

Shadows of the Global Pandemic: An Exploration of the Perceived Child Risk Factors Predisposing Child Abuse during the COVID-19 in Lusaka District, Zambia

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ABSTRACT

The study titled "From Crisis to Crisis: An Exploration of the Factors Predisposing Child Abuse during the Pandemic in Lusaka District, Zambia" sought to investigate the factors contributing to child abuse during the pandemic. The research employed a mixed-method approach with a total of 193 respondents, including service providers, parents, and children. Thematic analysis and quantitative analysis using the Statistical Package for Social Sciences (SPSS) were used for data analysis. The findings reveal that despite a decrease in reported child abuse cases during the pandemic, various risk factors persisted. Younger age, lack of attachment, physical or developmental disabilities, gender disparities, increased child vulnerability to abuse during the pandemic and Pandemic-Related Child Protection Service Needs emerged as child risk factors. The study emphasizes the need for comprehensive child protection interventions, such as safe spaces, community awareness programs, food security, mental health support, and fast-track court services, to address child abuse effectively. These findings highlight the importance of targeted strategies considering individual, familial, and societal factors, with a focus on prevention, intervention, and support measures to safeguard children during crises like the pandemic. These should include: Conducting targeted public awareness campaigns and educational programmes to educate communities about specific risk factors affecting children, enhance support services for parents and families, strengthen multi-sectoral child protection interventions, and enable various professionals, to identify and report child abuse cases, even in situations of limited access and strengthen the integration of technology to enhance reporting of

cases of abuse amidst limited access to child protection services.

Key words: Risk factors, child abuse and COVID-19 pandemic

I. INTRODUCTION

The outbreak of the Novel COVID-19 pandemic has had an adverse effect on the environments in which children grow and develop. COVID-19 was first reported in Wuhan China in November 2019 and World Health Organisation declared the COVID-19 as a global threat and health emergency in February 2020. In Zambia, the first two cases of COVID-19 were reported on the 17th March 2020. On the 18th of March 2020, the government of the Republic of Zambia announced closure of all educational institutions as some of the measures to mitigate the spread of the disease (Mwiinga et al 2020; UNESCO (2020) estimated that 107 countries had implemented the closure of schools affecting 802 million children.

The COVID-19 pandemic restriction measures put in place to contain the spread of the virus forged a backdrop conducive to heightened vulnerability towards child maltreatment a sober reflection of the interconnectedness of human plight. As families grapple with amplified psychosocial and financial burdens, and as their lives intertwine within the confines of home, the fragility of human dynamics is unveiled, challenging our understanding of societal foundations and familial sanctuaries. During the COVID-19 pandemic, an atmosphere conducive to heightened susceptibility to child maltreatment (CM) was cultivated. Families grappled with augmented psychosocial and financial burdens, their lives interwoven within the boundaries of home. This period exposed the delicate interplay of

human dynamics, challenging our comprehension of societal foundations and the sanctity of family.

Undoubtedly, COVID-19 has negatively impacted on the socio-ecological system including disruptions in service delivery aimed at protecting the children (Liu et al., 2020; Chakraborty & Mity 2020; WHO 2020). Studies of past epidemics and crises as reported by UNICEF (2020) shows devastating impacts on child protection and delivery of related services. During the Ebola outbreak in West Africa, child welfare structures and community mechanisms were weakened, and child protection responses were delayed or otherwise adversely affected amplifying risks for child abuse.

Forms of child abuse

Child abuse encompasses various forms, such as emotional abuse, sexual abuse, physical abuse, child neglect, and abandonment. Emotional abuse involves verbal harm or mistreatment that negatively impacts a child's psychological well-being, even though it may not always be easily noticeable. Child sexual abuse is a prevalent issue, particularly affecting girls, with millions of girls experiencing forced sexual contact. Physical abuse leads to physical injuries and long-term negative effects on a child's mental and physical health. Child neglect, characterized by the failure to meet a child's basic needs, has become more pronounced during the COVID-19 lockdowns. Abandonment, another form of abuse, often affects children in impoverished situations and is linked to various social factors. Additionally, child trafficking and child labor are critical concerns, particularly in Africa. These abuses have far-reaching consequences, and efforts are needed to address and prevent them (Stoltenborgh et al (2012; Kumari, 2020; Navne & Jakobsen 2021; WHO 2022; UNICEF 2022).

Overview of Child risk factors contributing to abuse during the pandemic

Child risk factors during the COVID-19 pandemic have emerged as a matter of paramount concern, shedding light on the intricate interplay of circumstances affecting the well-being of the youngest members of our society. The pandemic, ushered in an era of unprecedented global upheaval, brought about multifaceted challenges that extend far beyond its primary health implications. Augusti, E. M., Sætren & Hafstad, (2021) study in Norway affirms that out of the 16 publications retrieved, eight of them showed an uptick in the occurrence of child physical abuse

during the COVID-19 outbreak. Similarly, seven articles published amid the crisis reported a heightened incidence of psychological maltreatment. For example, 8.2% reported psychological abuse during lockdown, 2.4% had experienced physical abuse and 1.4% sexual abuse. Concurrently perceived family affluence and family risk factors were most strongly associated with physical abuse during lockdown. This aligns with a study by Seddighi et al., (2021) that, violence such as physical violence, neglect, and abuse increases after many emergencies and disasters, which is much more common than usual.

The COVID-19 restriction measures implemented globally in order to contain the spread of the virus heightened the risks of child abuse. As communities worldwide grappled with lockdowns, social distancing measures, and the economic repercussions of the pandemic, children have found themselves navigating an altered reality, fraught with unique vulnerabilities. There are numerous mental health threats associated with the current pandemic and subsequent restrictions. (Fegert, et al 2020). Throughout the COVID-19 pandemic, a crisis unfolded in the shape of a surge in child maltreatment, as the broad-ranging restrictions implemented to curb the virus inadvertently heightened risks for children. A multitude of factors, including stress. For example, the pandemic as confirmed by various studies heightened stress levels in many families due to factors such as economic uncertainty, job loss, and health concerns creating a precipitating ground for child maltreatment (Brown, et al 2020; Lawson, et al 2020; Calvano, et al 2021).

Furthermore, other factors such as economic hardship, school closures, and reduced access to support services, have all played a role in driving this distressing trend. It is imperative that during this critical period, every child in need receives the essential social intervention and support they are entitled to (UNICEF, 2020 & WHO 2021). The pandemic had a significant impact on the economic well-being of many households globally and this was a precipitating factor contributing to the occurrence of child abuse. The major economic implications posed by the pandemic and puts financial pressure on many families (Frasquilho, et al 2015 & Haw, et al 2012). It has been shown in previous economic recessions that economic pressure, even if not accompanied by social distancing, can pose a severe threat to mental health.

The socio-economic factors exacerbated by the pandemic have played a significant role in

this unfortunate phenomenon. Among these factors, the loss of jobs by parents stands out as a particularly influential precipitating factor. Lawson, et al. (2020) report that parents who lost their jobs were more depressed and previously psychologically maltreated their were more likely to psychologically maltreat during the pandemic.

Limited access to child protection services during the pandemic significantly exacerbated child abuse. Studies, such as Campbell (2020); Larkins (2020); Evans et al (2020); Witte et al (2022), have all pointed to constrained access to support services as a consequence of lockdowns and overwhelmed healthcare systems, making it challenging for families to seek help and for service providers to intervene effectively. The inability to access timely support not only left abused children without immediate relief but also increased the likelihood of prolonged abuse situations. Thus, the importance of strengthening the resilience and adaptability of child protection systems to ensure their continued accessibility during crises can not be overemphasised.

It is worth noting that, research on child risks during the pandemic in Lusaka District, Zambia warrants ongoing study due to its vital implications for child welfare and protection. The evolving and complex nature of crises like the COVID-19 pandemic, calls for continuous investigation to understand and respond effectively to the changing risk factors affecting children. The welfare and safety of vulnerable children depend on an evidence-based approach to inform policies, interventions, and support systems. Ongoing research is crucial to adapt child protection strategies to address emerging challenges and ensure the well-being of children, particularly in resource-constrained settings where the pandemic's impact may be severe.

Statement of the problem

The outbreak of COVID-19 had a significant impact on the well-being and safety of children globally, in Zambia inclusive. The pandemic disrupted child protection services, straining agencies, and amplifying risks for children (UNICEF 2020; WHO 2020; Ferguson, Kelly, & Pink 2022). The COVID-19 pandemic dramatically elevated the risk of child abuse and significantly disrupted child protection mechanisms. The enforced lockdowns and social restrictions meant that families were confined to their homes for extended periods, exacerbating existing stressors and increasing the pressure on already strained family dynamics. Undoubtedly, the

comprehension of child risks during agile circumstances instigates ongoing scholarly exploration in the quest to furnish empirical evidence.

Research Objectives

RO1: To analyse the prevalence of reported cases of child abuse before and during the pandemic

RO2: To investigate the perceived child risk factors to abuse during the pandemic

Research Questions

RQ1: What is the prevalence of reported cases of child abuse before and during the pandemic?

RQ2: What were the perceived child risk factors to child abuse during the pandemic

II. METHODOLOGY

The research employed a mixed-methods approach combining qualitative and quantitative research techniques to comprehensively investigate child abuse within the context of the Lusaka District. This approach was chosen to gain a deep understanding of the research problem, which focused on exploring risk factors for child abuse during the COVID-19 pandemic. The research included 193 participants from child protection service providers, parents, and abused children. Data was collected through questionnaires, interviews, focus group discussions, and field notes, and was analyzed using statistical package for social sciences-SPSS for quantitative data and thematic analysis for qualitative data. Ethical considerations were followed, during the research.

III. FINDINGS

The findings present the prevalence of reported cases of child abuse before and during the pandemic and perceived child risk factors for abuse.

Trend analysis of prevalence of reported cases of abuse before and during the pandemic spanning the years 2017 to 2021.

Including a trend analysis of reported abuse cases before and during the pandemic spanning the years 2017 to 2021 in a study focused on risk factors for abuse during the pandemic is essential in order to reveal patterns and prevalence in abuse cases over time. This information helps in identifying whether abuse increased, decreased, or remained consistent during the pandemic, which is essential for understanding its dynamics.

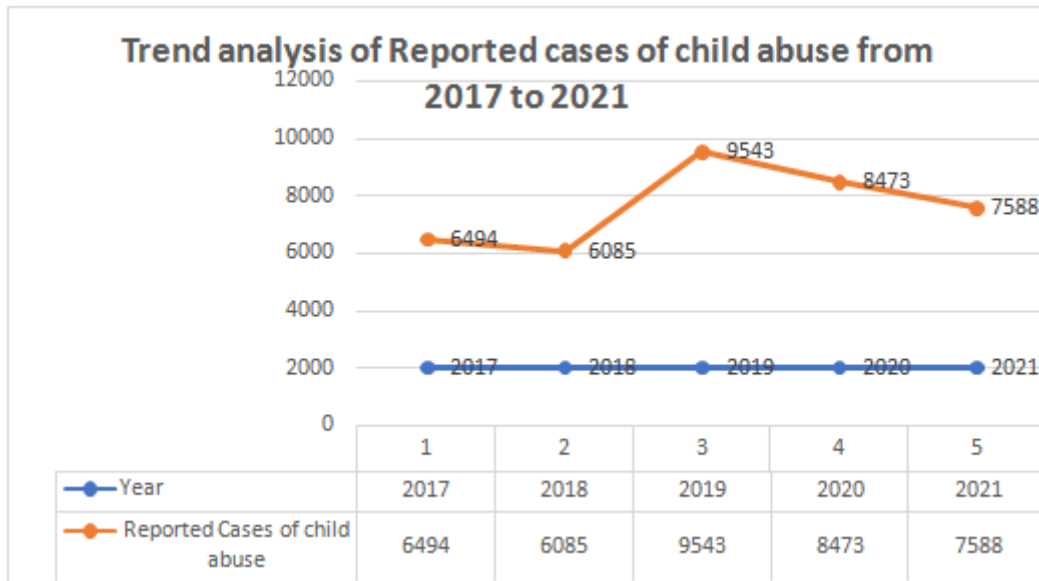


Figure 4.1: chart on the trend analysis of reported cases of child abuse from 2017 to 2021

The trend analysis of reported child abuse cases between 2017 and 2021, both prior to and during the COVID-19 period, is depicted in Figure 4.18 above. The provided statistics reveal significant shifts in the pattern of cases over these years. From 2017 to 2018, the reported instances of child abuse exhibited a reversal, with a slight decline from 6,494 to 6,085 cases, translating to a decrease of 3.2%. This was followed by a pronounced upswing from 2018 to 2019, as cases surged from 6,085 to 9,543, indicating a notable increase of 22.1%. Continuing into 2020, there was a minor reduction in reported cases, dropping from 9,543 to 8,473 cases, reflecting a decline of 6%. Notably, from 2020 to 2021, a striking decrease occurred in reported child abuse cases, plummeting from 8,473 to 7,588 cases, marking a substantial

drop of 6%. The decline in reported child abuse cases between 2020 and 2021 underscores evident alterations in the prevalence of such incidents. This observation raises the possibility of underreported cases or the influence of various factors affecting the reporting of child abuse incidents, prompting further analysis into the underlying dynamics of these changes.

Paired Samples T-Test

In order to test research hypothesis one, a paired samples t-test was performed to establish if there is no significant difference in the number of reported child abuse cases between the periods before and during the pandemic in Lusaka district. The results are shown in Table 20.

Table 1: Significant difference in the number of reported child abuse cases between the periods before and during COVID-19

Variables	N	Mean	Std.D	t	df	Sig.
Year 2017-2019	2	8030.5000	625.78950	-7.315	1	.006
Year 2020-2021	2	6289.500	289.20667			

Source: Field work, 2023

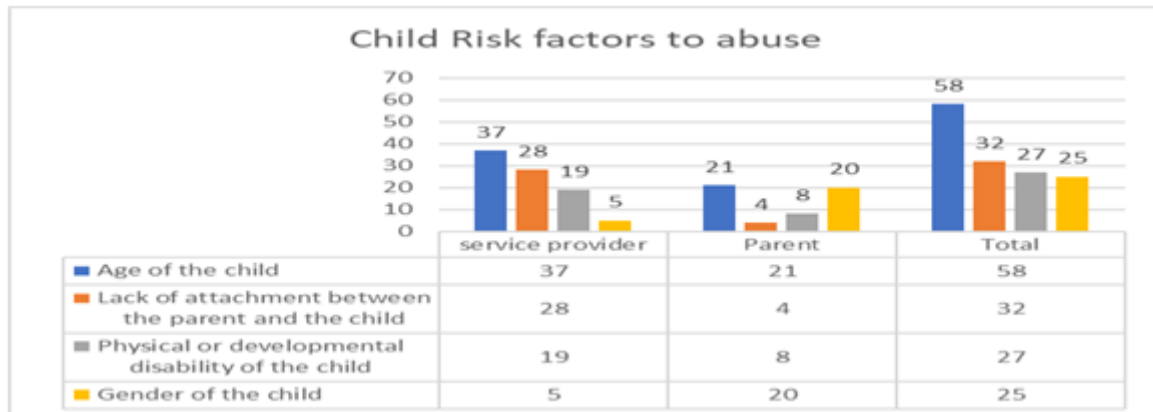
Table 1 shows the paired samples t-test for post-test scores for the number of reported child abuse cases between the periods before and during COVID-19. The t-value was -7.315 for 1 degrees of freedom and the p-value was .006. This p-value is less than the level of significance $\alpha = 0.05$ ($p < 0.05$). Therefore, this means that there was a

statistically significant difference in the number of reported child abuse cases between the periods before and during COVID-19. This means that there were more child abuse cases in the year between 2017 and 2019 as compared to the year 2020 and 2021.

Results on Perceived child risk factors to abuse during the pandemic

Child characteristics were used that included: age of the child, gender of the child, physical or developmental disability, lack of

attachment between the parent and the child. The evaluation encompassed five crucial aspects: the child's age, the child's gender, any physical or developmental disabilities, and the presence or absence of a strong attachment between the parent/caregiver and the child.



The results show that, age of the child was identified as the highest risk factor for child abuse by both service provider (40.2%) and parents (53%). This suggests a consensus that younger children may be at a higher risk of abuse during the pandemic, possibly due to their vulnerability and dependency on caregivers. Additionally, age of the child was rated as the highest child risk factor by all categories of respondents 64=n. This suggests that the age of the child is seen as a significant factor influencing the risk of abuse, with 45% of respondents considering it a major concern., followed by gender of the child 34=n with approximately 24% of respondents identified the child's gender as a factor contributing to the risk of abuse. This indicates that gender is also considered a significant concern in assessing abuse risk., lack of attachment was 32=n ranked as the third child-risk factor. Around 23% of respondents recognised the lack of attachment as a factor contributing to the risk of abuse. This suggests that the emotional bond and attachment between the child and their caregivers play a notable role in determining abuse risk and the least was the physical or developmental disability of the child 12=n (8%)

One way ANOVA test results illustrate within the group scores for service providers 63=n (74%), parents 53=n (37%) the mean between groups is 0.989 indicating the variation in responses between child protection service providers and parents regarding child risk factors for abuse during the pandemic. This suggests that there are differences in the responses between these two groups. The mean within groups is 0.974, representing the variation in responses within each group (i.e., service providers and parents). This reflects the variability in responses within each group regarding the specified child risk factors. The ANOVA test statistic (F-value) in this case, $F = 0.989 / 0.974 \approx 1.016$, The degrees of freedom for the between-groups (denoted as df_1) is 1, and for the within-groups (denoted as df_2) is 140. The ANCOVA test using a significance level (α) of 0.05 ($\alpha = 0.05$) indicated a p-value greater than 0.315 ($p > 0.315$). This means that the obtained p-value is not statistically significant at the 0.05 significance level. Based on the one-way ANOVA test results, the differences in responses between child protection service providers and parents regarding child risk factors for abuse during the pandemic are not statistically significant at the 0.05 significance level.

The influence of Child Risk Factors on Child Abuse during the COVID-19 pandemic in Lusaka District

To establish the influence of Child Risk Factors (CRF) such as age of the child (AC), gender of the child (GC), physical appearance/disability (PA), and lack of attachment between the parent child (LAPC) on Child Abuse (CA) during the COVID-19 pandemic in Lusaka District, A Multiple Regression Analysis was also performed as shown in Table 2 below:

Table 2: Multiple Regression Analysis between CRF and Child Abuse

Variables	CRF and Child Abuse				
	Unstandardized Coefficient	Std. Error	t-Statistic	Standardized Coefficients	Sig.
(Constant)	3.871	.510	7.589		.000
Age of the Chil	.055	.084	.654	.610	.001
Gender of the Child	-.334	.121	-2.760	.461	.007
PA	-.447	.080	-5.613	.388	.000
LAPC	.047	.102	.460	.242	.006
R	.591	R Square		.349	
Adjusted R Square	.319	R Square Change		.042	
F-Statistics	11.671	Prob(F-statistic)		.000	
Df1, Df2	4, 87	Std. Error of Estimate		1.01569	
a. Dependent Variable: Child Abuse					
b. Predictors: (Constant), AC, GC, PA, & LAPC					

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

Table 2 shows the results shows a multiple regression analysis between the independent variable (CRF) and the dependent variable (CA). The overall regression model is statistically significant ($F(4, 87) = 11.671$, $p - \text{value} = .004 < 0.05$, $t = 7.589$). Since the p-value is less than 0.05, this indicates that CRF has an effect on CA. This further implies that Child Risk Factors had an influence on Child Abuse during the COVID-19 pandemic in Lusaka District.

Results from Table 3 shows correlation coefficient value between CRF and CA is .591. The value of R indicates a strong positive correlation between the independent variables CRF and CA. This implies that when Child Risk Factors increase, Child Abuse also increases. In other words, Child Risk Factors have an influence on Child Abuse.

The results also in Table 2 show that the adjusted R^2 for CRF to influence CA is .319. The value of adjusted R^2 mean that 31.9% of variation in CA is influenced by CRF included in this regression model. This further mean that the regression model is significant to predict the effect of CRF on CA. In other words, Child Risk Factors influence Child Abuse by 31.9%.

Also, results from Table 20 show that R squared for CRF to influence CA is .349. The value of R^2 mean that 34.9% of variance in CA is influenced by CRF included in this regression

model. This further mean that the regression model is significant to predict the effect of CRF on CA. In other words, Child Risk Factors influence Child Abuse by 34.9%.

Additionally, results in Table 3 reveal a positive and statistically significant relationship between AC and CA ($p - \text{value} = .001 < 0.05$, $t = .654$, $\beta = .610$). This further indicate that AC has an influence on CA. However, the coefficient from the regression model tells that a one unit increase in AC is associated with a .610 unit increase, on average, assuming GC, PA, & LAPC are held constant. This further indicates that an average change in CA is associated with a one unit increase in AC.

Further, results in Table 2 indicate that there is a positive and statistically significant relationship between GC and CA ($p - \text{value} = .007 < 0.05$, $t = -2.760$, $\beta = .461$). This further indicate that when GC has an influence on CA. However, the coefficient from the regression model tells that a one unit increase in GC is associated with a .461 unit increase, on average, assuming AC, PA, and LAPC are held constant. This further indicates that an average change in CA is associated with a one unit increase in GC.

Besides, results from Table 2 indicate that there is a positive and statistically significant relationship between PA and CA ($p - \text{value} =$

.000 < 0.05, t = -5.613, β = .388). These results indicate that PA of the child has an influence on CA. However, the coefficient from the regression model tells that a one unit increase in PA is associated with a .388-unit increase, on average, assuming AC, GC, and LAPC are held constant. This further indicates that an average change in CA is associated with a one unit increase in PA.

Results also in Table 2 indicate that there is a positive and statistically significant relationship between LAPC and CA (p - value = .006 < 0.05, t = .460, β = .242). These results indicate that when LAPC increase, CA also increases. However, the coefficient from the regression model tells that a one unit increase in LAPC is associated with a .242-unit increase, on average, assuming AC, GC, and PA are held constant. This further indicates that an average change in CA is associated with a one unit increase in LAPC.

In summary, the results of the regression model show that the overall model is significant (F(4,87) = 11.671, p - value = .004 < 0.05, t = 7.589, Adjusted R² = .319, R = .349). The model explains 34.9 % of variance accounted for by the predictor variable (CRF). Results indicate that CA (p - value = .001 < 0.05, t = .654, β = .610), GC (p - value = .007 < 0.05, t = -2.760, β = .461), PA (p - value = .000 < 0.05, t = -5.613, β = .388) and LAPC (p - value = .006 < 0.05, t = .460, β = .242) have an effect on CA.

Specifically, the results suggests that there is a strong positive correlation between the independent variables (CRF) and the dependent

variable (CA). In other words, Child Risk Factors (CRF) such as age of the child (AC), gender of the child (GC), physical appearance/disability (PA), and lack of attachment between the parent child (LAPC) have an effect on Child Abuse. Therefore, the result shows satisfactory goodness of fit between the independent variables (CRF) and the dependent variable (CA) as presented in the multiple regression equation below:

$$Y = a + ACX_1 + GCX_2 + PAX_3 + LAPCX_4$$

$$Y = 3.871 + (.610)X_1 + (.461)X_2 + (.388)X_3 + (.242)X_4$$

4.7 Relative contribution of age of the child (AC), gender of the child (GC), physical appearance/disability (PA), and lack of attachment between the parent child (LAPC) on the Child Abuse (CA)

The study also sought to establish relative contribution of Child Risk Factors (CRF) such as age of the child (AC), gender of the child (GC), physical appearance/disability (PA), and lack of attachment between the parent child (LAPC) on Child Abuse (CA). The aim was to establish which among the independent variable i.e., age of the child (AC), gender of the child (GC), physical appearance/disability (PA), and lack of attachment between the parent child (LAPC) influenced Child Abuse the most during the COVID-19 pandemic in Lusaka District. To achieve this, standardized coefficients from a multiple regression analysis output were used and the ranking of the standardized coefficients was performed as shown in Table 4 below:

Table 3: Relative contribution of CRF on the Child Abuse (CA)

Variables	CRF and Child Abuse				Ranking	
	Unstandardized Coefficient	Std. Error	t-Statistic	Standardized Coefficients		
(Constant)	3.871	.510	7.589		.000	
AC	.055	.084	.654	.610	.001	1
GC	-.334	.121	-2.760	.461	.007	2
PA	-.447	.080	-5.613	.388	.000	3
LAPC	.047	.102	.460	.242	.006	4

a. Dependent Variable: Child Abuse

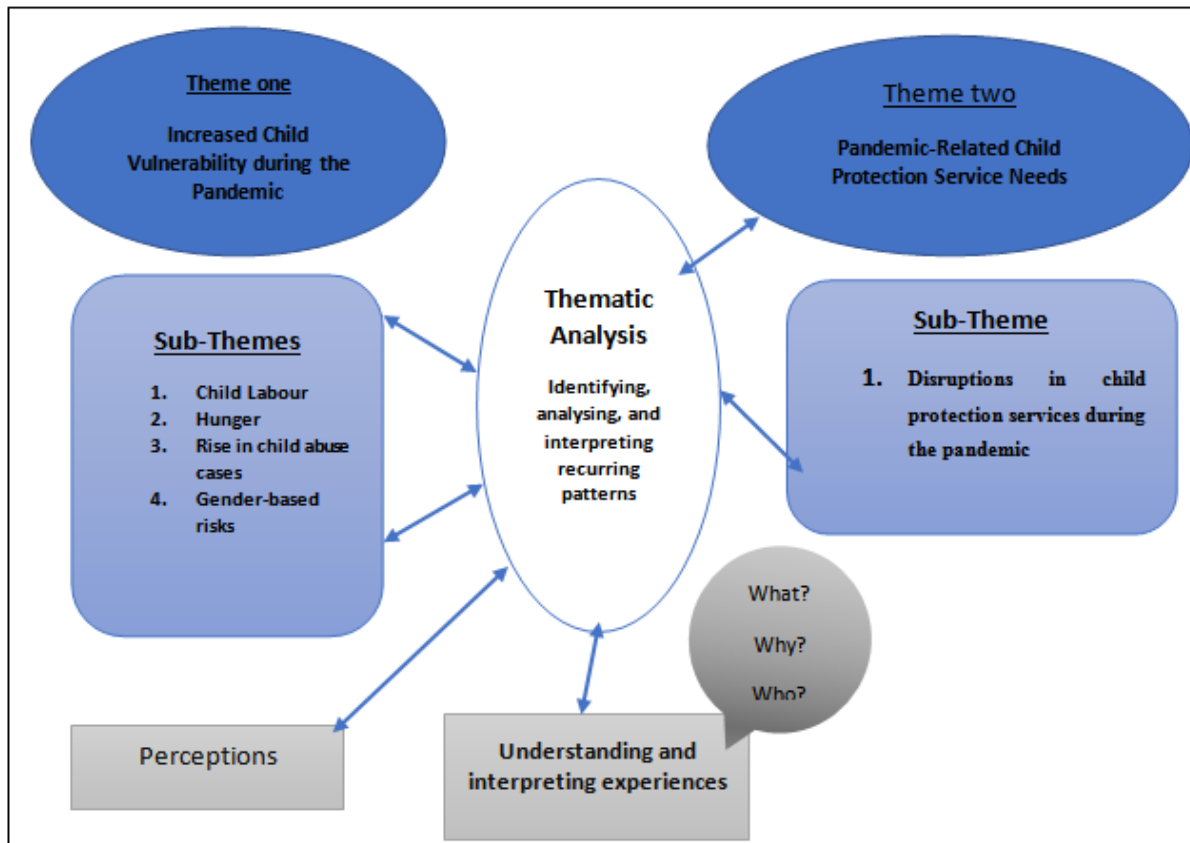
b. Predictors: (Constant), AC, GC, PA, & LAPC

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

Results in Table 3 shows that AC ($\beta=.610$) contributed to Child Abuse the most during COVID-19 pandemic in Lusaka District, followed by GC ($\beta=.461$), PA ($\beta=.388$), and LAPC ($\beta=.242$). Therefore, results of the study indicate that age of the child contributed to Child Abuse the most during COVID-19 pandemic in Lusaka District.

Qualitative findings on child risk factors to abuse during the COVID-19

The qualitative findings identified two major themes and ten sub-themes. Figure 1 is a final thematic map that illustrates the relationships between themes.



Theme one: Increased Child Vulnerability during the Pandemic

The major theme of "Increased Child Vulnerability during the Pandemic" explores how the pandemic and its associated disruptions amplified the risks and threats children faced, leaving them more susceptible to various forms of abuse and neglect. This theme is further delineated into six critical sub-themes that shed light on the multifaceted nature of these vulnerabilities:

Sub-Theme: Hunger

Many children were pushed on the streets because of economic hardships during the pandemic putting them at high risk of abuse. During the pandemic, there were many children on the streets either begging or doing some piece work. One service provider (SP14) explained that:

the economic hardships during the COVID-19 left many households in poverty. Some parents lost employment which is a source of livelihood. This led to many children running away from home to the streets to look for piece works so that they can help their families. Others just started living on the streets permanently. Another Service provider said that: "Food insecurity and hunger were prominent sub-themes, as many families struggled to provide enough food for their children due to economic constraints and disruptions in food supply chains." (SP21)

Sub-Theme: child labor

As a sub-theme, child labor underscores how economic hardships, exacerbated by job losses and financial strain during the pandemic, led to children being pushed into work, often in

exploitative and hazardous conditions. The closure of schools and the need for families to make ends meet forced children into labor, compromising their education and well-being. Most of the children were pushed to the streets to work in restraints where they were drawing water, some were selling various merchandise to support their families.

Sub-theme: Increase in Child Neglect, Physical Abuse, and Child Sexual Abuse. These are sub-themes within the broader context of child risk factors during the pandemic. Child Neglect is characterized by parents inadvertently failing to meet their children's emotional and physical needs due to pandemic-related stress. Physical Abuse denotes a concerning rise in domestic violence and child abuse within households, driven by heightened parental stress. Child Sexual Abuse highlights a disturbing increase in such cases during the pandemic, subjecting victims to severe trauma and emotional distress as a result of the challenging conditions.

Gender Disparities in the occurrence of child abuse

The COVID-19 pandemic has exacerbated gender disparities in the occurrence of child abuse, particularly in cases of child neglect, sexual abuse, and physical abuse. With the pandemic's disruptions, traditional gender norms and roles were further magnified. Girls faced heightened vulnerability, as they often assumed more caregiving responsibilities in families, making them more prone to neglect due to parental stress and economic hardships. The pandemic social restrictions led to a disproportionate increase in the targeting of girls for sexual abuse especially within the family or a person known to them.

Sub-Theme: Disruptions in child protection services during the pandemic

The pandemic disrupted child protection services, leading to underreporting, limited safe spaces, and inadequate support for abused children and families. Service interruptions, lack of preparedness among providers, and restrictions on mandatory reporting exacerbated risk factors for abuse.

IV. DISCUSSION OF FINDINGS

Child abuse is a pressing issue with far-reaching consequences for individuals and society at large. Understanding the risk factors associated with child abuse is crucial for developing effective prevention and intervention strategies. This discussion will focus on recent research findings

regarding risk factors for child abuse during the pandemic.

The discussion of the results from the current study reveals a captivating trend in the prevalence of reported child abuse cases before and during the pandemic. Our findings indicate a consistent decline of 6% in reported child abuse cases during the peak of the pandemic in 2020 and 2021, mirroring the results reported by Whaling et al. (2020), whose study also highlighted a decrease in child abuse cases during the pandemic. This decline suggests that some factors, such as increased parental supervision due to lockdowns and the closure of schools, may have contributed to a reduction in the visibility and reporting of child abuse cases. However, it is crucial to note that not all studies reached the same conclusion, as several reports, like Quraish, Joseph & Jean (2020) Smith and Johnson (2021) & Huang et al (2022) found an increase in reported cases of child abuse during the pandemic. These contrasting results might be indicative of the complex and multifaceted nature of child abuse and the diverse impacts of the pandemic on different communities and populations.

The study's results reveal a concerning increase in child risk factors for abuse during the pandemic, with several notable findings. Child neglect emerged as a prominent issue, driven by overwhelmed parents grappling with pandemic-related stressors (Smith et al., 2021). The results further highlight the perceived risk factors for child well-being as assessed by service providers and parents. Notably, the age of the child is identified as the most significant risk factor, with 41% of respondents considering it a high-risk element. This finding aligns with previous research on the age of the child as the most risk factor was confirmed by McKillop et al (2015) study which revealed that, victim ages ranged from middle childhood to adolescence, with a mean age of 10.45 years old at the time of the first abuse incident.

Other child risk factors were lack of attachment to the child 32=n (23%) Third was physical or developmental disability. This implies that respondents perceive children with such disabilities to be at risk, which may be due to additional care or support requirements for these children and the gender of the child were among the risk factors. The findings were similar to what other researchers have reported on the characteristics of the child as risk factors to abuse (Conroy, et al 2009; Widom, et al 2001;

Schumache, et al 2001; Whitake et al 2008; Hibbard and Desch, 2007).

Furthermore, the current study also reveals gender disparities in the occurrence of child abuse. Gender disparities in child abuse persist, with girls experiencing more maltreatment than boys, as reported by the trend analysis on reported cases of child abuse showing an increase from 80% in 2017 to 83% in 2021, particularly in child neglect and sexual abuse. This aligns with prior research by Lalor (2004) and Edoh-Torgah & Matafwali (2022); Musonda et al (2020); UNICEF (2020) & Save the children (2021) on the vulnerability of girls to abuse. These findings underscore the multifaceted nature of child abuse risk factors during the pandemic and highlight the urgency of tailored interventions to protect children from these adverse effects.

The findings from the multiple regression analysis underscore the importance of both the overall model's significance and the unique contributions of distinct Child Risk Factors (CRF) to the incidence of Child Abuse (CA). This study revealed a robust positive correlation between CRF and CA, highlighting the influence of factors such as the child's age, gender, physical appearance/disability, and parent-child attachment on the occurrence of Child Abuse. These results align with previous research on the relationship between Child Risk Factors and Child Abuse (Rodriguez, et al., 2021; Augusti, et.al 2021).

The disruptions in service delivery, including the closure of schools and limited access to support services, exacerbated the challenges faced by children (Brown, et al 2020; Bakrania et al 2020; Fogarty et al. 2022). This situation was further compounded by rising levels of hunger among families, which pushed children to the streets and escalated child labor as a means to address financial strain (Anderson & Johnson, 2020)

V. CONCLUSION AND RECOMMENDATIONS

The recent research on child risk factors contributing to child abuse during the pandemic reveals several significant findings. Despite a decline in reported cases of child abuse during the pandemic, attributed in part to increased parental supervision due to lockdowns, certain risk factors persist. Notably, age emerged as the most significant child risk factor, with younger children at greater vulnerability, alongside factors like lack of attachment, physical or developmental disabilities, and gender disparities. Parental risk

factors, including substance abuse, parental absence, and domestic violence, were identified as influential contributors to child abuse, aligning with previous research. Environmental risk factors encompassed community substance abuse and socioeconomic conditions, highlighting the need to address broader societal contexts. Immediate environmental factors such as child labor, geographical location, and community violence were also found to contribute to child abuse. Additionally, the research recommends the need for comprehensive child protection interventions, including the provision of safe spaces, community awareness programs, food security, mental health support, and fast-track court services, emphasizing the multifaceted approach required to protect children and address child abuse effectively. These findings call for targeted strategies aimed at safeguarding children, considering the interplay of individual, familial, and societal factors, with a focus on prevention, intervention, and support measures. These should include: Conducting targeted public awareness campaigns and educational programmes to educate communities about specific risk factors affecting children, enhance support services for parents and families, strengthen multi-sectoral child protection interventions and enable various professionals, to identify and report child abuse cases, even in situations of limited access and strengthen integration of technology to enhance reporting of cases of abuse amidst limited access to child protection services.

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