibility of extrapolating results to the entire child population. Additionally, individual subgroups (e.g., children with severe family conflicts) were small, which could lead to extremely high odds ratio values in regression models. This indicates the need for careful interpretation and conducting larger population-based studies.

## 4. Conclusions

The conducted research showed that phobic anxiety disorders in children in Uzbekistan develop under the influence of several factors, among which family dysfunction, difficulties in relationships with the father, school problems, and bullying play the most significant role. These findings confirm the multifactorial nature of phobic anxiety disorders and demonstrate that a child's mental health is shaped by a complex system of interactions between family, school, and individual predispositions.

The practical significance of the results lies in the fact that they indicate priority areas for prevention and early intervention: timely screening for family dysfunction, supporting parental competencies, developing school anti-bullying programs, and creating psychological services focused on working with children in at-risk groups.

In a broader context, the obtained data emphasizes the need for an intersectoral approach to children's mental health protection, encompassing both clinical care and educational and social initiatives. A promising direction for future research

is expanding the sample using population-based data, as well as studying protective factors that can mitigate the impact of family and social stressors.

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