

## Child Abuse Amidst Crisis: A Comprehensive Exploration of Parental Risk Factors for Abuse during the Pandemic in Lusaka District

Marien Matafwali

**ABSTRACT:-** The study aimed to investigate the perceived parental risk factors contributing to child abuse, addressing a gap in understanding specific factors affecting children's vulnerability to maltreatment. A mixed-method approach was employed, with 193 participants including child protection provision providers, parents, and children. Thematic analysis was used for qualitative data, while SPSS version 28 was utilized for quantitative analysis, including generating tables and frequencies. Statistical tests such as One-Way ANOVA were conducted to assess differences in perspectives between service providers and parents. Multiple regression analysis was performed to examine the relationship between child abuse (dependent variable) and parental risk factors (independent variables). The findings revealed Parental Substance Abuse (PSA) as the predominant risk factor during the COVID-19 pandemic, with 35% agreement from both groups. Parental Absence (PA) followed, rated by 23% of service providers and 11% of parents. Domestic Violence (DV) received more emphasis from service providers (15%) than parents (3%). Young and Unsupported Parents with Low Education (YUPLE) were perceived as risky by 10% of parents and 6% of service providers. Step-Parent Presence (SP) and Parental Unrealistic Goals (PUG) received less attention. The One-Way ANOVA test indicated no statistically significant difference in perspectives ( $p = 0.055$ ). Multiple regression analysis showed a significant overall model ( $p < 0.05$ ) collectively influencing child abuse, with a strong positive correlation (0.557) between parental risk factors and child abuse. PSA ( $\beta = .614$ ) was identified as the most influential factor, followed by SP ( $\beta = .612$ ), PA ( $\beta = .557$ ), PUEC ( $\beta = .492$ ), YUPLE ( $\beta = .358$ ), and PMHS ( $\beta = .314$ ). These findings underscore the critical role of parental substance abuse, suggesting the implementation of targeted interventions to address this issue and enhance parenting skills for a protective environment during challenging times.

**Keywords:-** Child Abuse, Parental Risk Factors, COVID-19

### I. BACKGROUND

The COVID-19 pandemic has ushered in unprecedented challenges worldwide, and the impact on vulnerable populations, especially children, cannot be overstated. Amidst the global efforts to contain the spread of the COVID-19 pandemic, it is crucial to recognize the adverse impact of confinement measures on children, including heightened risks of child abuse. Wang et al. (2020) underscore the negative effects on children's rights, physical and mental health during such periods. This concern is exacerbated by the findings from UNICEF (2020), revealing the devastating impacts of past epidemics and crises on child protection and related services. School closures, a measure implemented to curb the virus's transmission, have been identified as a potential risk factor for child abuse. Studies, such as Fitzpatrick et al. (2020), emphasize the pivotal role of professional educators in early detection and reporting of child maltreatment, with the closure of schools limiting children's access to these support networks. Furthermore, the quarantine period compelled children to spend extended time at home, potentially exposing them to greater psychological burden and an increased risk of abuse from parents or caregivers, as indicated by Garner, J et al. (2024). Lockdowns tragically provide opportunities for child abusers, with restricted movements limiting access to protection services and hindering children's ability to report abuse (UNICEF, 2020).

Although home is traditionally considered as a haven for nurturing and safeguarding children, unfortunately, serves as the grim backdrop for a disconcerting number of child abuse cases. Numerous studies have highlighted the unsettling reality that abuse often occurs within the confines of a child's supposed haven. According to a study by Coohy (2001) identified the home environment as a significant risk factor for child maltreatment. The dynamics within families, coupled with stressors such as economic hardships and substance

abuse, contribute to an environment where children are vulnerable to various forms of mistreatment. The World Health Organization's report on child maltreatment also underscores the role of the family as a primary setting for abuse (World Health Organization, 2016).

In this context, it is crucial to acknowledge that, regrettably, a majority of those involved in child abuse are the parents themselves. The 2018 Child Maltreatment Report from the United States Department of Health and Human Services discloses that approximately 78.1% of child abuse cases implicated one or both parents as the perpetrators. Extensive research has consistently identified biological parents as the primary wrongdoers in child maltreatment. Earlier studies have shown that roughly 80% of maltreated children experienced mistreatment at the hands of their own parents (Van der Kolk et al., 2005; U.S. Department of Health and Human Services, 2023; Bennett, Jackson, & Gabrielli, 2023). Specifically, Michaels and Letson (2021) also observed that biological parents were commonly identified as the individuals responsible for fatal child maltreatment in case files, followed by stepfathers and boyfriends.

This alarming statistic reinforces the notion that a child's primary caregivers, who are expected to provide care and protection, are often the source of harm. The study by Sidebotham et al. (2016) further emphasizes that parental substance abuse, mental health issues, and a history of childhood maltreatment contribute significantly to the likelihood of parents engaging in abusive behaviors. Addressing these root causes and understanding the intricacies of parental involvement in child abuse is crucial for developing effective prevention and intervention strategies to create safer environments for children.

Based on this backdrop that, it is imperative to conduct a comprehensive study on parental risk factors for abuse during the pandemic to better understand the dynamics, inform targeted interventions, and strengthen child protection mechanisms. The anticipated exposure of children to violence during the pandemic highlights the urgent need to assess the availability and effectiveness of child protection services during the crisis. Such research is essential for developing evidence-based strategies to mitigate the risks and safeguard the well-being of children in times of crisis.

## 1.2 Statement of the problem

The research problem addressed in this article lies in the urgent need to understand the multifaceted parental risk factors contributing to the surge in child abuse during the COVID-19 pandemic in Lusaka District, Zambia. The unprecedented challenges brought about by the pandemic, including economic uncertainties, health concerns, and disruptions to daily routines, have strained societal norms and support systems, creating an environment where children are increasingly vulnerable to abuse (WHO2020, 2020; UNICEF, 2020). As families grapple with heightened stress levels due to economic challenges and social isolation, the potential for harmful coping mechanisms and an escalation of abusive behaviours becomes palpable (Save the Children, 2020). Furthermore, the exacerbation of substance abuse issues among parents during the pandemic adds a concerning layer to the complexities of child maltreatment. This study seeks to unravel the intricate web of parental risk factors, aiming to inform targeted interventions and safeguard the well-being of children in the Lusaka District during these challenging times.

## 1.3 Research Objective

**To explore perceived parental risk factors contributing to child abuse**

## II. METHODOLOGY

A mixed-methods research design was employed to capture both quantitative and qualitative data. Quantitative surveys were utilized to provide numerical insights into the prevalence of child abuse, while qualitative interviews and focus group discussions were conducted to explore perceived parental risk factors. Stratified random sampling was conducted to ensure representation across different socio-economic, educational, and cultural backgrounds within Lusaka District. Potential participants were identified from diverse sources such as healthcare facilities, schools, community centers, and online platforms. A structured questionnaire was developed to gather quantitative data on the prevalence of child abuse during the pandemic. Additionally, semi-structured interview guides and focus group protocols were designed to explore in-depth the perceived parental risk factors. Questions were developed based on existing literature and the outlined objectives. Questionnaires were administered to large service providers in the Lusaka District. Interviews, involving in-person visits were utilized, ensuring flexibility to accommodate the diverse circumstances and preferences of respondents. Semi-structured interviews were conducted with, parents, and children from households, homes of safety, and the streets, to gain insights into their perspectives on parental risk factors. Focus group discussions with some service providers and parents were facilitated, encouraging open dialogue on perceived parental risk factors and their impact on child abuse. Informed consent was obtained from all participants, ensuring confidentiality and anonymity. Adherence to ethical guidelines was maintained, and approval was sought from relevant ethical review boards before commencing the research. SPSS Statistical tools

were employed for quantitative data analysis to determine the prevalence of child abuse. Thematic analysis was utilized for qualitative data, identifying patterns and themes related to perceived parental risk factors.

### III. RESULTS

Present a bar chart illustrating responses from both service providers and parents concerning parental risk factors for abuse during the pandemic. The study examined six risk factors: parental absence, parental substance abuse, domestic violence, step-parent presence, young and unsupported parents, and parents with low education levels.

#### 3.1 Perceived Parental risk factors for abuse

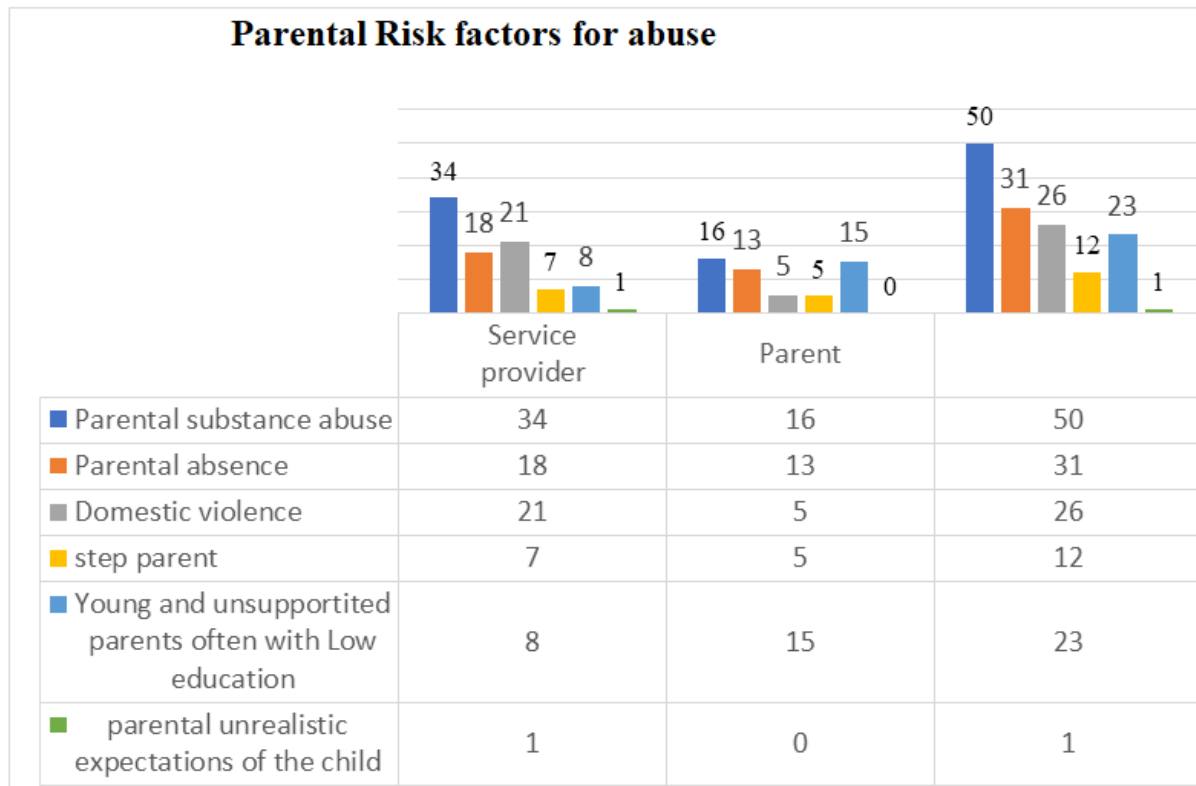


Figure .11 presents a Bar Chart illustrating responses from both Service Providers and parents concerning parental risk factors for abuse during the COVID-19 pandemic.

The study examined six risk factors: parental absence, parental substance abuse, domestic violence, step-parent presence, young and unsupported parents, and parents with low education levels. The results highlight a consensus among both Service Providers and parents, identifying parental substance abuse as the primary risk factor for child abuse during the pandemic. A significant portion of Service Providers, 34 (23%), and parents, 16 (11%), recognised parental absence as a contributing factor, followed by parental absence, with Service Providers at 18 (13%) and parents at 13 (9%). Notably, Service Providers emphasised domestic violence more, with 21 (15%) respondents, while only 5 (3%) parents acknowledged it. In the case of young and unsupported parents with low education as a risk factor, there was a disparity, with 15 (10%) parents rating it as a risk, compared to 8 (6%) Service Providers. Parental unrealistic expectations received the least attention, with only one service provider recognising it as a risk factor and no parents indicating it. Overall, both groups unanimously rated parental substance abuse as the highest risk factor at 50 (35%), followed by parental absence at 31 (22%), domestic violence at 26 (18%), young and unsupported parents with low education at 23 (16%), step-parent presence at 12 (8%), and parental unrealistic goals with just one respondent (0.6%).

Based on the results on parental risk factors for abuse, the current study reveals a notable divergence in perspectives between Service Providers and parents. Service Providers seem to prioritise parental absence and domestic violence, while parents highlight parental substance abuse and young, unsupported parents with low education as more prominent risk factors. This contrast may indicate a disconnection between the views of those providing services and those directly affected. Additionally, parental substance abuse is consistently recognised

as a significant risk factor by both groups. This emphasises the crucial role of substance abuse prevention and support programmes during the pandemic to mitigate child abuse incidents.

Moreover, the results on parental risk factors to abuse, the ANOVA test results within the group scores for Service Providers  $63=n$  (74%), parents  $53=n$  (37%) the mean between groups is 8.036 The mean within groups is 2.140. The ANOVA test statistic (F-value) in this case,  $F = 3.755$ , the degrees of freedom for the between-groups (denoted as  $df_1$ ) is 1, and for the within-groups (denoted as  $df_2$ ) is 141. The ANOVA test using a significance level (alpha) of 0.05 ( $\alpha = 0.05$ ) indicated a p-value  $p > .055$ . Since  $p$  (0.055) is slightly above the typical significance level of 0.05, indicating that the differences in responses between Service Providers and parents are not statistically significant at this threshold. Furthermore, the mean between groups is 8.036, representing the variation in responses between child protection Service Providers and parents concerning parental risk factors for abuse during the COVID-19 pandemic. This indicates differences in responses between these two groups regarding parental risk factors. The mean within groups is 2.140, representing the variation in responses within each group. This reflects the variability in responses within each group concerning parental risk factors. Thus, based on the one-way ANOVA test, the differences in responses between child protection Service Providers and parents regarding parental risk factors for abuse during the pandemic are not statistically significant at the 0.05 significance level.

### 3.2 Multiple Regression Analysis between Parental Risk Factors (PRF) and Child Abuse

To establish the influence of Parental Risk Factors (PRF) such as Parental substance abuse (PSA), Parental absence (PA), Parental unrealistic expectations of the child (PUEC), Parental mental health status (PMHS), Step parent (SP) and Young and unsupported parents often with low education (YUPLE) on Child Abuse (CA) during the COVID-19 pandemic in Lusaka District, A Multiple Regression Analysis was also performed as show in Table 2 below:

**Table 1 Multiple Regression Analysis between PRF and Child Abuse**

Variables	Parental Risk Factors and Child Abuse				
	Unstandardised Coefficient	Std. Error	t-Statistic	Standardised Coefficients	Sig.
<b>(Constant)</b>	4.253	.684	6.214		.000
<b>PSA</b>	-.118	.114	-1.039	.614	.002
<b>PA</b>	.066	.149	.445	.557	.001
<b>PUEC</b>	-.494	.101	-4.902	.492	.000
<b>PMHS</b>	.015	.110	.141	.314	.009
<b>SP</b>	.015	.115	.133	.612	.000
<b>YUPLE</b>	-.322	.164	-1.966	.358	.033
<b>R</b>	.557	R Square		.310	
<b>Adjusted R Square</b>	.261	R Square Change		.0612	
<b>F-Statistics</b>	6.356	Prob(F-statistic)		.000	
<b>Df1, Df2</b>	6, 85	Std. Error of Estimate		1.05829	
<b>(a) Dependent Variable: Child Abuse</b>					
<b>(b) Predictors: (Constant), PSA, PA, PUEC, PMHS, SP, and YPLE</b>					

**Significant at the 0.05 level (2-tailed). Source: Fieldwork, 2023**

Table 1 shows the results depicting a multiple regression analysis between the independent variable (PRF) and the dependent variable (CA). The overall regression model is statistically significant ( $F(6, 85) = 6.356$ ,  $p - value = .000 < 0.05$ ,  $t = 6.214$ ). Since the p-value is less than 0.05, this indicates that PSA, PA, PUEC, PMHS, SP, and YPLE have an effect on CA. This further implies that Parental Risk Factors had an influence on Child Abuse during the COVID-19 pandemic in Lusaka district.

Results from Table 1 shows a correlation coefficient value between PRF and CA is .557. The value of R indicates a strong positive correlation between the independent variables (PRF) and the dependent variable (CA). This implies that when Parental Risk Factors increase, Child Abuse also increases. In other words, Parental Risk Factors have an influence on Child Abuse.

The results also in Table 1 show that the adjusted  $R^2$  for PRF to influence CA is .261. The value of adjusted  $R^2$  mean that 26.1 per cent of variation in CA is influenced by PRF included in this regression model. This further mean that the regression model is significant to predict the effect of PRF on CA. In other words, Parental Risk Factors influence Child Abuse by 26.1 per cent.

Also, results from Table 1 show that R squared for PRF to influence CA is .310. The value of  $R^2$  mean that 31.0 per cent of variance in CA is influenced by PRF included in this regression model. This further mean that the regression model is significant to predict the effect of PRF on CA. In other words, Parental Risk Factors influence Child Abuse by 34.9 per cent.

Additionally, multiple regression results reveal a positive and statistically significant relationship between PSA and CA ( $p - value = .002 < 0.05, t = -1.039, \beta = .614$ ). This further indicated that when PSA increases, CA also increases. However, the coefficient from the regression model tells that a one unit increase in PSA is associated with a .614-unit increase, on average, assuming PA, PUEC, PMHS, SP, and YPLE are held constant. This further indicates that an average change in CA is associated with a one unit increase in PSA.

Further, results in Table 1 indicate that there is a positive and statistically significant relationship between PA and CA ( $p - value = .001 < 0.05, t = .445, \beta = .557$ ). This further indicated that when PA increases, CA also increases. However, the coefficient from the regression model tells that a one unit increase in PA is associated with a .557-unit increase, on average, assuming PSA, PUEC, PMHS, SP, and YPLE are held constant. This further indicates that an average change in CA is associated with a one unit increase in PA.

Besides, results from Table 1 indicate that there is a positive and statistically significant relationship between PUEC and CA ( $p - value = .000 < 0.05, t = -4.902, \beta = .492$ ). These results indicated that PUEC of the child has an influence on CA. However, the coefficient from the regression model tells that a one unit increase in PUEC is associated with a .492-unit increase, on average, assuming PSA, PA, PMHS, SP, and YPLE are held constant. This further indicates that an average change in CA is associated with a one unit increase in PUEC.

Results also in Table 1 indicate that there is a positive and statistically significant relationship between PMHS and CA ( $p - value = .009 < 0.05, t = .460, \beta = .314$ ). These results indicated that when PMHS increase, CA also increases. However, the coefficient from the regression model tells that a one unit increase in PHMS is associated with a .314-unit increase, on average, assuming PSA, PA, PUEC, SP, and YPLE are held constant. This further indicates that an average change in CA is associated with a one unit increase in PMHS.

Moreover, results in Table 1 indicate that there is a positive and statistically significant relationship between SP and CA ( $p - value = .000 < 0.05, t = .141, \beta = .612$ ). These results indicated that when SP increase, CA also increases. However, the coefficient from the regression model tells that a one unit increase in SP is associated with a .612-unit increase, on average, assuming PSA, PA, PUEC, PMHS, and YUPLE are held constant. This further indicates that an average change in CA is associated with a one unit increase in SP.

Results in results in Table 1 indicate that there is a positive and statistically significant relationship between YUPLE and CA ( $p - value = .033 < 0.05, t = -1.966, \beta = .358$ ). These results indicated that when YUPLE increase, CA also increases. However, the coefficient from the regression model tells that a one unit increase in YUPLE is associated with a .358-unit increase, on average, assuming PSA, PA, PUEC, PMHS and SP are held constant. This further indicates that an average change in CA is associated with a one unit increase in YUPLE.

In summary, the results of the regression model show that the overall model was significant ( $F(6,85) = 6.356, p - value = .000 < 0.05, t = 6.214, Adjusted R^2 = .261, R = .310$ ). The model explains 31.0 per cent of variance accounted for by the predictor variable (PRF). Results indicate that PSA

( $p - value = .002 < 0.05, t = -1.039, \beta = .614$ ), PA  
 ( $p - value = .001 < 0.05, t = .445, \beta = .557$ ), PUEC  
 ( $p - value = .000 < 0.05, t = -4.902, \beta = .492$ ), PMHS  
 ( $p - value = .009 < 0.05, t = .460, \beta = .314$ ), SP and CA  
 ( $p - value = .000 < 0.05, t = .141, \beta = .612$ ), and YUPLE  
 ( $p - value = .033 < 0.05, t = -1.966, \beta = .358$ ) have an effect on CA. Specifically, the results suggests that there is a strong positive correlation between the independent variable (PRF) and the dependent variable (CA). In other words, Parental Risk Factors (PRF) such as Parental substance abuse (PSA), Parental absence (PA), Parental unrealistic expectations of the child (PUEC), Parental mental health status (PMHS), Step parent (SP), and Young and unsupported parents often with low education (YUPLE) have an effect on Child



Abuse. Therefore, the result shows satisfactory goodness of fit between the independent variables (PRF) and the dependent variable (CA) as presented in the multiple regression equation below:

$$Y = \alpha + PSA X_1 + PA X_2 + PUECX_3 + PMHSX_4 + SPX_5 + YUPLEX_6$$

$$Y = 4.253 + (.614)X_1 + (.557)X_2 + (.492)X_3 + (.314)X_4 + (.612)X_5 + (.358)X_6$$

Relative contribution of PSA, PA, PUEC, PMHS, SP and YPLE on the Child Abuse (CA)

The study also sought to establish relative contribution of Parental Risk Factors (PRF) such as Parental substance abuse (PSA), Parental absence (PA), Parental unrealistic expectations of the child (PUEC), Parental mental health status (PMHS), Step parent (SP), and Young and unsupported parents often with low education (YUPLE) on Child Abuse (CA). The aim was to establish which among the independent variable for example, Parental substance abuse (PSA), Parental absence (PA), Parental unrealistic expectations of the child (PUEC), Parental mental health status (PMHS), Step parent (SP) and Young and unsupported parents often with low education (YUPLE) influenced Child Abuse the most during the COVID-19 pandemic in Lusaka district. To achieve this, standardised coefficients from a multiple regression analysis output were used and the ranking of the standardised coefficients was performed as shown in Table 4 below:

### 3.3 Relative contribution of PSA, PA, PUEC, PMHS, SP and YPLE on the Child Abuse (CA)

The study also sought to establish relative contribution of Parental Risk Factors (PRF) such as Parental substance abuse (PSA), Parental absence (PA), Parental unrealistic expectations of the child (PUEC), Parental mental health status (PMHS), Step parent (SP), and Young and unsupported parents often with low education (YUPLE) on Child Abuse (CA). The aim was to establish which among the independent variable i.e., Parental substance abuse (PSA), Parental absence (PA), Parental unrealistic expectations of the child (PUEC), Parental mental health status (PMHS), Step parent (SP) and Young and unsupported parents often with low education (YUPLE) influenced Child Abuse the most during the COVID-19 pandemic in Lusaka district. To achieve this, standardised coefficients from a multiple regression analysis output were used and the ranking of the standardised coefficients was performed as shown in Table 4 below:

**Table 2: Relative contribution of PSA, PA, PUEC, PMHS, SP and YPLE on the Child Abuse (CA)**

Variables	CRF and Child Abuse					Ranking
	Unstandardised Coefficient	Std. Error	t-Statistic	Standardised Coefficients	Sig.	
(Constant)	4.253	.684	6.214		.000	
PSA	-.118	.114	-1.039	.614	.002	1
SP	.015	.115	.133	.612	.000	2
PA	.066	.149	.445	.557	.001	3
PUEC	-.494	.101	-4.902	.492	.000	4
YUPLE	-.322	.164	-1.966	.358	.033	5
PMHS	.015	.110	.141	.314	.009	6
<b>(a) Dependent Variable: Child Abuse</b>						
<b>(b) Predictors: (Constant), AC, GC, PA and LAPC</b>						

Significant at the 0.05 level (2-tailed). Source: Fieldwork, 2023)

Results in Table 2 show the relative contribution of various parental risk factors to Child Abuse (CA) during the COVID-19 pandemic in Lusaka District. The results indicate that PSA ( $\beta = .614$ ) contributed to Child Abuse the most during the COVID-19 pandemic in Lusaka district, followed by SP ( $\beta = .612$ ), PA ( $\beta = .557$ ), PUEX ( $\beta = .492$ ), YUPLE ( $\beta = .358$ ), and PMHS ( $\beta = .314$ ). The unstandardized coefficients reflect the magnitude and direction of the effects of each variable on child abuse. Notably, parental substance abuse (PSA) emerged as the most influential factor ( $\beta = .614$ ), suggesting that a 0.614 unit increase in PSA corresponds to an increase in child abuse. The presence of stepparents (stepparent presence, SP) followed closely ( $\beta = .612$ ), highlighting its significant influence on child abuse. Parental absence (PA) also played a significant role ( $\beta = .557$ ) and had a notable influence on child abuse. In contrast, "Parents' Unrealistic Expectations of the Child" (PUEC), "Young and Unsupported Parents with Low Education" (YUPLE), and "Parents' Mental Health Status" (PMHS) had comparatively smaller contributions. The negative  $\beta$  values for PUEC, YUPLE, and PMHS represent a decrease in child abuse associated with an increase in these factors. Therefore, the results of the study indicate that Parental substance abuse contributed to Child Abuse the most during the COVID-19 pandemic in the Lusaka district.

### 3.4 Qualitative Findings

### Socio-economic Status of many Households

Most of the children who ran away from home to the streets was as a results of hunger. When the government removed them from the streets, they were taken to homes of safety where there was inadequate food to feed the swelling number of children take to the shelters.

### Responses from the Service Providers

One service provider (SP 4) from a named home of safety narrated that:

*We had an increase in the number of children who were admitted to our facility during the pandemic. We never anticipated such increase and in order to ration on the food, we started providing only two meals in a day which was lunch and supper.*

### Responses from the Children

Provision of food for children who were running away from home because of hunger. Most of the children who run away from home reported that, there was no food at home and hunger forced them to go to the streets or the facility where they can find food. One child (C7) at the facility reported that:

*I run away from home because we had no food at home. My mother sent me to town to go and sell water. When I sold the water I used the money to buy food and that is why I was scared to go home without money. So I decided to go to the street to look for piece work and find money which I used. I spent almost one week on the street that is when one of my friends told us about this facility. We started coming to this facility to eat food and they later allowed us to start staying here.*

Children further reported that they lack clothing. One child at the facility (C10) reported that:

*We need clothing and most of the children in the community they don't have clothing and blankets.*

Another child from the household (C21) said that:

*Some of my friends stopped school because their clothes were tone.*

Children from the streets had this to say:

*... Most of us have no clothing, sometimes we wear the same clothes for the whole month.*

*... We cover ourselves with carton boxes at night sometimes it is hot we sleep without covering ourselves...sometimes it is very cold, that is why you see us sitting around the fire in the morning or evening. (C30)*

*When it is cold at night we take Bostic (a drug which they sniff through the nose) to keep us warm. (C27)*

*We sleep together holding each other to keep us warm (C26)*

*I sleep in the Airtel booth when it is very cold (C24)*

Another child (C42) from the streets narrated that:

*I came to the street when I lost my mother. The relatives who were keeping me never accepted me. It was difficult for me to stay at home, sometimes I used to stay the whole day without food, sometimes they used to accuse the that I was stealing money. ... I later on decided to come to the streets. I feel safe here.*

When asked what he meant he further explained that:

*Even if street life is tough, I have stayed on the streets for three years. We live like family, we protect each other, we have never slept without eating food, we share what we have and we also take care of each other. (C42)*

He (C42) further pointed out that:

*This year (2022) one of us- a girl was bashed by a moving vehicle in August and died on the spot. We contacted people to help us mourn our friend. Fountain of Hope and others helped us until we buried her. Sometimes people think that we suffer on the streets, but some of us we are better off on the streets than staying with our relatives.*

Another girl (C38) from the street had this to say:

*I came to the streets three months ago. It was not my wish to come here but the situation forced me to. I was staying with my sister in ... compound when I lost my mother. My sister used to send me to town to sell water. One day when I returned home after selling the water I found my sister and her husband had shifted to an unknown place. That is how I found myself on the streets.*

When asked if she can go to the facility or taken to other relatives she said that:

*I am very fine staying on the streets because no one force me to do anything and I have never slept without food. Apart from that, I sell eggs to raise money for my business (C38).*

A 15 year old girl (C35) narrated that:

*I run away from home because of lack of food and I was given so many house chores. When we were playing with my friend we decided to go to town to look for piece work and that is how I found myself on the streets.*

### **Theme Two: Biological Parental Absence**

The current study found that the absence of biological parents is a significant contributing factor to child abuse, particularly in the context of step-parenting. Many children on the street shared that the absence of their biological parents often caused feelings of rejection, vulnerability, loss, confusion, and a sense of instability. This was also confirmed by child protection service providers. The majority of children living on the streets are either orphans or come from blended families.

#### **Responses from service provider**

Service providers emphasized the impact of biological parental absence on the vulnerability of children to abuse. One service provider stated, *"In cases where one or both biological parents are absent, children often lack the emotional support and guidance they need. This absence can create a void, making them more susceptible to maltreatment."* SP4

Other service provider shared additional insights, emphasizing that a significant proportion of documented cases involving child physical abuse predominantly implicated step-parents as the perpetrators

#### **Responses from parents**

A parent shared, *"Being a single parent is tough. Sometimes, I have to work long hours to make ends meet, and I worry about leaving my child alone. It's hard to balance work and parenting, and I fear my child might be exposed to risks when I'm not around."*

#### **Responses from children**

A child expressed, *"I ran away from home because my step mother was physically abusing me"*  
Another child narrated that: *"I am on the streets because it is better for me to stay here than home when I am given so many chores"*  
Another child further narrated that: *"My biological father abused me when my mother went to the village"*

### **Theme Three: Parental Substance Abuse**

Parental substance abuse emerged as a significant catalyst for child abuse. Substance abuse was reported to have had prolonged and often devastating impact on the emotional, physical, and psychological safety of the children.

#### **Responses from Service Providers**

Service providers highlighted the detrimental effects of parental substance abuse on family dynamics. A service provider shared, *"When parents struggle with substance abuse, it often leads to neglect and instability at home. Children may witness erratic behavior, and their basic needs may be overlooked due to the focus on obtaining and using substances."*

#### **Responses from Parents**

A parent admitted, *"I know I have a problem with alcohol, but it's hard to stop. When I'm under the influence, I'm not the best parent. I've seen my child upset because of my actions, but it's like I can't help myself sometimes."*

#### **Responses from children**

A child revealed, *"I hate it when my dad drinks too much. He becomes mean and forgets to give us food. I wish he would stop because I miss how he used to be – happy and caring."*

The identified parental risk factors such as socio-economic challenges, biological parental absence, and parental substance abuse expose children to heightened vulnerabilities and contribute to the prevalence of abuse.

## **IV. DISCUSSION**

This discussion focuses on critically examining parental risk factors associated with child abuse, highlighting the multifaceted interconnections between parental characteristics and the perpetuation of maltreatment. Recognizing the complexity of this phenomenon, the discourse aims to offer a concise yet



comprehensive overview of psychosocial, environmental, and demographic elements that contribute to an elevated risk of abusive behavior among parents.

The investigation into parental risk factors for child abuse during the COVID-19 pandemic yielded compelling insights into the perspectives of both Service Providers and parents. The consensus across both groups identified parental substance abuse as the foremost risk factor, with unanimous recognition at 35%. Noteworthy divergences in priorities emerged, with Service Providers placing emphasis on parental absence and domestic violence, while parents highlighted parental substance abuse and the challenges faced by young, unsupported parents with low education levels. This disparity suggests a potential disconnect between service providers' perspectives and those directly affected by child abuse. Importantly, the unwavering acknowledgment of parental substance abuse as a significant risk factor by both groups underscores the critical need for targeted substance abuse prevention and support programs during the pandemic. The findings underscore the statistical significance of the overall regression model (F-statistic = 6.356,  $p < 0.05$ ), affirming the influence of Parental Risk Factors (PRF) on Child Abuse (CA). This analysis encompasses variables such as Parental substance abuse (PSA), Parental absence (PA), Parental unrealistic expectations of the child (PUEC), Parental mental health status (PMHS), Step parent (SP), and Young and unsupported parents often with low education (YUPLE). The observed significance lends support to the assertion that, collectively, these PRFs contribute to variations in the occurrence of Child Abuse, emphasizing the complex interplay of parental factors during the challenging circumstances of the COVID-19 pandemic in Lusaka District. These findings highlight the importance of aligning intervention strategies with the identified priorities of both Service Providers and parents to enhance the effectiveness of efforts aimed at mitigating child abuse incidents. The results are consistent with the existing literature and highlight the complexity of parental influence on child maltreatment (Younas, Vial et al 2020; Gutman, 2023; Lee et al 2023). The observed significance supports the argument that these PRFs overall contribute significantly to the variability in child abuse occurrence, confirming the broader consensus within the scientific community (Austin, et al 2020; Higgins & Hunt, 2023). This highlights the nuanced and complex interplay of these parental factors, which is particularly salient during the challenging circumstances of the COVID-19 pandemic in Lusaka District and is consistent with recent studies highlighting the exacerbation of family stressors during the pandemic (Cohodes, et al 2021; C. Fong & Iarocci, 2020). The convergence of our findings with existing research strengthens understanding of the complex dynamics between parental risk factors and child maltreatment and sheds light on the evolving challenges families face under unprecedented circumstances.

The findings on parental substance abuse as the most perceived risk factor for child abuse align with previous research that revealed the strong connection between parental substance abuse and child abuse (Young, & Widom, 2014; Hahm et al 2010; Lloyd & Kepple, 2017; Kepple, 2018 ). Substance abuse often leads to impaired caregiving and increases the likelihood of abusive behaviour. Furthermore, parental absence as a risk factor to abuse echoes what Mutaka & Imasiku (2012) study on child sexual abuse among high school pupils in Lusaka District identified several key risk factors contributing to child abuse, particularly child sexual abuse. Parental absence emerged as the most powerful risk factor, making children more vulnerable to abuse. Research has consistently indicated that parental absence is a powerful risk factor linked to child neglect (Demuth & Brown, 2004; Chaffin et al 2004). The absence of parents can expose children to a higher risk of abuse, as abusive individuals may exploit the situation when the primary caregivers are not present to protect the child

Additionally, the current study found that parental substance abuse was considered the greatest risk factor for child abuse. Research studies such as those by Anda et al. (2002) found a strong association between parental substance abuse and increased risk of child maltreatment using data from the Adverse Childhood Experiences (ACE) study. In a study using data from the National Institute for Mental Health Epidemiological Catchment Area survey (Widom et al., 1995). This highlights the crucial role of substance abuse in the manifestation of abusive behaviour in the family context. The deleterious effects of parental substance abuse on children highlight the need for targeted interventions and support systems to address and mitigate this risk factor (Chaffin, Kelleher, & Hollenberg, 1996).

Recent research has found that step-parenting is a secondary perceived risk factor for child abuse, shedding light on the complicated relationship between stepparents and abusive behaviour. The study, which involved respondents from Lusaka district, found that stepparents have an increased risk of engaging in abusive behaviour towards their stepchildren compared to biological parents. This finding is similar to previous studies, such as the "Cinderella effect" by Daly and Wilson (1988), which suggested an increased likelihood of abusive tendencies in stepparents. The dynamics within stepfamilies, often characterized by complex relationships and adjustments, contribute to the higher risk observed. Recognizing that stepparents are a potential risk factor for child abuse highlights the importance of targeted interventions and support systems to address the unique

challenges stepfamilies face in reducing the risk of abusive behaviour (Daly & Wilson, 1985). Furthermore, Alexandre et al. (2010) previous study results on stepparent and child abuse also highlighted stepparents as risk factors for abuse. The results showed that children with two biological parents were least affected by abuse and police arrests. Preschool children with one biological parent and one stepparent were 40 times more likely to be victims of child abuse than children with two biological parents. The study found a striking discrepancy in reported physical abuse, including severe violence.

The current study examined several perceived risk factors for child abuse and illuminated the complex interplay between parental characteristics and the likelihood of abusive behaviour. Parents' unrealistic expectations were identified as a key factor. Parents who have unrealistic expectations for their child's behaviour, achievements, or development may suffer from increased frustration and stress, potentially leading to abusive behavior (Azar & Rohrbeck, 1986; Liao et al. 2011; Mikolajczak et al. 2018; Fredriksen et al. 2019 , Camilo et al. 2022). ). This finding highlights the importance of considering parents' expectations in interventions to prevent child abuse. Another notable risk factor highlighted in the study was parental absence. Parents who are frequently absent from their children's lives, whether due to work commitments, social engagements, or other factors, may inadvertently create an environment that increases the risk of child abuse (Young et al 2018; Lee et al., 2018 ). This highlights the need for support structures and strategies that promote parental presence and involvement, particularly during critical periods of child development.

The study also highlights that young and unsupported parents, particularly those with lower educational backgrounds, represent a significant risk factor for child abuse. Adolescents or young adults who lack adequate support systems and educational resources may have difficulty meeting the demands of parenthood, increasing the likelihood of engaging in abusive behavior (Black et al 2001 Bywaters , et al 2022;). The importance of addressing this population is highlighted by a study by Al Dosari, et al( 2017) study on examining parents' perceptions of child abuse and its impact on physical and emotional well-being. The results showed that almost 18% of parents resorted to physical punishment. Significant risk factors associated with child abuse included a history of parental physical abuse and being a young parent. This discussion highlights the need for a deeper understanding of the challenges faced by young, unsupported parents in order to effectively reduce the risk of child abuse

Additionally, the study highlighted parental mental health status as a key risk factor associated with child abuse. Parents who struggle with mental health issues such as depression, anxiety, or substance abuse are likely to be more vulnerable to abusive behavior (Reder & Duncan, 2005; Ben David, 2021; Lopes et al 2021). The complex interplay between parents' mental health and the potential for abusive behaviour highlights the importance of comprehensive strategies. Early detection, timely intervention and sustained support to improve parents' mental health are of utmost importance. Proactive measures to address mental health issues can significantly help prevent cases of child abuse, promote healthier family dynamics, and ensure the overall well-being of parents and children. Recognizing the importance of mental health in the context of child abuse highlights the need for a holistic approach that integrates mental health support into broader initiatives aimed at family well-being and child protection.

## V. CONCLUSION

In conclusion, the identified parental risk factors, including socioeconomic difficulties, parental absence, and substance abuse, significantly increase children's vulnerability to abuse, a situation further exacerbated by the far-reaching consequences of the COVID-19 pandemic. The socio-economic struggles exacerbated by the pandemic are forcing children into precarious situations in search of basic needs, while the absence of parents, particularly in the context of step-parenting dynamics, leaves them vulnerable to feelings of rejection and instability. The complicating factor of parental substance abuse further compounds the risks and creates an environment of neglect and instability that is detrimental to children's holistic well-being. Addressing these challenges is essential to mitigating the increased risks and ensuring a supportive environment for children and preventing the cycle of abuse from perpetuating amid the unique challenges of the ongoing pandemic.

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