

Financial insecurity, intimate partner violence and child maltreatment among families in Katanga,  
Soweto Zone during COVID 19 Period

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**Declaration**

I Tusubira Eve, declare that this work is a result of my own efforts and findings, and to the best of my knowledge it has never been presented and submitted to any other University for a similar or any other degree award.

Signature:  ..... Date: 27th Jan 2023 .....

Tusubira Eve

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**Approval**

I certify that this dissertation of Financial Insecurity, Intimate partner Violence and Child Maltreatment among families in Katanga, Soweto Zone during Covid 19 period has been under my supervision and is now ready for submission to the School of Psychology with my Due Approval

Signature.....

Date.....

*[Handwritten Signature]*  
*[Handwritten Date: 27/01/2023]*

Dr. Richard Balikoowa

## **Dedication**

I dedicate this work to my family members; dad, mum and my sister who have installed in me a passion to learn, and provided continuous encouragement along the way.

### **Acknowledgment**

Thanks to Allah Almighty who enabled me to research on such a hot issue of these days, I reverse the patronage and moral support extended with love, by my parents whose financial support and passionate encouragement made it possible for me to complete this project.

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## **Abstract**

The study investigated the impact of financial insecurity, intimate partner violence and child maltreatment among families in Katanga, Soweto Zone during Covid 19 period. The had the following objectives; to find out the relationship between financial insecurity and intimate partner violence among residents in Soweto Zone, Katanga Slum during covid 19 period, to find out the relationship between financial insecurity and child maltreatment among residents in Soweto zone, Katanga Slum during Covid19 period and to find out the relationship between intimate partner violence and child maltreatment among residents in Soweto zone Katanga slum during Covid 19 period. A total of 102 respondents were selected using simply random sampling. Data was collected using self-administered questionnaire and later analyzed using SPSS (Statistical Package for Social Scientists) version 26. Data from the respondents was coded and analyzed using Statistical Package for Social Scientists (SPSS). Frequency tables were generated to further analyze the respondents' bio data and other information about the variables. Pearson's product correlation coefficient was used to establish the relationships of the variables. The study has revealed that there is a significant relationship between intimate partner violence and child maltreatment because family merely a child being exposes to intimate partner violence by just seeing is considered child maltreatment as it affects his/her psychological wellbeing. Also the study revealed that there is a significant relationship between financial insecurity and intimate partner violence. Lastly the study found a significant relationship between financial insecurity and child maltreatment. This is because of the increased stress causing parents to lash out onto their children.

## **Chapter One**

### **Introduction**

#### **Background**

Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (Devries, Mak, Garcia-Moreno 2013).

Child maltreatment causes suffering to children and families and can have long-term consequences. Maltreatment causes stress that is associated with disruption in early brain development. Extreme stress can impair the development of the nervous and immune systems (Devries, Mak, Garcia-Moreno 2013). Consequently, as adults, maltreated children are at increased risk for behavioural, physical and mental health problems such as: perpetrating or being a victim of violence, depression, smoking, obesity, high-risk sexual behaviours, unintended pregnancy, alcohol and drug misuse. Via these behavioural and mental health consequences, maltreatment can contribute to heart disease, cancer, suicide and sexually transmitted infections. Violence against children is also a contributor to inequalities in education (Conrad-Hiebner & Paschall, 2017). Children who experienced any form of violence in childhood have a 13% greater likelihood of not graduating from school. Beyond the health, social and educational consequences of child maltreatment, there is an economic impact, including costs of hospitalization, mental health treatment, child welfare, and longer-term health costs (Devries, Mak, Garcia-Moreno 2013).

Financial instability is an aspect of having a low-income that likely has unique implications for child maltreatment. The unpredictable nature of frequent changes in economic resources may add additional stress and strain to families already experiencing significant financial stress, which could increase risk for abuse and neglect. Work has begun to examine the relationship between income instability and child and family outcomes. Low-income families are at a disproportionately high risk of child maltreatment, and living in poverty is associated with poor parenting and child outcomes (Engle & Black, 2008; Kim & Drake, 2018; Slack, Holl, McDaniel, Yoo, & Bolger, 2004). Beyond a static low-income level, however, it is likely that experiencing income instability adds to the stress and hardship of a household.

Although it is believed that during intimate partner violence, children are not directly attacked, they can experience serious emotional damage as a result of living in a violent household. Children living in this environment come to believe that this behavior is acceptable (Slack, Holl, McDaniel, Yoo, & Bolger, 2004). The estimated intersection between intimate partner violence and child physical or sexual abuse ranges from 30% to 50%. For example, US Some shelters report that the first reason many battered women give for fleeing the home is that the perpetrator was also attacking the children. Victims report multiple concerns about the effects of spousal abuse on children .

A growing body of research suggests that children who witness IPV are also at increased risk of being maltreated in other ways. Representative data in USA have shown that 33.9% of young people who witnessed IPV also experienced another form of maltreatment (neglect, sexual abuse by a known adult, physical abuse and psychological abuse) in the previous year, versus only 8.6% of young people who did not witness IPV (Kim & Drake, 2018). In the same study other forms of victimization such as kidnapping, bullying and property crime was also associated with

witnessing IPV. This ‘polyvictimisation’ is associated with higher levels of adverse health outcomes versus single exposures (Kim & Drake, 2018).

### **Statement of the Problem**

During covid 19, Uganda was put under lockdown in order to curb the spread of Covid 19 in Uganda. This brought about a huge number of people being unable to go to work, children not going to school and families having more time together in closed spaces. By December, 2020 a total number of 3000 child maltreatment cases were reported to police stations countrywide. The rise in the maltreatment cases was blamed on the financial insecurity many families were facing during lockdown and the increased intimate partner violence that was being experienced at the time. For example, intimate partner violence saw a 200% increase in the same period of time. It is therefore important to evaluate how financial insecurity has influenced both intimate partner violence and child maltreatment in Uganda, and how child maltreatment is exacerbated by intimate partner violence.

### **Purpose of the Study**

The purpose of the study was to determine the relationship between financial insecurity, intimate partner violence and child maltreatment among families in Katanga, Soweto Zone during Covid 19 period.

## **Objectives of the Study**

The study was guided by the following objectives

1. To find out the relationship between financial insecurity and intimate partner violence among residents in Soweto Zone, Katanga Slum during covid 19 period
2. To find out the relationship between financial insecurity and child maltreatment among residents in Soweto zone, Katanga Slum during Covid19 period
3. To find out the relationship between intimate partner violence and child maltreatment among residents in Soweto zone Katanga slum during Covid 19 period

## **Scope of the Study**

### **Geographical Scope**

The study was carried out in Soweto zone, Katanga Slum which is located in Katanga Slum found between Mulago Hospital and Makerere University. This area was chosen because residents here are low income earners who were adversely affected by the covid 19 lockdown that was imposed causing many families to even miss a meal.

### **Time Scope**

The study examined the period of two years that is from March, 2020 to January, 2022. This time was ideal because it is during this time that people had limited economic activity going on in due to the lockdown imposed. The research was carried out for a period of two months from July to September, 2022.



## Contextual Scope

The study focused on content which examined the relationship between financial insecurity and intimate partner violence, financial insecurity and child maltreatment and lastly intimate partner violence and child maltreatment.

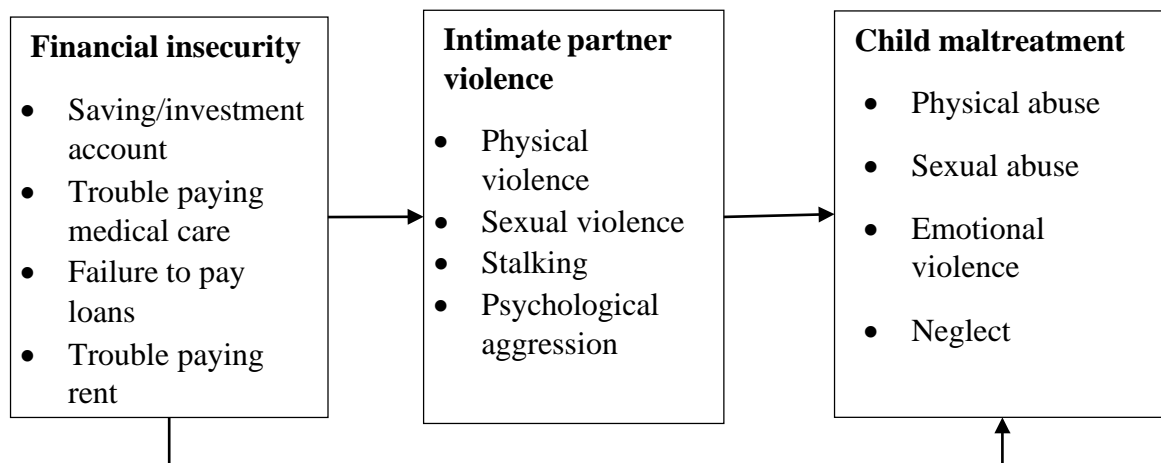
## Significance of the Study

The study may provide family heads with the necessary knowledge on the ways in which intimate partner violence affects their children and how it causes child maltreatment.

The research findings may enable policy makers especially at Ministry of Gender to develop programs that limit intimate partner violence and child maltreatment among families in times of economic or financial hardships in the country.

The research findings may also be a source of reference for students and other individuals who may have an interest in studying the same or related theme.

## Conceptual Framework



*Figure 1: A conceptual framework showing the relationship between financial insecurity, intimate partner violence and child maltreatment*

The conceptual framework shows that there is a clear relationship between the study variables that is financial insecurity and intimate partner violence, intimate partner violence and child maltreatment, and lastly financial insecurity and child maltreatment. The conceptual framework stipulates that Financial insecurity like savings, trouble paying medical care cause Intimate partner violence in the form of physical violence, sexual violence and psychological aggression (Warren & Font, 2015). Physical violence, sexual violence exhibited in intimate partner violence translates into neglect and emotional violence of children thus causing child maltreatment (Garcia-Moreno, Ellsberg, Heise, 2005). Financial insecurity forces parents to act irrationally against their children thus causing child maltreatment (Waldfoegel, 2011).

## **Chapter Two**

### **Literature Review**

#### **Introduction**

This chapter presents existing literature on the study variables that is it shows what existing literature shows about financial insecurity and intimate partner violence, financial insecurity and child maltreatment and lastly intimate partner violence and child maltreatment. Lastly it also presents the generated hypotheses.

#### **Intimate Partner Violence and Child Maltreatment**

Intimate partner violence (IPV) against women is prevalent globally, with 30% of women reporting physical and or sexual IPV in their lifetime (Devries, Mak, Garcia-Moreno 2013). In addition to the known detrimental effects of IPV on women, (WHO, 2013; Garcia-Moreno, Ellsberg, Heise, 2005) witnessing IPV is increasingly being recognized as an important adverse exposure for children. Effects on children include increased risk of depression, anxiety, aggression, conduct disorders, attention deficit and hyperactivity (Martinez, Bogat, von Eye, 2009; Sternberg, Baradaran, Abbott, 2006). There is evidence that growing up in an abusive family is positively related to future violent intimate relationships (Stith, Rosen, Middleton, 2000). Estimates from high-income countries indicate that in the range of 8–25% of adults report exposure to IPV as children (Wathen, MacMillan, 2013; Hamby, Finkelhor, Turner, 2010). A growing body of research suggests that children who witness IPV are also at increased risk of being maltreated in other ways. In the USA, nationally representative

The Relationship between Domestic Violence and Child Abuse Researchers have long been aware of the link between domestic violence and child abuse. Even if children are witnesses to acts of

violence and not the intended targets, they can be affected in the same way as children who are physically and sexually abused (Devries, Mak, Garcia-Moreno 2013). Since domestic violence is a pattern of behavior, not a single event, episodes may become more severe and more frequent over time, resulting in an increased likelihood that the children eventually become victims. Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.

The U.S. Department of Justice estimates that 95% of reported assaults on spouses or ex-spouses are committed by men against women (WHO, 2013). Prevent Child Abuse America defines child maltreatment as a nonaccidental injury or pattern of injuries to a child. Child maltreatment is damage to a child for which there is no "reasonable" explanation. Child abuse includes non-accidental physical injury, neglect, sexual molestation, and emotional abuse. Intimate partner violence is a widespread problem with long-term consequences to the victim and all family members as well as to the abuser. In a survey conducted in early 1995, 31 percent of women said they had personally faced abuse, while in a similar survey conducted in July 1994 only 24 percent they had been abused (Garcia-Moreno, Ellsberg, Heise, 2005). Child abuse has become a national epidemic. More than one million children are confirmed each year as victims of child abuse and neglect by state departments of child protective services. And every day a minimum of three children die as a result.<sup>4</sup> Violence in the home has been listed as a major factor contributing to the growth of reports of child abuse and neglect (Martinez, Bogat, von Eye, 2009). Domestic violence often includes child abuse. Children may be victimized and threatened as a way of punishing and controlling the adult victim of domestic violence. Or they may be injured unintentionally when

acts of violence occur in their presence. Often episodes of domestic violence expand to include attacks on children.

Are there similarities between families involved in domestic violence and families involved in child abuse? The two populations share several similarities as well as some important differences. Both forms of abuse cross all boundaries of economic level, race, ethnic heritage, and religious faith. Neither child abuse nor domestic violence is a phenomenon of the Twentieth Century. Children have been physically traumatized, deprived of the necessities of life, and molested sexually by adults since the dawn of human history (Hamby, Finkelhor, Turner, 2010). Traditionally, parents claimed ownership of their children and society hesitated to interfere with the family unit. Similarly, society in the past, has sanctioned the belief that men have the right to use whatever force is necessary to control the behavior of women. Those in intimate relationships as well as those who abuse children often are repeating learned behaviors transmitted inter-generationally. Both forms of abuse are identified by patterns. Neither domestic violence nor child abuse is an isolated event. Both occur with some regularity, often increasing and becoming more serious.

Adults who were abused as children have an increased risk of abusing their children, and adults who grew up in a violent home are more likely to become perpetrators or victims of domestic violence. For a number of reasons including shame, secrecy, and isolation, both types of abuse are underreported. Domestic violence and child abuse also differ in some significant ways. Parental stress is an important factor in instances of child abuse, but this link has not been established in cases of domestic violence (Hamby, Finkelhor, Turner, 2010). Reported perpetrators of child maltreatment, are equally men and women, but the majority of perpetrators of domestic violence are men. How can we prevent these problems? Domestic violence and child abuse proliferate in

an environment that accepts the lesser status of women and children. Shrouding the violence in secrecy allows this behavior to continue. Educating the public about the extent of the problem establishes a foundation that permits victims to come forward (Martinez, Bogat, von Eye, 2009).

Prevention efforts that reach parents before or soon after the birth of their baby, and provide intensive services on a moderately long-term basis can greatly reduce the incidence of child abuse as well as identify other problems such as domestic violence. Home visitors using a comprehensive approach can tailor their services to match a family's needs. After establishing a trusting relationship with the family, the home visitor will be able to identify problems. While the home visitor may not be able to offer intervention services, he or she can provide resources and ensure the safety of the children (Stith, Rosen, Middleton, 2000).

### **Financial Insecurity and Intimate Partner Violence**

Intimate partner violence (IPV) and sexual violence (SV) are critical public health concerns affecting millions of people each year. Research has consistently found that low SES, including poverty, is associated with higher levels of both IPV and SV victimization (Byrne, Resnick, Kilpatrick, Best, Saunders 1999; Breiding, Chen, Black 2014). Though associated with poverty, two indicators of economic insecurity, food and housing insecurity, have been identified as conceptually distinct social determinants of health (Cook, Frank. 2008; Dunn, Hayes, Hulchanski, Hwang, Potvin, 2006). Anderson (2010) defined food insecurity as existing “whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain.” Food insecurity has been operationalized in the literature as either concern about not having enough food, food not lasting, needing to cut or skip meals, going hungry, or some combination of these.

Terms such as housing instability and housing problems (Baker, Cook, Norris, 2003) have been used to represent a range of tangible experiences, including frequent moves, being denied affordable housing, inability to pay rent or mortgage, needing to move in with others, eviction/foreclosure, marginal housing, and homelessness (Kushel, Gupta, Gee, Haas 2006; Burgard, Seefeldt, Zelner, 2012) Housing insecurity, on the other hand, may be thought of as a slightly different construct that refers to distress related to one's perceived inability to pay for housing i.e., rent or mortgage (Stahre, VanEenwyk, Siegel, Njai 2015).

Although food and housing insecurity are linked to numerous negative health outcomes, few studies have examined food or housing insecurity specifically and their relationship to victimization (Kaiser, Baumrind, Dumbauld 2004; Wu, Schimmele 2005). One study found that women who experienced IPV in the last year had almost four times the odds of reporting housing instability than women who did not experience IPV after adjusting for SES variables (Pavao, Alvarez, Baumrind, Induni, Kimerling 2007). In another study, women who were unable to pay the rent or mortgage had greater odds of experiencing emotional abuse, coercion, and violence in general. (Golden, Perreira, Durrance 2013) Not having enough money to meet daily needs (such as food) has been associated with IPV victimization in college samples around the world (Sabina 2013). Food insecurity specifically has been associated with women's IPV victimization in a population-based sample in California, even after adjusting for poverty (Ricks, Cochran, Arah, Williams, Seeman 2015). A longitudinal study in Britain found that, after controlling for income, low-SES families that had experienced food insecurity were disproportionately affected by IPV (Melchior, Caspi, Howard, 2009). After controlling for income among low-SES families, 40.8% of ever food-insecure families had mothers who experienced IPV compared with 22.4% of always food-secure families (Melchior, Caspi, Howard, 2009). Researchers have suggested explanations

for the relationship between economic insecurity and SV/IPV. First, a lack of economic security can reduce the likelihood of victims leaving violent relationships (LaViolette, Barnett, 2014). Second, economic insecurity can create stress and conflict in a relationship, which can increase the likelihood of IPV (Capaldi, Knoble, Shortt, Kim, 2012; Stanley, Markman, Whitton, 2002).

A number of studies suggest a link between both food and housing insecurity and risk for IPV victimization, these studies are restricted to women, a specific state, or a particular setting (Capaldi, Knoble, Shortt, Kim, 2012; Kaiser, Baumrind, Dumbauld 2004; Wu, Schimmele 2005).

### **Financial Insecurity and Child Maltreatment**

Economically insecure children experience 3-9 times more maltreatment than economically secure children (Sedlak et al., 2010). Child maltreatment is a widespread societal problem with a variety of long-lasting consequences for children. These consequences include risky sexual behaviors, depression, suicidal ideation, distress, and poor physical health over the child's life course (Lindert et al., 2014; Miller, Esposito-Smythers, Weismoore, & Renshaw, 2013; Nanni, Uher, & Danese, 2012; Norman et al., 2012). In extreme circumstances, child maltreatment leads to physical injuries and death.

According to several meta-analyses and systematic reviews, low income is a risk factor associated with child physical abuse, neglect, and psychological maltreatment, which are types of child maltreatment (Black, Smith Slep, & Heyman, 2001; Stith et al., 2009). According to the family stress model, economic insecurities such as low income place economic pressure on families, leading to heightened parenting stress and depression, which, in turn, increase harsh



parenting and child maltreatment (Conger et al., 1992; Duncan, Magnuson, & Votruba-Drzal, 2014; Yang, 2015). Apart from low income, though, systematic reviews typically have not extended to other economic insecurities, such as material hardship, which influence family well-being. To our knowledge, there are no metaanalyses or systematic reviews dedicated to the relation between familial economic insecurity and child maltreatment. This is problematic because multiple forms of familial economic insecurity have been implicated in incidences of child maltreatment (Berger & Waldfogel, 2011; Conrad-Hiebner & Paschall, 2017; Pelton, 1994, 2015; Warren & Font, 2015). In addition to income, economic insecurity can include debt, unemployment, income transfers such as food stamps or cash assistance, and material hardship, including food, bill paying, and housing insecurity. We seek to remedy this issue by synthesizing the literature on the relationship between economic insecurity and child maltreatment.

Despite the increased likelihood of child maltreatment among economically insecure families, this finding is neither causal in nature nor reliably replicated across studies (see Berger & Waldfogel, 2011). Some researchers demonstrate that economic insecurity is linked to subsequent child maltreatment (e.g., Ovwigho, Leavitt, & Born, 2003; Sidebotham, Heron, Golding, & Team, 2002). Other study findings, however, indicate no statistically significant association between economic insecurity and future maltreatment (Courtney, Dworsky, Piliavin, & Zinn, 2005; Dworsky, Courtney, & Zinn, 2007). When inconsistent findings are present, systematic reviews can help by summarizing what is known about a particular topic (Littell, Corcoran, & Pillai, 2008). Until we identify the state of the evidence on economic insecurity and child mal-treatment, our ability to reduce child maltreatment will be limited.

In the realm of policy, elucidating the relationship between economic insecurity and child maltreatment has become increasingly urgent. Since the 1970s, the federal Temporary Assistance

to Needy Families (TANF) program has decreased its reach and amount of cash assistance available to families. For every 100 poor families, only 23 were served by TANF in 2017, when compared to the 68 families served in 1996 (Center on Budget and Policy Priorities [CBPP], 2017). Cash assistance has also decreased in value over time. In 2017, cash assistance was worth 20% less than in 1996 (CBPP, 2017; Congressional Budget Office, 2017). These reductions to cash assistance do not bode well for families. A growing body of literature indicates that income reductions increase subsequent child maltreatment (Cancian, Yang, & Slack, 2013; Courtney et al., 2005; Dworsky et al., 2007; Fein & Lee, 2003; Ovwigho et al., 2003; Shook, 1999; Slack, Lee, & Berger, 2007; Yeung, Linver, & Brooks-Gunn, 2002). In response, child advocates can use the findings from our systematic review to renew calls for enhanced social protections for vulnerable children and families.

Economic insecurity refers to a family's material hardship—food, bill paying, medical, and housing— employment status, debt, income, and income transfers from public or private sources. While public income transfers include government-funded social assistance programs (e.g., Supplemental Nutrition Assistance Program), private income transfers include private health insurance and financial assistance from friends or family (e.g., Conrad-Hiebner & Paschall, 2017). Further, child maltreatment is defined as any action or inaction that causes or could cause imminent serious emotional or physical harm (U.S. Department of Health and Human Services [DHHS], 2017). Whereas neglect is determined when a caregiver fails to provide necessary care although financially able to do so, physical abuse is defined as acts that cause or could cause physical injury. Likewise, psychological maltreatment encompasses acts that cause or could cause behavioral and mental disorders in children and may include verbal abuse (DHHS, 2017).

Literature on economic well-being and Conger and colleagues' (1992) family stress model provides compelling reasons to measure material hardship and other economic factors in addition to income. Some researchers indicate that income may not accurately predict a family's well-being or ability to purchase necessities. In one study, Gershoff, Aber, Raver, and Lennon (2007) found that material hardship was more predictive of family stress than income. In another study, Lusardi,

Schneider, and Tufano (2011) reported that 25% of middle- income families could not produce US\$2,000 in 1 month for an unanticipated expense. Besides income, geographical variations and out-of-pocket expenses may explain why some families can purchase adequate food, housing, transportation, and medical care while other families cannot (Mayer & Jencks, 1989, 1993; Ouellette, Burstein, Long, & Beecroft, 2004). To account for the contextual nature of economic insecurity, researchers often use material hardship to assess economic well-being. Material hardship is considered more objective than measures of income and includes the security and quality of food or housing, the ability to pay bills, and access to a doctor when needed (Beverly, 2001; Conrad-Hiebner & Scanlon, 2015). Since multiple indicators of economic insecurity are related to child maltreatment, it is worthwhile to study their relative contribution to child physical abuse, neglect, and psychological maltreatment.

Research on the family stress model provides further support for measuring several indicators of economic insecurity. According to the family stress model, multiple forms of economic insecurity—including income, employment, and debt— reduce familial well-being. Economic insecurity places pressure on caregivers, which negatively impacts the parent-parent and parent-child relationship (Conger et al., 1992). As stress accumulates, there are consequences for families, including marital conflict, parental depression, harsh parenting, and child maltreatment (Conger et al., 1992; Newland, Crnic, Cox, & Mills-Koonce, 2013; Warren & Font,

2015; Yang, 2015). The use of family stress model varies within literature on economic insecurity and child maltreatment. Although a few studies engaged the family stress model (e.g., Yang, 2015), some used the ecological perspective (e.g., Sidebotham et al., 2002), and others appear to be atheoretical. Given the inconstant associations between economic insecurity and child maltreatment, it would be useful to summarize the different ways researchers conceptualize the relationship between economic insecurity and child maltreatment.

### **Hypotheses**

After review of the research literature the generated hypotheses to guide the study are as follows

1. There is a significant relationship between financial insecurity and intimate partner violence among residents in Soweto Zone, Katanga Slum during covid 19 period
2. There is a significant relationship between financial insecurity and child maltreatment among residents in Soweto zone, Katanga Slum during Covid19 period
3. There is a significant relationship between intimate partner violence and child maltreatment among residents in Soweto zone Katanga slum during Covid 19 period

## **Chapter Three**

### **Methodology**

#### **Introduction**

This chapter provides content about, the research design, population, sample, instruments, measures, procedure, quality control, data management, data analysis, anticipated problems, reference and the budget.

#### **Research Design**

The study adopted a correlational research design which is quantitative in nature. This is because this study was carried out once without need for a follow-up study to pick new information.

#### **Population**

Soweto, Uganda has an estimated number of 140 households according to the UHPC (2014).

#### **The Sample**

A convenient sample of 100 residents were selected to participate in the study. The sample number was reached upon using krejcie and Morgan (1970).

#### **Instruments and Measures**

The researcher adopted a standardized instruments to measure the variables. The researcher used a standardized questionnaire comprising of close ended questions. To collect data for the

study. Section A measured bio data of the respondent. Section B measured organizational politics, section C measured employee engagement and section D measured turnover intention.

### **Procedure**

The researcher got an introductory letter from Makerere University School of psychology and was presented to the relevant authorities that is the L.C. 1 of Soweto Zone, Katanga. The researcher introduced herself to the respondents, introduce the topic, purpose and objectives of the study.

Respondents were directed on how to answer the items on the instrument, issues of confidentiality were clearly explained to the respondents. Questionnaires were then distributed and after one hour, they were collected and taken for analysis of data.

### **Quality Control**

This concerns the validity of the data collection instrument, the questionnaire was administered to the respondents, the researcher in consultation with the supervisor, cross checked the questionnaire items for consistency, relevancy, clarity and ambiguity.

### **Reliability**

Reliability was established using SPSS Reliability Analysis Scale (Alpha co – efficient). This is because of its easy and automatic applicability and can be fitted on a two or more point rating scale.

The instrument to be reliable it must exceed 0.70 (McMillan & Schumcher, 2006). The researcher used Alpha coefficient because of it being easy and automatic to apply.

## **Ethical Considerations**

Participants were briefed about the study and any concerns or questions they had about the research were answered by the researcher.

The identity of the participants remained anonymous; they were required to give or use their names in the research. Furthermore, the intention of the study was made clear to them at the very beginning of the study before they start responding to items in the questionnaires.

## **Data Analysis**

Data from the respondents was coded and analyzed using Statistical Package for Social Scientists (SPSS). Frequency tables were then generated to further analyze the respondents' bio data and other information about the variables. Pearson's product correlation coefficient was used to establish the relationships of the variables.

## **Problems/Limitations**

The study was based on self-reports, which increased the likelihood of respondents to be subjected on social desirability bias.

Participants were not honest with their answers for fear of being identified on the questionnaire. The researcher assured them not to indicate their names so that information is not tracked back to them and will promise the confidentiality of their responses so that they answer the questionnaire honestly.

Participants were not willing to fill in or complete the questionnaires. The researcher handled this by clarifying to them how relevant this study was to them prior giving out the questionnaire.



## Chapter Four

### Results

#### Introduction

This chapter presents the findings from the data analysis. The data presented includes both the descriptive information about the respondent's demographic characteristics in frequencies and percentages.

#### Demographic Characteristics

Respondents were requested to reveal their sex, age, education level and religion, the findings are presented in Table 2

*Table 1: Demographic Characteristics of Respondents*

Item		Frequency	Percentage
Sex	Male	37	37.0
	Female	63	63.0
Age	15-20	2	2.0
	21-30	3	3.0
	30 – 40	62	62.0
	40 and above	33	33.0
Education level	O-Level	24	24
	A-Level	56	56
	Undergraduate	20	20
	Masters and above	1	1
Religion	Moslems	7	7
	Catholics	40	40
	Protestants	29	29
	Others	24	24

Majority of the respondents who were interviewed were female who accounted for 63% this is because most respondents were found at home creating a situation where most of the people interviewed were stay home mothers. Majority of respondents were between the age of 30 – 40 accounting for 62% of respondents. Majority of respondents had finished senior six who accounted for 56% followed by O’Level accounting for 24%.

### **Financial Security among Soweto Residents**

To determine financial security among Soweto residents, frequencies of financial security were obtained and computed into percentages as shown in Table 2.

*Table 2: Rating of Financial Insecurity*

<b>Item</b>	<b>Yes (%)</b>	<b>No (%)</b>
Have a savings account	34 (34.0)	66 (66.0)
Have a mobile money account	79 (79.0)	21(21.0)
Have a debit card	47 (47.0)	53 (53.0)
Have an investment saving scheme or another kind of retirement account	4 (4.0)	96 (96.0)
Have not had trouble getting or paying for medical care of yourself or my family in the past year	0 (0.0)	100 (100.0)
Have not had trouble paying rent or mortgage in the past year	16 (16.0)	84 (84.0)
Have not had trouble paying my bills in the past year	19 (19.0)	81 (81.0)
Have not borrowed money from family or friend in the past year	6 (6.0)	94 (94.0)
I have received food assistance in the past 12 months	84 (84.0)	16 (16.0)

Results in table 2 reveal that majority of respondents owned a mobile money account who accounted for 79, those who had a savings account were only 34%. It was further revealed that the respondents that only 4% of respondents did not have a saving scheme.

## Intimate Partner Violence among Soweto Residents

To determine financial security among Soweto residents, frequencies of financial security were obtained and computed into percentages as shown in Table 2.

*Table 3: Respondents rating of intimate partner violence*

<b>Item</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. I explained my side or suggested a compromise for a disagreement with my partner	20(20)	24(24)	15(15)	30(30)	11(11)
2. My partner explained his or her side or suggested a compromise for a disagreement	18(18)	22(22)	26(26)	24(24)	11(11)
3. I insulted or swore or shouted or yelled at my partner	21(21)	20(20)	16(16)	33(33)	10(10)
4. My partner insulted or swore or shouted or yelled at me	18(18)	20(20)	17(17)	22(22)	23(23)
5. I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner	23(23)	22(22)	16(16)	30(30)	9(9)
6. My partner had a sprain, bruise, or small cut or felt pain the next day because of a fight with me	18(18)	26(26)	22(22)	24(24)	10(10)
7. I showed respect for, or showed that I cared about my partner's feelings about an issue we disagreed on	22(22)	19(19)	19(19)	26(26)	16(16)
8. My partner showed respect for, or showed that he or she cared about my feeling about an issue we disagreed on	21(21)	23(23)	14(14)	27(27)	15(15)
9. I pushed, shoved, or slapped my partner	17(17)	20(20)	20(20)	30(30)	13(13)
10. My partner pushed, shoved, or slapped me	23(23)	17(17)	21(21)	23(23)	10(10)
11. I punched or kicked or beat-up my partner	20(20)	15(15)	25(25)	22(22)	18(18)
12. My partner punched or kicked or beat-me-up	15(15)	20(20)	25(25)	22(22)	18(18)
13. I destroyed something belonging to my partner or threatened to hit my partner	17(17)	20(20)	20(20)	30(30)	13(13)
14. My partner destroyed something belonging to me or threatened to hit me	13(13)	28(28)	21(21)	23(23)	15(15)
15. I went see a doctor (M.D.) or needed to see a doctor because of a fight with my partner	20(20)	28(28)	22(22)	14(14)	16(16)
16. My partner went to see a doctor (M.D.) or needed to see a doctor because of a fight with me	26(26)	26(26)	19(19)	18(18)	11(11)
17. I used force (like hitting, holding down, or using a weapon) to make my partner have sex	18(18)	21(21)	21(21)	23(23)	17(17)
18. My partner used force (like hitting, holding down, or using a weapon) to make me have sex	25(25)	16(16)	22(22)	18(18)	18(18)
19. I insisted on sex when my partner did not want to or insisted on sex without a condom (but did not use physical force)	25(25)	20(20)	30(30)	9(9)	16(16)
20. My partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force)	26(26)	22(22)	22(22)	19(19)	13(13)

Results in Table 3 reveal that Majority of respondents revealed that they had pushed, shoved, or slapped their partner in the past month more than 20 times (30%). It was further revealed that in the past year on two occasions in the past year that their partner had destroyed their belonging or had threatened to hit them. Lastly majority of respondents revealed that at least once in the past year their partner had insisted on sex when did they did not want to or had insisted on sex without a condom thought they did not use physical force.

### **Child Maltreatment**

To determine child maltreatment among Soweto residents, frequencies of child maltreatment were obtained and computed into percentages as shown in Table 2.

Table 4: Rating of Child Maltreatment

<b>In the last five years, in my family this has happened</b>	<b>Yes</b>	<b>No</b>
<b>Emotional/psychological abuse</b>		
Belittling a child habitually	91	9
Showing preferential treatment by not loving the children equally	54	46
Witnessing a parent/guardian being drunk all the time	68	32
Blaming a child for everything in a way that makes the child feel guilty, cannot be trusted, or can never do anything right	53	47
Withholding love and affection from a child	9	91
Threatening to abandon a child or drive a child away from home	55	45
Verbally abusing, cursing, or calling a child horrible names	56	44
Locking a child younger than 11 years old alone in a room a whole day as a form of discipline	37	63
Being hostile to a child/making a child worry or live in constant fear of his or her safety	24	76
Constantly monitoring, second-guessing, or questioning every child's action in a way that makes the child feel he or she cannot be trusted	52	48
<b>Sexual abuse</b>		
Fondling the breasts of a child for sexual pleasure	49	51
Peeping constantly at a naked teenager in the room/toilet for sexual pleasure	33	67
Asking a child to perform oral sex on adults	48	52
Having sex in the presence of a child	60	40
Engaging in mutual sexual stimulation with a child for sexual pleasure	12	88
A father taking a shower with a teenage daughter/a mother taking a shower with a teenage son	44	56
<b>Child neglect</b>		
Allowing a child younger than 11 years old to wander the streets without supervision	5	95
Allowing a teenage child to marry an adult	4	96
Feeding a child so poorly to the extent that the child develops health/physical problems	0	100
Locking a child in a room or an enclosed area for almost the whole day	32	68
Depriving a child of food as a form of discipline	21	79
<b>Child labor</b>		
Letting a child younger than 14 years old to engage in manual labor meant for adults instead of going to school	30	70
Accepting the service of another person's child younger than 11 years old as domestic servant for money	17	83
Forcing a 10-year-old child to hawk food on the streets	56	44
Asking a child younger than 14 years old to live with somebody else as domestic servant rather than go to school	50	50
Allowing a child to engage for money in labor/work activities (e.g., transportation job, working with chemical, construction job) that are harmful or dangerous to health/well-being	49	51
Forcing a 7-year-old child to perform excessive and tedious household chores almost daily	12	88
<b>Physical abuse</b>		
Inflicting injury or physical pains on child from punching, kicking, or pushing	37	63
Strangling or choking a child so tight that the child could not breathe	28	72
Pinching and scratching a child with fingernails leaving marks	56	44
Beating a 5-year-old child with a belt or stick or other objects	44	56
Biting a child as a form of discipline	16	84

Results in Table 4 revealed that majority of respondent revealed that in the last 2 years there had been belittling a child habitually (91%). It was further revealed by majority of respondents (67%) that they in their family peeping constantly at a naked teenager in the room/toilet for sexual pleasure had not happened. Also more than 56% of respondents revealed that in the last 2 years, in their family that had forced a 10 year old child to hawk food on the streets. Also 56% of respondent revealed that in their family pinching and scratching a child with fingernails leaving marks had happened in their family in the last 2 years.

### **Financial Insecurity and Intimate Partner Violence**

The first hypothesis stated that was a significant relationship between financial insecurity and intimate partner violence among residents of Soweto zone Katanga. In order to test the significance of the hypothesis, person rank correlation was used and results are shown below.

*Table 5: Pearson Correlation between Financial Insecurity and Intimate partner violence*

		Financial insecurity	Intimate partner violence
Financial insecurity	Pearson Correlation	1	.606**
	Sig. (2-tailed)		.000
	N	100	100
Intimate partner violence	Pearson Correlation	.606**	1
	Sig. (2-tailed)	.000	
	N	100	1000

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Results in Table 5 show that there was a significant relationship between financial insecurity and intimate partner violence ( $r = 0.606^{**}$ ,  $p < 0.01$ ). Therefore, the alternative hypothesis was retained and it was concluded that there was a significant relationship between financial insecurity and intimate partner violence among residents of Soweto Zone Katanga. This implied that an increase in financial insecurity leads to an increase in intimate partner violence during Covid 19 period.

### Financial Insecurity and Child Maltreatment

The second hypothesis was stated that there was a significant relationship between Financial insecurity and child maltreatment among residents of Soweto zone Katanga. In order to test the significance of the hypothesis, person rank correlation was used and results are shown below.

*Table 6: Pearson Correlation between Financial insecurity and Child maltreatment*

		Financial insecurity	Child maltreatment
Financial insecurity	Pearson Correlation	1	.320**
	Sig. (2-tailed)		.000
	N	100	100
Child maltreatment	Pearson Correlation	.320**	1
	Sig. (2-tailed)	.000	
	N	100	100

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Results in Table 5 show that there was a significant relationship between Financial insecurity and child maltreatment among school going adolescents ( $r = 0.320^{**}$ ,  $p < 0.01$ ). Therefore, the alternative hypothesis is retained and it was concluded that there was a significant relationship between Financial insecurity and child maltreatment among residents of Soweto Zone. This implied that an increase in Financial insecurity led to an increase in child maltreatment.

### Intimate Partner Violence and Child Maltreatment

The third hypothesis stated that there was a significant relationship between Intimate Partner violence and child maltreatment among Soweto residents in Katanga. In order to test the significance of the hypothesis, person rank correlation was used and results are shown below.

*Table 7: Pearson Correlation between Intimate Partner violence and Child maltreatment*

		Intimate partner violence	Child maltreatment
Intimate Partner violence	Pearson Correlation	1	.297**
	Sig. (2-tailed)		.000
	N	100	100
Child maltreatment	Pearson Correlation	.297**	1
	Sig. (2-tailed)	.000	
	N	100	100

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Results in Table 5 show that there is a significant relationship between Intimate Partner violence and child maltreatment among Soweto residents in Katanga ( $r = 0.297^{**}$ ,  $p < 0.01$ ). Therefore, the alternative hypothesis is retained and it is concluded that there is a significant relationship between Intimate Partner violence and child maltreatment among Soweto residents in Katanga. This implies that an increase in intimate partner violence leads to an increase in child abuse



## **Chapter Five**

### **Discussion, Conclusion and Recommendations**

#### **Introduction**

This chapter presents the discussions, conclusion and recommendations of the study

#### **Discussion**

##### **Intimate partner violence and child maltreatment**

The first hypothesis stated that there was a significant relationship between intimate partner violence and child maltreatment. The study findings revealed that there is a positive relationship between intimate partner violence and maltreatment among residents of Soweto village.

Intimate partner violence is a pattern of behavior, not a single event, episodes may become more severe and more frequent over time, resulting in an increased likelihood that the children eventually become victims.

The World health Organization in 2013 asserts that children witnessing intimate partner violence is another exposure of children to child maltreatment as it exposes them to increased risk of depression, anxiety, aggression, conduct disorders, attention deficit and hyperactivity. The study findings do agree with Hamby, Finkelhor, Turner, (2010) in their study in the US found that children who witness IPV are also at increased risk of being maltreated in other ways. In the USA, nationally representative

The study findings agreed with Devries, Mak, Garcia-Moreno (2013) who revealed that even if children are witnesses to acts of violence and not the intended targets, they can be affected in the same way as children who are physically and sexually abused.

The study findings agreed with Martinez, Bogat, von Eye, (2009) assertions that adults who were abused as children have an increased risk of abusing their children, and adults who grew up in a violent home are more likely to become perpetrators or victims of domestic violence. Hamby, Finkelhor, & Turner (2010) give some of the reasons which include shame, secrecy, and isolation, both types of abuse are underreported. Domestic violence and child abuse also differ in some significant ways. Parental stress is an important factor in instances of child abuse, but this link has not been established in cases of domestic violence (Hamby, Finkelhor, Turner, 2010).

The study findings also agreed with Hamby, Finkelhor, Turner, (2010) who found similarities between families undergoing intimate partner violence and families that have child maltreatment. They asserted that the two populations share several similarities for example, parents claimed ownership of their children and society hesitated to interfere with the family unit. Similarly, society in the past, has sanctioned the belief that men have the right to use whatever force is necessary to control the behavior of women. Those in intimate relationships as well as those who abuse children often are repeating learned behaviors transmitted inter-generationally.

In conclusion, the study revealed that there was a significant relationship between intimate partner violence and child maltreatment because family merely a child being exposed to intimate partner violence by just seeing is considered child maltreatment as it affects his/her psychological wellbeing.

### **Financial insecurity and intimate partner violence**

The second hypothesis stated that there was a significant relationship between financial insecurity and intimate partner violence. The study findings found a positive relationship between financial insecurity and intimate partner violence. This showed that increase in financial insecurity leads to increased intimate partner violence.

First, a lack of economic security can reduce the likelihood of victims leaving violent relationships. Financial insecurity can create stress and conflict in a relationship, which can increase the likelihood of IPV due to the increased stress for failure to provide efficiently for the family.

The study findings were in conformity with Studies like Byrne, Resnick, Kilpatrick, Best, Saunders 1999 and Breiding, Chen, Black (2014) who found that found that low SES, including poverty, is associated with higher levels of both IPV and SV victimization.

The study findings agreed with Golden, Perreira, Durrance (2013) who found that found that women who experienced IPV in the last year had almost four times the odds of reporting food insecurity than women who did not experience IPV food insecurity. They further revealed that women who were unable to pay the rent or mortgage had greater odds of experiencing emotional abuse, coercion, and violence in general from their partners.

The study findings agreed with Ricks, Cochran, Arah, Williams, Seeman (2015) findings that not having enough money to meet daily needs is a precursor to IPV victimization in college samples around the world. They found Food insecurity specifically has been associated with

women's IPV victimization in a population-based sample in California, even after adjusting for poverty (Ricks, Cochran, Arah, Williams, Seeman 2015).

The study findings were in line with Melchior Caspi, Howard, (2009) in their longitudinal study in Britain found that, after controlling for income, low-SES families that had experienced food insecurity were disproportionately affected by IPV specifically. After controlling for income among low-SES families, 40.8% of ever food-insecure families had mothers who experienced IPV compared with 22.4% of always food-secure families (Melchior, Caspi, Howard, 2009).

In conclusion the study revealed that there was a significant relationship between financial insecurity and intimate partner violence.

### **Financial Insecurity and Child Maltreatment**

The third hypothesis revealed that there was a significant relationship between financial insecurity and child maltreatment. The findings found a positive relationship between financial insecurity and child maltreatment among families in Soweto village.

Financial insecurities such as low income place economic pressure on families, leading to heightened parenting stress and depression, which, in turn, increase harsh parenting and child maltreatment

The study findings concurred with Sedlak et al, (2010) who found that economically insecure children experience 3-9 times more maltreatment than economically secure children (Sedlak et al., 2010). This is because low income is a risk factor associated with child physical

abuse, neglect, and psychological maltreatment, which are types of child maltreatment (Black, Smith Slep, & Heyman, 2001; Stith et al., 2009).

The study findings agreed with Yang (2015) who revealed that economic insecurity places pressure on caregivers, which negatively impacts the parent-parent and parent-child relationship because as stress accumulates, there are consequences for families, including marital conflict, parental depression, harsh parenting, and child maltreatment

In conclusion the study found a significant relationship between financial insecurity and child maltreatment. This was because of the increased stress causing parents to lashout onto their children.

### **Conclusion**

The study revealed that there was a significant relationship between intimate partner violence and child maltreatment because family merely a child being exposes to intimate partner violence by just seeing is considered child maltreatment as it affects his/her psychological wellbeing. Also the study revealed that there was a significant relationship between financial insecurity and intimate partner violence. Lastly the study found a significant relationship between financial insecurity and child maltreatment. This was because of the increased stress causing parents to lashout onto their children.

### **Recommendations**

The government must find mechanisms which ensure that families are financially secure, this will help in curbing intimate partner violence and child maltreatment in Soweto zone Kyebando.

Also strong policies must be developed which limit intimate partner violence, this will help to stop first vicious cycle of child maltreatment and future intimate partner violence perpetrators.

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## Appendices

### Appendix 1: Questionnaire

I am by names of Tusubira Eve a third year student of Makerere University pursuing a bachelors degree in Industrial and Organizational Psychology. I am .kindly requesting a few minutes of your time to help me fill the attached questionnaires of my topic entitled Financial insecurity, intimate partner violence and child maltreatment among families in Katanga, Soweto Zone during Covid 19 period. I promise that ethical consideration shall be observed and information from the respondents to the researcher shall be treated with utmost confidentiality and privacy it will strictly be used for academic purposes only. Thanks a lot for your participation.

### Instructions

*Please tick the most correct answer*

### Section A: Demographic Characteristics

Sex	Male	
	Female	
Age	15-20	
	21-30	
	30 - 40	
	40 and above	
Education level	O-Level	
	A-Level	
	undergraduate	
	Masters and above	
Religion	Moslems	
	Catholics	
	Protestants	
	Others	

## Section B: Financial Security

Instruction

*Please tick the most correct answer*

<b>Item</b>	<b>Yes</b>	<b>No</b>
Have a savings account		
Have a mobile money account		
Have a debit card		
Have an investment saving scheme or another kind of retirement account		
Have not had trouble getting or paying for medical care of yourself or my family in the past year		
Have not had trouble paying rent or mortgage in the past year		
Have not had trouble paying my bills in the past year		
Have not borrowed money from family or friend in the past year		
I have received food assistance in the past 12 months		

## Section C: Intimate Partner Violence

### Instruction

*Please tick the most correct answer*

### How often did this happen?

1 = Once in the past year

2 = Twice in the past year

3 = 3-5 times in the past year

4 = 6-10 times in the past year

5 = 11-20 times in the past year

6 = More than 20 times in the past year

7 = Not in the past year, but it did happen before 8 = This has never happened

Item	1	2	3	4	5	6	7
1. I explained my side or suggested a compromise for a disagreement with my partner							
2. My partner explained his or her side or suggested a compromise for a disagreement							
3. I insulted or swore or shouted or yelled at my partner							
4. My partner insulted or swore or shouted or yelled at me							
5. I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner							
6. My partner had a sprain, bruise, or small cut or felt pain the next day because of a fight with me							
7. I showed respect for, or showed that I cared about my partner's feelings about an issue we disagreed on							
8. My partner showed respect for, or showed that he or she cared about my feeling about an issue we disagreed on							
9. I pushed, shoved, or slapped my partner							
10. My partner pushed, shoved, or slapped me							
11. I punched or kicked or beat-up my partner							
12. My partner punched or kicked or beat-me-up							

13. I destroyed something belonging to my partner or threatened to hit my partner							
14. My partner destroyed something belonging to me or threatened to hit me							
15. I went see a doctor (M.D.) or needed to see a doctor because of a fight with my partner							
16. My partner went to see a doctor (M.D.) or needed to see a doctor because of a fight with me							
17. I used force (like hitting, holding down, or using a weapon) to make my partner have sex							
18. My partner used force (like hitting, holding down, or using a weapon) to make me have sex							
19. I insisted on sex when my partner did not want to or insisted on sex without a condom (but did not use physical force)							
20. My partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force)							

**Section D: Child maltreatment**

Instruction

*Please tick the most correct answer*

In the last five years, in my family this has happened	Yes	No
<b>Emotional/psychological abuse</b>		
Belittling a child habitually		
Showing preferential treatment by not loving the children equally		
Witnessing a parent/guardian being drunk all the time		
Blaming a child for everything in a way that makes the child feel guilty, cannot be trusted, or can never do anything right		
Withholding love and affection from a child		
Threatening to abandon a child or drive a child away from home		
Verbally abusing, cursing, or calling a child horrible names		
Locking a child younger than 11 years old alone in a room a whole day as a form of discipline		
Being hostile to a child/making a child worry or live in constant fear of his or her safety		
Constantly monitoring, second-guessing, or questioning every child's action in a way that makes the child feel he or she cannot be trusted		
<b>Sexual abuse</b>		
Fondling the breasts of a child for sexual pleasure		
Peeping constantly at a naked teenager in the room/toilet for sexual pleasure		
Asking a child to perform oral sex on adults		
Having sex in the presence of a child		
Engaging in mutual sexual stimulation with a child for sexual pleasure		
A father taking a shower with a teenage daughter/a mother taking a shower with a teenage son		

<b>Child neglect</b>		
Allowing a child younger than 11 years old to wander the streets without supervision		
Allowing a teenage child to marry an adult		
Feeding a child so poorly to the extent that the child develops health/physical problems		
Locking a child in a room or an enclosed area for almost the whole day		
Allowing a child younger than 9 years old to sleep overnight alone without adult		
Depriving a child of food as a form of discipline		
<b>Child labor</b>		
Letting a child younger than 14 years old to engage in manual labor meant for adults instead of going to school		
Accepting the service of another person's child younger than 11 years old as domestic servant for money		
Forcing a 10-year-old child to hawk food on the streets		
Forcing a child younger than 11 years old to take care of parents/guardians or siblings (i.e., brothers and sisters) almost daily		
Asking a child younger than 14 years old to live with somebody else as domestic servant rather than go to school		
Allowing a child to engage for money in labor/work activities (e.g., transportation job, working with chemical, construction job) that are harmful or dangerous to health/well-being		
Forcing a 7-year-old child to perform excessive and tedious household chores almost daily		
<b>Physical abuse</b>		
Inflicting injury or physical pains on child from punching, kicking, or pushing		
Strangling or choking a child so tight that the child could not breathe		
Pinching and scratching a child with fingernails leaving marks		
Beating a 5-year-old child with a belt or stick or other objects		
Biting a child as a form of discipline		