



Original Research

Domestic violence towards children in Kenya and Zambia during the COVID-19 pandemic

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ARTICLE INFO

Article history:

Received 15 January 2023

Received in revised form

9 May 2023

Accepted 10 May 2023

Available online 15 May 2023

Keywords:

COVID-19

Domestic violence

Children's health

Emotional violence

Physical violence

ABSTRACT

Objectives: Although research has demonstrated that the COVID-19 pandemic has increased the likelihood of children experiencing domestic abuse, few empirical studies have focused on the most vulnerable communities in developing countries. This study aimed to evaluate the impact of the COVID-19 pandemic on domestic violence towards children in Kenya and Zambia.

Study design: In collaboration with an international non-governmental organisation (NGO), an original door-to-door survey of 842 children and their parents (or adult guardians) was conducted in Kenya and Zambia. The survey sites were carefully selected to target economically underprivileged communities with the presence of NGOs as well as those without.

Methods: Using multivariate regression analysis of child and parent survey responses, we attempted to identify how parents' experiences of COVID-19 affected children's exposure to domestic violence. Our analysis of domestic violence included both emotional (psychological) and physical violence.

Results: Children from households whose guardians perceived a strongly negative effect of COVID-19 were more likely to experience domestic violence. The correlation was statistically significant for both emotional and physical violence. In Kenya, children in communities with NGO presence were less likely to experience domestic violence.

Conclusions: The COVID-19 pandemic has exposed children to an increased risk of experiencing domestic violence. Children from underprivileged communities in developing countries are particularly vulnerable to such risk, as they tend to lack social support from communities and governments. International organisations must pay more attention to these children during the pandemic.

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Introduction

As United Nations Secretary-General António Guterres noted, pandemics are catastrophic for children throughout the world.¹ Among the many negative effects of the COVID-19 pandemic on children, their increased risk of experiencing domestic violence has received significant attention.^{2,3} The pandemic and the response measures against it, such as lockdowns and school closures, aggravate household financial difficulties, increase stress among parents and decrease accessibility to external social support, all of

which are well-known facilitators of domestic violence towards children.^{4,5}

This is particularly problematic in socially and economically disadvantaged families in the developing world where public safety nets are weak. The systems supporting child maltreatment investigations and reporting are underdeveloped in these countries and are particularly unlikely to function properly during the pandemic. Although researchers have investigated the effects of COVID-19 on child abuse and neglect in developed countries,^{6,7} systemic quantitative evidence on the nexus between the COVID-19 and domestic violence in developing countries needs more academic scrutiny. Because of the limitations of reliable statistics and fieldworks during the pandemic, existing studies on the effects of COVID-19 on child abuse in developing countries tend to rely on either open-source database⁸ or online survey methods,⁹ which

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may suffer from small sampling and self-reporting biases, given the sensitivity of the issue.

We contribute to existing literature by conducting an original door-to-door survey from fieldwork in Kenya and Zambia during the peak of the pandemic in March and April 2021, which enable us to perform systematic quantitative study on the effects of COVID-19 on child abuse in developing countries. In practice, through separate parent and child surveys, we were able to explore how parents' experiences of enduring the pandemic have affected their children's likelihood of experiencing domestic violence more accurately, thereby reducing underreporting bias. Our collaboration with Good Neighbors, an international development non-governmental organisation (NGO) with a long history of work in 40 countries, including Kenya and Zambia, also provided us with a unique opportunity to examine whether the presence of NGOs has helped reduce domestic violence towards children during the pandemic.

Methods

Survey data

We chose Kenya and Zambia because they exemplify the severity of the phenomenon of interest. Kenya and Zambia have been severely affected by COVID-19 compared with other countries in sub-Saharan Africa. At the end of 2020, the proportions of confirmed cases were greater than 0.05% in both countries, below Ethiopia, which had the highest proportion at 0.09%.¹⁰ We were unable to survey Ethiopia because of ongoing political unrest and civil conflict. Kenya and Zambia adopted similar lockdown measures to fight against COVID-19. Kenya closed all schools on 16 March 2020, and Zambia did it on 17 March 2020.^{11,12} As COVID-19 situation changes, they relaxed these lockdown measures. The minimum sample size required in each country was 384 considering their populations (95% confidence level and 5% margins of error); our sample included a total of 842 households in the two countries: 442 from Kenya and 400 from Zambia.

Considering that the variation in socio-economic conditions between sample villages could have biased our estimations, we attempted to select similarly socio-economically disadvantaged villages in Kenya and Zambia. In half of the selected villages, Good Neighbors operated community development projects (CDPs). In CDP areas, a range of projects is conducted to promote community development in terms of education, health, water, sanitation, hygiene, income generation, advocacy, and community partnership. When selecting villages, we made sure that there were no significant differences between CDP villages and non-CDP villages in terms of household economic and social conditions.

In each village, we collected information from both household representatives and children (aged between 8 and 18 years, with a mean age of approximately 13 years) of each household. The door-to-door surveys were conducted by local Good Neighbors staff members; they were pretrained about the survey protocol and research ethics. When it came to surveying children, they arranged for children to answer independently without the help of other adults so that children could give their honest opinions on sensitive topics. In Kenya, data were collected from 20 to 31 March 2021, followed by a supplementary survey from 15 to 22 April April to sort out the missing information. In Zambia, surveys were conducted from 8 to 28 March 2021.

Dependent variables

Our key dependent variables were children's risk of experiencing domestic violence. Building on the Child Exposure to

Domestic Violence Scale,¹³ we included the items in Table 1 in the child survey. We derived three measures of domestic violence from the questions. First, to estimate the overall tendency of experiencing domestic violence, we created a composite index of five questions using principal component analysis. The variable is referred to as *Violence Exposure Index*. Next, we attempted to capture the dimensions of emotional and physical violence that children may experience using questionnaire items Q2 and Q4, respectively. The overall distribution of the three variables across the two countries is shown in Fig. 1. The median values of the violence index and emotional violence index were higher for Kenyan children than Zambian children; however, when it came to physical violence, Zambian children were more likely to experience physical violence "a few times" or more.

Independent variable

Our key independent variable was the parents' perceptions of the impact of COVID-19. We asked the heads of the households the following question: "How has COVID-19 changed your daily life?" Based on the answers (5 = very negatively; 4 = somewhat negatively; 3 = neither negatively nor positively; 2 = somewhat positively; 1 = very positively), we created a variable *Negative COVID Impact*. Existing literature explains that COVID-19 can lead to violence against children through several ways, such as caregivers' stress caused by economic uncertainty (i.e. job loss) and increasing caregivers' responsibility and workload due to school closures.¹⁴ However, it appears that the psychological condition of the parents affected by the aforementioned factors is the direct trigger of violence towards children. With the question, we attempt to capture the overall mental health level of the parents. Overall, 69% of our sample (61% in Zambia and 76% in Kenya) reported that COVID-19 had "very negatively (5)" changed their daily lives. NGO presence did not seem to have a significant association with the parents' perceptions of COVID-19's effects. Moreover, 70% of respondents in the CDP villages and 68% of respondents in villages without CDPs reported that the effect of COVID-19 was very negative.

Control variables

We controlled for the gender of the parent responded to our household survey as well as the following self-reported variables to account for the possible variation in the dependent variables. First, we included household characteristic variables, such as *Parenting Stress* (how much parenting stress have you experienced during the school lockdown since the outbreak of COVID-19? 5 = entirely; 4 = a lot; 3 = somewhat; 2 = rarely; 1 = not at all), *Household Income* (country- and sample-specific quantile measure), and *Parent Level of Education* (5 = higher than secondary school graduate; 4 = secondary school graduate; 3 = secondary school dropout; 2 = primary school graduate; 1 = primary school dropout; 0 = no formal education). On the one hand, parenting stress may increase the likelihood of using violent measures. However, the effect of parenting stress can be absorbed by the main independent variable. In addition, the socio-economic conditions of parents are expected to affect their treatment of children.¹⁵ [Supplementary Materials](#) provides covariate balance table.

Next, we accounted for several child survey variables, such as *gender*, *age*, and *school attendance* (Have you gone to school for the last two weeks? 0 = no; 1 = yes, often; 2 = yes, regularly). We controlled for the children's awareness levels regarding child rights, *Knowledge About Child Rights* (Do you know what rights children have? 5 = entirely; 4 = a lot; 3 = somewhat; 2 = rarely; 1 = not at all) and the ongoing pandemic, *Knowledge About COVID-19* (How much are you aware of COVID-19? 5 = entirely; 4 = a lot;

Table 1
Measuring children's exposure to domestic violence.

Child reads and answers Tell us about how you were at home in the past week. Please check (✓) what describes your situation the best	Answer				
	Never	Once	A few times	Often times	All the time
Q1. How often do adults in your family disagree with each other?					
Q2. How often has an adult in your family hurt your feelings by making fun of you, calling you names, threatening you, or saying things to make you feel bad?					
Q3. How often have you seen someone in your family get slapped, punched, kicked, or hurt by a knife or dangerous object?					
Q4. How often has someone in your family done something to hurt your body, like hitting you, kicking you, beating you up, or things like that?					
Q5. How often has someone in your family touched your private parts when you didn't want them to, or made you touch their private parts?					

3 = somewhat; 2 = rarely; 1 = not at all). Existing studies suggest that disasters have severe effects on younger children,^{16,17} and the influences also vary by gender.^{18–20} Finally, we controlled the role of NGOs. The variable *NGO Presence* captured whether the respondents lived in CDP villages. The [Supplementary Materials](#) present descriptive statistics table.

Results

Our main findings are summarised in [Table 2](#). Models 1–3 present estimation results using the Kenyan sample, and Models 4–6 report the findings based on the Zambian sample. Given that the composite measure of violence was continuous, we used the ordinary least squares (OLS) estimator in Models 1 and 4. To estimate emotional and physical violence in Models 2, 3, 5, and 6, we transformed the response variable into a binary format. Specifically, instances where violence was experienced a few times or more were coded as 1, whereas instances where it was experienced less than a few times were coded as 0. Logistic regression was then used to analyse the data.

Overall, the effect of the main independent variable (*Negative COVID-19 Effect*) was positive and significant with at least 95%

confidence interval; this was consistent with our general expectations. In Models 1 and 4, the coefficient estimates for *Negative COVID-19 Effect* indicate the impact of a 1-unit increase in this variable on the *Violence Exposure Index*. The coefficient size of 0.088 in Model 1 represents approximately one-fifth of the standard deviation of the *Violence Exposure Index*, whereas the estimate size of 0.069 in Model 4 is equivalent to approximately one-sixth of the standard deviation of the *Violence Exposure Index*. Our findings hold when we use an alternative weighing method for creating the index. [Supplementary Materials](#) present models using the inverse covariance-weighted index.²¹ Among the household-level control variables, the *Household Income* variable was positively associated with the dependent variables in Models 4 but not the other models.

Next, the estimation results on the impact of children's awareness of their rights and COVID-19 situations were partially associated with the measures of violence. The effects of *Knowledge About Child Rights* were positive and significant ($P < 0.05$) in Models 1, 4, and 6, suggesting that children's awareness of their rights was somewhat associated with the risk of experiencing domestic violence in both countries. The variable *Knowledge About COVID-19* had significant effects in Models 4 and 6 in the Zambian sample only. In Zambia, younger children were also more likely to

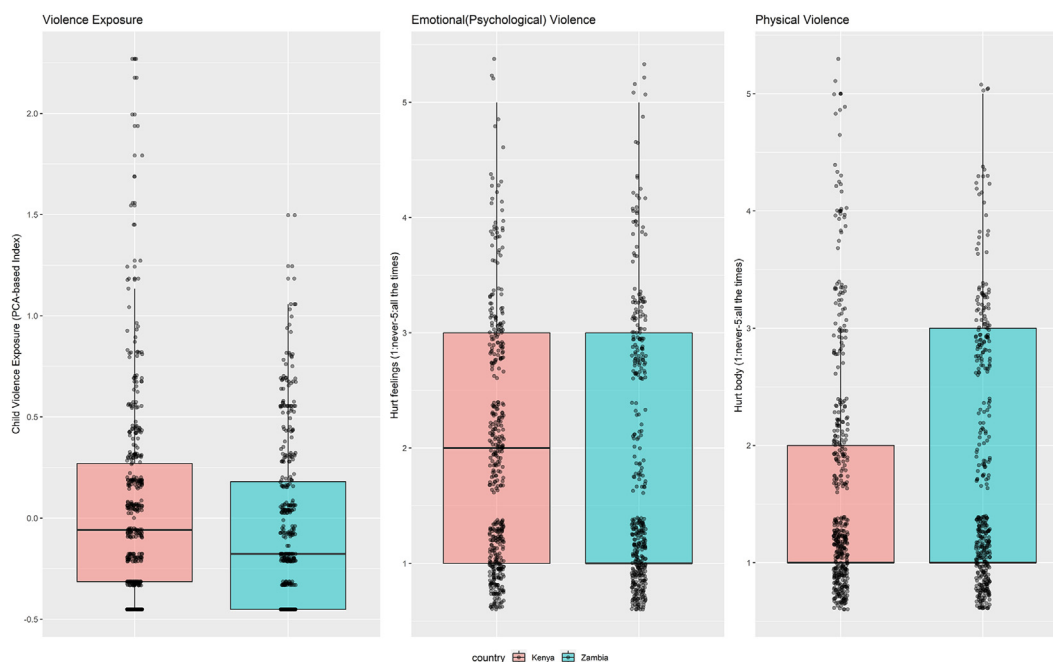


Fig. 1. Dependent variables box plot.

Table 2
COVID-19 pandemic and children's exposure to domestic violence.

Estimator	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
	OLS	Logit	Logit	OLS	Logit	Logit
Sample	Kenya			Zambia		
Dependent Variable	Violence	Emotional	Physical	Violence	Emotional	Physical
	Index	Violence	Violence	Index	Violence	Violence
Adult survey						
Negative COVID-19 Effect	0.088*** (0.020)	0.230* (0.113)	0.560** (0.200)	0.069*** (0.019)	0.276* (0.127)	0.391** (0.134)
Parent Respondent Gender	-0.015 (0.047)	0.100 (0.230)	0.035 (0.271)	-0.044 (0.042)	0.270 (0.238)	0.058 (0.249)
Parenting Stress	0.018 (0.021)	0.207 (0.113)	0.054 (0.129)	0.007 (0.017)	-0.079 (0.094)	0.051 (0.101)
Household Income (category)	0.004 (0.022)	0.015 (0.113)	-0.110 (0.132)	0.049** (0.018)	0.170 (0.101)	0.179 (0.106)
Parent Level of Education	-0.007 (0.016)	-0.005 (0.080)	0.024 (0.095)	-0.017 (0.015)	-0.116 (0.089)	-0.100 (0.091)
Child survey						
Gender (Boy)	-0.049 (0.045)	-0.121 (0.224)	0.206 (0.263)	0.029 (0.040)	0.149 (0.228)	-0.007 (0.238)
Age	-0.001 (0.012)	-0.008 (0.058)	0.049 (0.068)	0.000 (0.011)	0.122 (0.064)	-0.133* (0.067)
School Attendance	-0.019 (0.031)	-0.096 (0.155)	-0.083 (0.181)	-0.037 (0.027)	0.031 (0.151)	-0.071 (0.160)
Know about Child Rights	0.040* (0.020)	0.116 (0.103)	0.140 (0.122)	0.037* (0.019)	0.055 (0.103)	0.276** (0.103)
Know about COVID 19	0.006 (0.020)	0.008 (0.101)	0.136 (0.123)	0.048* (0.020)	0.028 (0.115)	0.293* (0.120)
NGO Presence	-0.154** (0.048)	-0.693** (0.235)	-0.349 (0.278)	0.025 (0.040)	0.439 (0.228)	0.235 (0.239)
Number of observations	442	442	442	400	400	400

***P < 0.001; **P < 0.01; *P < 0.05; A constant term is included in all models.

experience physical violence. The variables *Gender* and *School Attendance* were not associated with violence towards children in either country. Finally, the variable *NGO Presence* was negatively associated the risk of experiencing domestic violence in Models 1 and 2 ($P < 0.01$).

Discussion

Using original survey data from Kenya and Zambia, this study explored the effects of the COVID-19 pandemic on children's risk of experiencing domestic violence. The main finding was consistent

with our expectations. The more negative the self-perceived effect of the pandemic was on parents or guardians, the more likely that children in the same household reported the presence of domestic violence. This finding is robust to different sample settings and types of domestic violence. In both countries, children were likely to experience various types of violence in their families when parents believed they were severely affected by the COVID-19 pandemic.

To assess the substantial effects of the pandemic on violence, we calculated the predicted probability of experiencing violence, given varying levels of the pandemic's self-perceived impact (very negative vs neither negative nor positive) on parents and guardians in

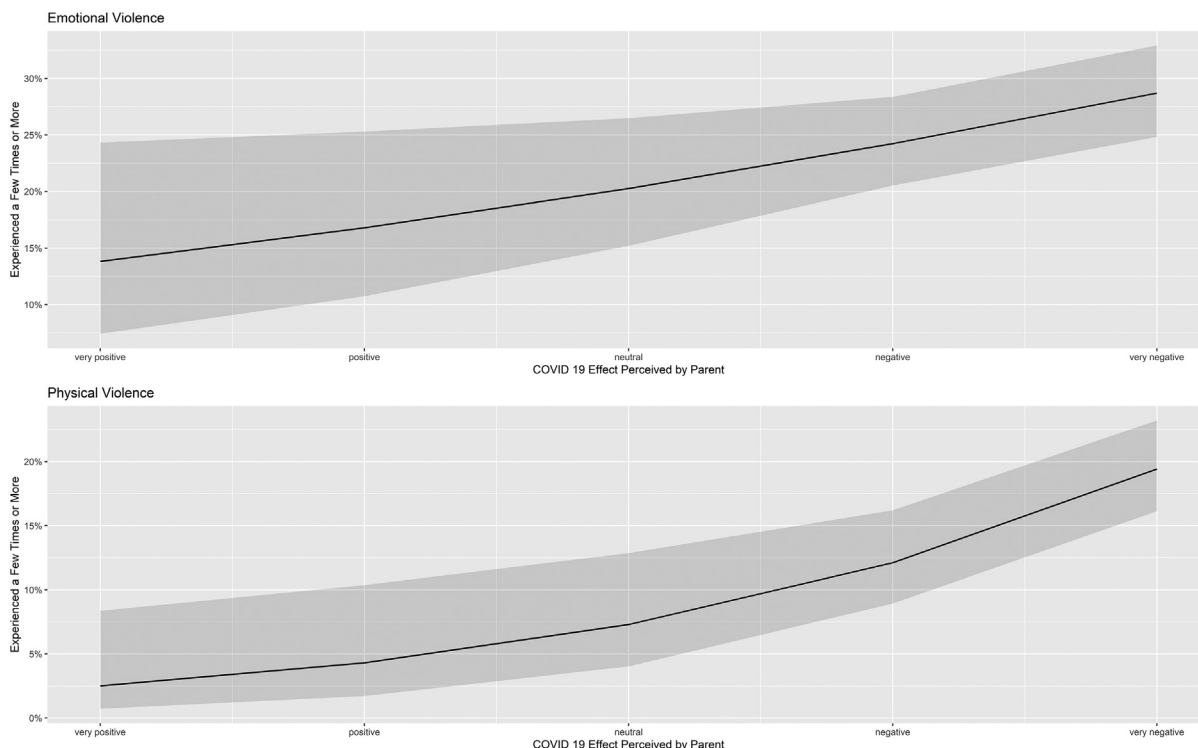


Fig. 2. Predicted effects of the COVID-19 pandemic on children's exposure to domestic violence in Kenya (top: emotional violence based on Model 2; bottom: physical violence based on Model 3).

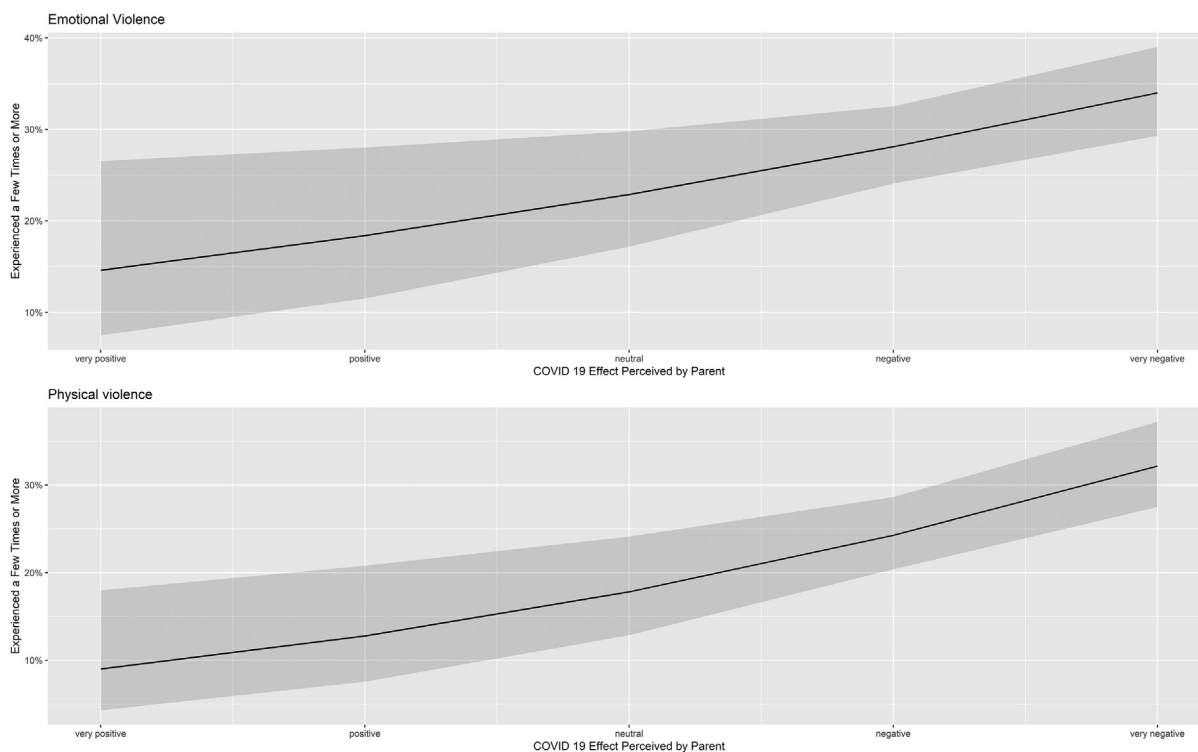


Fig. 3. Predicted effects of the COVID-19 pandemic on children's exposure to domestic violence in Zambia (top: emotional violence based on Model 5; bottom: physical violence based on Model 6).

Figs. 2 and 3 with 90% confidence intervals. All other variables were set to their sample means. First, in Kenyan households with parents who reported being very negatively affected by the COVID-19 pandemic, close to 30% of children experienced emotional violence “a few times” or more; this was substantially higher than the 20% of children in families whose parents reported not being affected by the pandemic although the confidence intervals overlap.

Regarding physical violence, the predicted probability of children experiencing violence in households with parents who reported being very negatively affected by the COVID-19 pandemic was 20%, which was significantly different from the less than 10% of children whose parents reported not being affected by the pandemic (Fig. 2). The Zambian sample yielded similar outcomes. The predicted probabilities of children experiencing emotional and physical violence “a few times” or more in households with very negatively affected parents were 34% and 32%, respectively, in contrast with the probabilities of 23% and 18%, respectively, among households wherein parents reported not being affected by the COVID-19 pandemic. Our findings demonstrate that the COVID-19 pandemic considerably increased children's risk of experiencing domestic violence.

Other household-level variables, such as *Parent Respondent Gender*, *Parenting Stress* and *Parent Level of Education*, were not associated with domestic violence against children. One possibility is that the effects of these parent-level variables, in particular that of *Parenting Stress*, were largely absorbed by the main independent variable – the negative personal impact of the COVID-19 pandemic. That is, most of the negative symptoms of parenting stress would be nested in the parents' negative assessments of the effects of the pandemic. While the positive and significant effect of *Household Income* in Models 4 might sound counterintuitive, note that our survey targeted poor communities, and, thus, most households in our sample were economically disadvantaged. Income assessment

in our model was based on the sample-specific quintiles; therefore, variations in income level were only relative to other respondents, and labels such as “high income” and “low income” are misleading.

Among the child-level variables, children's awareness of child rights appeared to be positively associated with the likelihood of experiencing violence in several models. A possible explanation is that children who were aware of their rights were more likely to recognise the violent behaviours of their parents. Thus, although this variable is unable to capture the direct effect of children's rights awareness on domestic violence, it would address a reporting bias induced by children's cognitive ability to identify violence.

Finally, the *NGO Presence* variable was negatively associated with domestic violence in Kenya, and the effect on emotional violence was particularly strong. Model 2 predicts a 21% likelihood of children experiencing emotional violence a few times more in CDP areas (90% confidence intervals: 29%–40%), notably lower than the corresponding figure of 34% in non-CDP areas (90% confidence intervals: 17%–25%). This finding has a significant implication for the role of NGOs in supporting vulnerable groups in developing countries. Numerous studies have indicated that children's emotional health is severely impacted by disasters, but the effects are also influenced by various surrounding factors at the family^{22,23} and community levels.^{24,25} The authors of such studies posit that positive support and interactions among family and community members help alleviate children's psychosocial problems during difficult times.^{26,27} Our finding, in line with these studies, suggests that NGOs can play a critical role in supporting vulnerable populations in developing countries by supplementing existing caring networks at the family and community levels, as well as compensating for weak public safety nets in developing countries.

Regarding why the NGO presence variable was only significant in Kenya, we speculate that NGO activities were more limited by relatively severe pandemic effects in Zambia. According to our

interview with the director of Good Neighbors Kenya, Kenyan CDPs were able to continue with their core activities, which, among others, included running Safe Club activities for children. Safe Clubs foster child-led campaigns where children learn about child rights and act as activists who advocate for their rights and explain them to other community members. During the pandemic, Kenyan Safe Club children have also participated in running COVID-19 awareness campaigns. Due to a lack of data, this study could not draw causal inferences regarding whether the Safe Club campaigns empowered children to resist domestic violence or prevent adults from abusing children. This would be a worthwhile research topic for future scholars.

Acknowledgment

Even though this paper uses some content from a report which is written in Korean by the authors, Hyeran Hong, Hyojung Kim, and Chaewon Sohn, it is completely rewritten in an academic style.

Author statements

Ethical approval

This study was approved by the Institutional Review Board (HIRB-202107-HR-001).

Funding

The study was funded by the Korean Foundation. This work was supported by the Ministry of Education of the Republic of Korea and the National Research Foundation of Korea (NRF-2021S1A3A2A01096330).

Competing interests

There are no conflicts of interest to declare.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.puhe.2023.05.008>.

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