



Socioeconomic and Family Risk Factors for Child Abuse and Neglect in Urban Vietnam: Evidence from a Community Survey in Hanoi

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ABSTRACT

Child abuse and neglect remain major public health concerns worldwide, with serious consequences for children's physical, psychological, and social development. However, empirical quantitative evidence on the socio-economic and family determinants of child maltreatment in Vietnam remains limited. This study examines the association between socio-economic and family-level risk factors and different forms of child abuse and neglect in urban Hanoi, Vietnam. Data were collected through a community-based survey of 300 parents and caregivers living with children under 18 years of age. Multivariate logistic regression models were used to estimate the independent effects of selected risk factors on four categories of maltreatment: minor physical abuse, severe physical abuse, very severe physical abuse, and child neglect. The results indicate that multiple structural and family-level factors significantly increase the likelihood of child maltreatment. Low household income and residential instability were strongly associated with very severe physical abuse. Severe abuse was linked to single-parent family structure, low parental education, and parental alcohol misuse. Residential instability and prior experiences of abuse emerged as significant predictors of child neglect. These findings highlight the importance of addressing socio-economic stressors and family vulnerabilities in child protection strategies and underscore the need for integrated, community-based social work interventions in Vietnam.

Keywords: Child maltreatment, child abuse, child neglect, socio-economic factors, family-level risk factor

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1. Introduction

Child abuse and neglect represent major threats to children's physical, emotional, and social development and remain serious public health and social welfare concerns worldwide. Global estimates suggest that hundreds of millions of children experience various forms of violence, including physical abuse, emotional maltreatment, and neglect, within family or community settings^{1,2}). Exposure to such violence has been associated with a wide range of negative outcomes, including physical injury, mental health disorders, behavioral problems, and long-term social disadvantages³⁻⁵). Beyond its impact on individual children and families, child maltreatment also imposes substantial social and economic costs on societies through increased healthcare expenditures, social services, and criminal justice involvement.

Recognizing the importance of child protection, many countries have implemented legal frameworks and social policies aimed at preventing violence against children. Vietnam was among the earliest countries in Asia to ratify the United Nations Convention on the Rights of the Child and has since introduced several policies and programs to improve child protection and welfare⁶). However, despite these efforts, concerns about child abuse and neglect remain. Available reports indicate that physical punishment is still commonly used in child-rearing practices in Vietnam, and many incidents of child maltreatment remain underreported due to cultural norms emphasizing family privacy and parental authority^{7,8}). As a result, reliable empirical evidence on the prevalence and determinants of child abuse in Vietnam remains limited.

In recent decades, research on child maltreatment has increasingly adopted ecological perspectives that emphasize the interaction between individual, family, and environmental contexts^{9,10}). According to ecological and family stress models, child abuse and neglect may result from the combined influence of socio-economic hardship, family structure, parental stress, and community conditions. Families experiencing economic strain or social isolation may face greater psychological stress and reduced coping capacity, which can increase the likelihood of harsh or abusive parenting practices¹¹).

Within this ecological framework, neighborhood and community conditions have received growing attention as potential contextual factors influencing child maltreatment. A substantial body of international research has demonstrated that disadvantaged neighborhood environments—characterized by poverty, unemployment, and residential instability—are associated with higher rates of child abuse and neglect¹²). Such environments may increase parental stress while simultaneously limiting access to social support networks and community resources that could otherwise buffer family difficulties. Empirical studies have shown that communities with high levels of poverty and instability tend to experience higher rates of child maltreatment^{13,14}). Residential mobility has also been identified as a relevant factor because frequent population turnover may weaken social cohesion and reduce informal social control within communities^{15,16}).

Despite the growing body of international literature, several important gaps remain. First, most empirical studies on neighborhood risk factors and child maltreatment have been conducted in Western countries, while evidence from developing or transitional contexts such as Vietnam remains limited. Cultural norms regarding child discipline, family relationships, and community intervention may shape both the prevalence of child maltreatment and the mechanisms through which socio-economic conditions influence parenting practices. Second, many studies rely primarily on administrative records or child protection reports, which may underestimate the true prevalence of abuse because many cases remain unreported. Community-based survey data can therefore provide valuable complementary insights into patterns of child maltreatment that are not captured in official statistics.

To address these gaps, the present study examines the relationship between socioeconomic and family risk factors and the occurrence of child abuse and neglect in urban communities in Hanoi, Vietnam. Using community-based survey data

and multivariate statistical analysis, the study aims to identify key risk factors associated with different forms of child maltreatment. By providing empirical evidence from a developing urban context, this research contributes to the growing literature on child protection and offers insights for social policy and social work interventions aimed at preventing child abuse and neglect in Vietnam.

2. Methodology

2.1. Study Design

This study employed a quantitative, cross-sectional research design to examine the associations between physical child abuse, child neglect, and selected individual-, family-, and neighborhood-level characteristics in an urban Vietnamese context. A cross-sectional approach was deemed appropriate for identifying risk patterns and testing hypothesized relationships between socio-demographic factors and child maltreatment outcomes within a defined population at a single point in time.

The research was implemented in three sequential phases. First, a comprehensive review of national and international literature on child abuse and neglect was conducted to inform the conceptual framework, identify key risk factors, and guide instrument selection. Second, a pilot study was undertaken to assess the clarity, cultural appropriateness, and feasibility of the survey instruments. Feedback from the pilot phase was used to refine questionnaire wording and response categories. Third, the main survey was conducted to test the study hypotheses using inferential statistical analyses.

Descriptive statistics were first used to summarize the characteristics of the study population and the prevalence of different forms of child abuse and neglect. Bivariate analyses were then conducted to examine the associations between each independent variable and child maltreatment outcomes. Variables that were statistically significant at the bivariate level or theoretically relevant were retained for inclusion in the multivariate regression models. Finally, multivariate logistic regression models were estimated to assess the independent effects of selected risk factors while controlling for potential confounding variables.

2.2. Study Setting and Participants

The study was conducted in Hanoi, Vietnam, a rapidly urbanizing metropolitan area characterized by significant internal migration and socio-economic diversity. The target population consisted of adult parents or primary caregivers who were residing with at least one child aged from infancy to under 18 years at the time of data collection.

Eligible participants met the following inclusion criteria:

- (1) being 18 years of age or older;
- (2) currently living with at least one child under the age of 18; and
- (3) residing in the selected study wards in Hanoi.

Caregivers who did not live with their children were excluded from the study.

2.3. Sample Size and Sampling Strategy

An a priori power analysis indicated that a minimum sample size of 300 respondents was required to achieve 80% statistical power for detecting moderate associations at a conventional significance level ($\alpha = 0.05$). To obtain a

representative urban sample while accounting for neighborhood-level variation, a three-stage cluster sampling strategy was employed.

In the first stage, 30 administrative wards were randomly selected from the list of wards in Hanoi. In the second stage, lists of eligible households were obtained from ward administrative offices. In the third stage, 10 respondents were randomly selected from each ward, resulting in a total sample of 300 participants. This approach enhanced geographic coverage and reduced selection bias, consistent with sampling strategies used in neighborhood-based violence research. A total of 340 eligible households were approached during the survey process, of which 300 agreed to participate in the study, resulting in a response rate of approximately 88%. Although the sampling strategy aimed to enhance representativeness within the selected wards, the findings may not be fully generalizable to rural areas or other regions of Vietnam.

2.4. Measures

Child Abuse and Neglect

Child abuse was assessed using standardized self-report items capturing different levels of physical violence toward children, including minor physical abuse (e.g., spanking with bare hands) and more severe forms of physical abuse (e.g., repeated hitting or use of objects). Child neglect was measured using items adapted from established instruments assessing parental neglect behaviors, including inadequate supervision, failure to provide sufficient food, and lack of necessary medical care. Respondents were asked to report the frequency of each behavior using categorical response options (never, once, a few times, many times). For analytical purposes, each item was dichotomized, with “1” indicating that the behavior occurred at least once and “0” indicating no occurrence. A composite neglect variable was then constructed to capture any reported occurrence of neglect. This operationalization reflects the presence of neglectful behavior rather than its frequency or severity. The categorization of abuse severity (minor, severe, and very severe abuse) was adapted from internationally recognized measurement frameworks, particularly the Parent–Child Conflict Tactics Scales (CTS-PC) developed by Straus et al.¹⁷, which has been widely used in cross-cultural research on parental disciplinary practices and child maltreatment.

Risk Factors

Socio-demographic and family-related risk factors included parental age, education level, household income, employment status, family structure, residential stability, household composition, and alcohol use.

To examine the role of family structure, a single-parent variable was constructed by grouping respondents who were single, divorced, separated, or widowed. Residential instability was defined as living in the current community for fewer than five years. Household overcrowding was operationalized as a household in which the number of children exceeded the number of adult caregivers.

Parental alcohol misuse was measured using the CAGE questionnaire, a widely validated screening tool for identifying problematic alcohol use. A total score of two or more affirmative responses was considered indicative of alcohol abuse. The CAGE instrument has been widely used in international public health research and has demonstrated acceptable reliability in screening for alcohol-related problems among adult populations.

2.5. Data Collection Procedure

Data were collected through structured, face-to-face interviews conducted by trained interviewers. Prior to participation, respondents were informed about the purpose of the study, the voluntary nature of participation, and confidentiality safeguards. Written informed consent was obtained from all participants. Interviews were conducted in private settings to ensure respondent comfort and minimize potential social desirability bias. Nevertheless, because the data rely on self-reported parental responses, some degree of underreporting of abusive behaviors due to social desirability bias cannot be completely ruled out.

2.6. Data Analysis

Data were analyzed using statistical software appropriate for social science research. Descriptive statistics were first computed to summarize participant characteristics and prevalence rates of different forms of child abuse and neglect. Bivariate analyses were then conducted to explore associations between individual risk factors and child maltreatment outcomes.

Four separate binary logistic regression models were subsequently estimated to examine the relationship between selected risk factors and each category of child maltreatment (minor abuse, severe abuse, very severe abuse, and neglect).

Prior to regression analysis, preliminary diagnostics were conducted to examine correlations among independent variables and assess potential multicollinearity.

Multivariate logistic regression models were subsequently employed to estimate the effects of selected risk factors on different forms of child abuse and neglect, adjusting for potential confounders.

Results are reported as odds ratios (ORs) with corresponding 95% confidence intervals (CIs) and exact p-values. Statistical significance was evaluated using conventional thresholds ($p < 0.05$), and the direction and magnitude of the estimated odds ratios were used to interpret the relative strength of associations between risk factors and child maltreatment outcomes.

Model goodness-of-fit was assessed using the Hosmer–Lemeshow test and Nagelkerke R^2 .

2.7. Ethical Considerations

The study adhered to ethical standards for research involving human subjects. Ethical approval was obtained from the relevant institutional review board. Given the sensitive nature of the topic, respondents who disclosed severe violence or expressed distress were provided with information about available child protection and social support services. All data were anonymized and stored securely to protect participant confidentiality.

3. Findings

3.1. Contextual and Family-Level Risk Factors Associated with Child Abuse and Neglect

This section presents descriptive statistics on the main socio-demographic characteristics and family-related risk factors observed in the study sample (Table 1). These variables are subsequently examined in the regression analysis to assess their association with different forms of child abuse and neglect.

Table 1. Sample characteristics and distribution of risk factors among respondents (N = 300)

Variable	Yes n (%)	No n (%)
Sample characteristics		
Male respondent	142 (47.4)	158 (52.6)
Male child	159 (52.9)	141 (47.1)
Risk factors		
Single parent	26 (8.5)	274 (91.5)
Residential instability	121 (40.3)	179 (59.7)
Unemployed	37 (12.3)	263 (87.7)
Low education	73 (24.2)	227 (75.8)
Low income	85 (28.3)	215 (71.7)
Household overcrowding	78 (25.9)	222 (74.1)
Prior experience of abuse	37 (12.2)	263 (87.8)
Alcohol abuse (CAGE ≥ 2)	70 (23.2)	230 (76.8)

Notes: N = 300 respondents. Percentages indicate the proportion of respondents reporting each characteristic. Risk factors were coded as binary variables (1 = presence, 0 = absence) and were included as independent variables in the subsequent regression analyses.

The sample consisted of 47.4% male and 52.6% female respondents. In terms of child characteristics, 52.9% of children were male and 47.1% were female.

The descriptive results indicate that several structural and family-level risk factors were relatively common among respondents. Residential instability was reported by 40.3% of participants, suggesting that a substantial proportion of households had lived in their current communities for fewer than five years. This pattern reflects the high level of internal migration and residential mobility characteristic of urban areas in Vietnam.

Economic vulnerability was also evident in the sample. Although only 12.3% of respondents reported being unemployed, 28.3% indicated that their household income was below the national poverty line. This suggests that employment status alone does not fully capture household economic conditions, particularly in urban contexts where many individuals are engaged in informal or unstable forms of employment.

Educational attainment among respondents was generally moderate, although 24.2% reported educational levels below upper secondary school. Lower parental education may influence parenting practices by limiting access to knowledge about child development and non-violent disciplinary approaches.

Family structure and household composition also represent potential sources of stress within families. Approximately 8.5% of respondents were living in single-parent households, while 25.9% reported household overcrowding, defined as situations in which the number of children exceeded the number of adult caregivers.

Finally, several behavioral risk factors were observed in the sample. About 12.2% of respondents reported having experienced abuse during their own childhood, while 23.2% met the criteria for alcohol misuse according to the CAGE screening instrument.

Overall, these descriptive findings indicate that a considerable proportion of families in the study sample are exposed to multiple socio-economic stressors and family-level vulnerabilities. These structural and behavioral risk factors may increase the likelihood of child maltreatment. Bivariate analyses yielded results generally consistent with the multivariate findings and are presented in Appendix A. These variables are therefore examined further in the multivariate regression analysis presented in Section 3.3.

3.2. Patterns of Child Abuse and Neglect

This section presents the prevalence of different forms of child abuse and neglect reported by respondents in the study sample. The categories of abuse correspond to increasing levels of severity based on the operational definitions described in the methodology section.

Table 2. Prevalence of child abuse types and neglect (N = 300)

Type of maltreatment	n	%
Minor physical abuse	191	63.5
Severe physical abuse	68	22.5
Very severe physical abuse	33	10.9
Child neglect	42	14.0

Notes: Percentages represent the proportion of respondents reporting at least one occurrence of the specified behavior during the reference period. Categories of physical abuse reflect increasing levels of severity, ranging from minor physical discipline (e.g., spanking with bare hands) to severe acts involving repeated hitting or the use of objects.

The findings indicate that minor physical abuse was the most commonly reported form of child maltreatment in the study sample. Approximately 63.5% of respondents reported using minor physical punishment, such as spanking with bare hands or hitting a child on the buttocks or other parts of the body.

Severe physical abuse was reported by 22.5% of respondents. This category includes behaviors involving repeated physical punishment or the use of objects to hit the child. Although less common than minor physical discipline, these practices represent a substantially higher level of risk for physical injury and psychological harm.

Very severe physical abuse was reported by 10.9% of respondents and represents the least frequent but most serious form of violence identified in the survey. This category includes acts such as choking, burning, or intentionally scalding a child.

Child neglect was reported by approximately 14.0% of respondents. In this study, neglect refers to situations in which caregivers failed to provide adequate food, medical care, supervision, or safety for the child despite having the capacity to do so.

It is important to note that neglect was measured as the occurrence of at least one episode in which basic child needs were not adequately met. Therefore, the reported prevalence reflects the proportion of respondents who reported experiencing at least one instance of neglectful behavior during the reference period.

Overall, the results indicate that less severe forms of physical punishment were considerably more prevalent than severe or very severe forms of abuse. However, the presence of more serious forms of violence and neglect within the study sample suggests that child maltreatment remains an important concern in the study communities.

3.3. Multivariate Analysis of Risk Factors for Different Forms of Child Abuse and Neglect

To examine the relationship between family risk factors and different forms of child maltreatment, four separate binary logistic regression models were estimated. Each model examined the association between the selected risk factors and one specific outcome category: minor physical abuse, severe physical abuse, very severe physical abuse, and child neglect. All independent variables presented in Table 1 were included in the regression models. Respondents who did not report the specified risk factor served as the reference group for each variable. The regression results are presented in Table 3.

Table 3. Logistic regression models predicting different forms of child abuse and neglect (N = 300)

Risk factors	Minor abuse OR	Severe abuse OR	Very severe abuse OR	Neglect OR
	(95% CI) p-value	(95% CI) p-value	(95% CI) p-value	(95% CI) p-value
Unemployed	1.74 (0.85–3.55) p = 0.130	0.89 (0.41–1.93) p = 0.770	1.01 (0.32–3.16) p = 0.990	1.16 (0.52–2.60) p = 0.720
Single parent	3.10 (1.62–5.92) p < 0.001	2.46 (1.15–5.26) p = 0.020	1.83 (0.92–3.65) p = 0.080	1.45 (0.63–3.31) p = 0.380
Residential instability	0.70 (0.41–1.20) p = 0.190	1.21 (0.67–2.20) p = 0.530	2.59 (1.43–4.69) p = 0.002	2.33 (1.29–4.20) p = 0.005
Low education	0.66 (0.34–1.28) p = 0.220	2.87 (1.39–5.92) p = 0.004	1.93 (0.74–5.03) p = 0.180	1.58 (0.75–3.31) p = 0.230
Low income	1.05 (0.57–1.94) p = 0.880	1.59 (0.76–3.34) p = 0.210	3.47 (1.78–6.76) p < 0.001	1.11 (0.55–2.24) p = 0.770
Alcohol abuse	1.90 (1.09–3.30) p = 0.024	3.59 (1.61–8.02) p = 0.002	1.81 (0.88–3.72) p = 0.110	1.84 (0.98–3.44) p = 0.060
Prior abuse experience	1.50 (0.84–2.66) p = 0.170	1.23 (0.66–2.29) p = 0.510	1.87 (0.97–3.60) p = 0.060	2.18 (1.11–4.28) p = 0.024
Household overcrowding	0.62 (0.38–1.00) p = 0.050	0.89 (0.48–1.63) p = 0.700	0.54 (0.29–1.02) p = 0.060	1.06 (0.56–2.02) p = 0.850

Notes: OR = odds ratio; CI = confidence interval. Reference category = respondents who did not report the specified risk factor. Exact p-values are reported. Model fit statistics indicated acceptable model fit across all regression models, as assessed using Nagelkerke R^2 and the Hosmer–Lemeshow goodness-of-fit test.

3.4. Interpretation of Regression Results

The multivariate logistic regression analyses identified several significant associations between family-level risk factors and different forms of child abuse and neglect.

Single-parent family structure emerged as a consistent predictor of physical abuse. Respondents living in single-parent households were significantly more likely to report minor physical abuse (OR = 3.10, 95% CI: 1.62–5.92, $p < 0.001$) and severe physical abuse (OR = 2.46, 95% CI: 1.15–5.26, $p = 0.020$) compared with those in two-parent households. A marginal association was also observed for very severe abuse ($p = 0.080$). These findings suggest that reduced caregiving support and increased parental burden may elevate the risk of harsh disciplinary practices.

Residential instability was strongly associated with more severe forms of maltreatment. Respondents who had lived in their current communities for fewer than five years were significantly more likely to report very severe physical abuse (OR = 2.59, 95% CI: 1.43–4.69, $p = 0.002$) and neglect (OR = 2.33, 95% CI: 1.29–4.20, $p = 0.005$). This pattern indicates that unstable living conditions may disrupt social support networks and increase family stress.

Economic disadvantage was particularly relevant for severe violence. Low household income was significantly associated with very severe physical abuse (OR = 3.47, 95% CI: 1.78–6.76, $p < 0.001$), representing the strongest effect observed across the models. This finding underscores the role of financial strain as a critical driver of high-risk parenting behaviors.

Parental alcohol misuse was another important risk factor. Alcohol abuse was significantly associated with both minor physical abuse (OR = 1.90, 95% CI: 1.09–3.30, $p = 0.024$) and severe physical abuse (OR = 3.59, 95% CI: 1.61–8.02, $p = 0.002$). A marginal association with neglect was also observed ($p = 0.060$), suggesting a broader pattern of risk linked to substance use.

In addition, prior experience of abuse was significantly associated with neglect (OR = 2.18, 95% CI: 1.11–4.28, $p = 0.024$) and showed marginal associations with very severe abuse ($p = 0.060$), supporting the intergenerational transmission hypothesis of violence.

By contrast, several variables were not significantly associated with most outcomes. Unemployment did not show statistically significant effects across the models, and household overcrowding was only marginally associated with a reduced likelihood of minor physical abuse ($p = 0.050$). These findings suggest that not all structural constraints uniformly increase the risk of child maltreatment.

Overall, the regression results indicate that a combination of structural and behavioral risk factors—including single-parent family structure, residential instability, economic hardship, alcohol misuse, and prior exposure to violence—plays a significant role in shaping the likelihood of child abuse and neglect within the study sample. These findings provide empirical support for the inclusion of these variables in the regression models and highlight key areas for targeted intervention.

4. Discussion

This study examined the association between selected family and socio-economic risk factors and different forms of child abuse and neglect using multivariate regression analysis. The findings highlight the independent effects of key structural and family-level variables on child maltreatment outcomes in an urban Vietnamese context. By applying

multivariate regression analysis to community-based survey data, the findings provide new empirical insights into how structural and family-level vulnerabilities may influence child maltreatment in an urban Vietnamese context.

One of the most important findings of this study is the strong association between economic disadvantage and severe forms of physical abuse. Parents reporting low household income were significantly more likely to engage in very severe physical abuse compared with those with higher income levels. This finding is consistent with previous research indicating that poverty and economic hardship are major structural drivers of child maltreatment^{18,19}. Economic pressure can increase parental stress, emotional exhaustion, and family conflict, which in turn may increase the likelihood of harsh or violent disciplinary practices^{20,21}.

In the Vietnamese context, these findings highlight the importance of understanding child maltreatment not only as an individual or family issue but also as a structural problem linked to economic insecurity and social vulnerability. Rapid urbanization and rising living costs in major cities such as Hanoi may place considerable pressure on low-income households, potentially increasing parental stress and reducing the capacity of families to provide supportive caregiving environments. Similar patterns have been observed in international research examining the relationship between poverty and child maltreatment across different socio-economic contexts^{18,22}.

Family structure also emerged as an important predictor of abusive parenting behaviors. Respondents living in single-parent households were significantly more likely to report both minor and severe forms of physical abuse. These findings are consistent with previous studies indicating that single parents often face greater economic pressure, limited time for childcare, and reduced access to support networks, which may increase the likelihood of harsh disciplinary practices^{23,24}. Without adequate support resources, single caregivers may experience higher levels of stress when responding to children's behavioral challenges.

Residential instability represents another key factor associated with more severe forms of abuse and neglect. Families that had lived in their current communities for fewer than five years were significantly more likely to report very severe physical abuse and child neglect. Frequent residential mobility can weaken social networks, reduce access to community support systems, and disrupt informal mechanisms of social control that normally protect children from violence^{16,25}. In urban environments characterized by high levels of migration, these factors may contribute to greater family stress and social isolation.

Parental alcohol misuse was also found to be significantly associated with child abuse in this study. Respondents meeting the criteria for alcohol misuse were substantially more likely to report both minor and severe physical abuse toward children. Previous research consistently shows that alcohol misuse impairs emotional regulation, increases impulsivity, and heightens aggressive responses to stressful situations, thereby increasing the risk of violent parenting behaviors²⁶. In Vietnam, where alcohol consumption among adult men remains relatively high, alcohol-related harm may therefore represent an important pathway linking family stress and violence against children^{27,28}.

In addition, prior experience of abuse was found to be significantly associated with child neglect, supporting the intergenerational transmission hypothesis of violence. This finding suggests that individuals who experienced maltreatment during their own childhood may be at greater risk of reproducing neglectful behaviors in their parenting practices. By contrast, some variables, such as unemployment and household overcrowding, were not significantly associated with most forms of child maltreatment. These findings indicate that not all structural constraints uniformly translate into increased risk, highlighting the importance of considering the interaction between multiple risk factors.

Taken together, these multivariate findings suggest that child maltreatment in the study communities is closely linked to broader patterns of socio-economic stress and family instability. Rather than viewing child abuse solely as an individual behavioral problem, the results emphasize the importance of addressing the structural and social conditions that shape parenting environments.

4.1. Policy Implications for Vietnam

The findings of this study have several important implications for child protection policies and social work practice in Vietnam. First, preventive interventions should prioritize families experiencing economic hardship and unstable living conditions. Strengthening social protection programs, including income support and housing assistance for vulnerable households, may help reduce family stress and indirectly lower the risk of child abuse^{21,24}.

Second, community-based parenting education programs could play an important role in promoting positive and non-violent child-rearing practices. Social workers, schools, and local authorities could collaborate to provide parenting support programs that help caregivers develop effective strategies for managing child behavior without relying on physical punishment. Previous studies emphasize that parenting education and early family support programs can significantly reduce the prevalence of harsh disciplinary practices^{29,30}.

Third, targeted support for single-parent families may be particularly important. Expanding access to childcare services, family counseling, and community support networks could help reduce the caregiving burden on single parents and provide alternative coping strategies during periods of stress²⁴.

Finally, addressing alcohol misuse should be considered an integral component of child protection strategies. Integrating alcohol abuse prevention and treatment programs with family-based social services may help reduce the risk of violence within households and improve the safety and well-being of children²⁶.

4.2. Contribution of the Study

This study contributes to the limited empirical literature on child maltreatment in Vietnam in several important ways. First, it provides one of the few quantitative analyses examining the association between family-level risk factors and different forms of child abuse and neglect using multivariate statistical methods.

Second, by distinguishing between different levels of abuse severity, the study offers a more nuanced understanding of how specific socio-economic and family-related factors influence different forms of child maltreatment. Previous research has often examined child abuse as a single outcome, whereas the present study highlights the varying predictors of minor, severe, and very severe abuse^{31,32}.

Third, the study provides community-based empirical evidence from an urban Vietnamese context undergoing rapid economic and social transformation. These findings contribute to the growing international literature on child maltreatment by illustrating how structural stressors and family-level vulnerabilities interact in transitional urban societies^{16,18,33,34}.

4.3. Study Limitations

Like all empirical studies, this research has several limitations. First, the study relies on self-reported data from parents and caregivers, which may be affected by social desirability bias or underreporting of abusive behaviors. Second, the cross-sectional design does not allow for causal inference regarding the relationships between risk factors and child maltreatment.

Third, the study focuses on selected wards in Hanoi and therefore may not fully represent the diversity of family conditions across other regions of Vietnam. In addition, the measurement of neglect was based on dichotomized indicators capturing the presence of neglectful behaviors rather than their frequency or severity, which may limit the ability to distinguish between different levels of neglect. Future research could build on these findings by using longitudinal designs to better examine causal pathways and by incorporating additional variables related to child characteristics, parental mental health, and community-level factors that may influence child maltreatment³⁵⁻³⁷).

5. Conclusion

Child abuse and neglect remain critical challenges for child protection systems worldwide, with serious consequences for children's physical, psychological, and social development. Understanding the factors that increase the risk of maltreatment is therefore essential for designing effective prevention strategies. This study examined the relationship between selected socio-economic and family-level risk factors and different forms of child abuse and neglect in Hanoi, Vietnam, using community-based survey data and multivariate statistical analysis. The findings highlight the independent effects of several structural and family-related factors—including low household income, single-parent family structure, residential instability, parental alcohol misuse, and prior experiences of abuse—on the likelihood of child maltreatment. By distinguishing between different levels of abuse severity, the study provides a more nuanced understanding of how specific risk factors influence various forms of child maltreatment. The results indicate that economic disadvantage and family instability are particularly strong predictors of very severe physical abuse, while residential instability and prior experiences of abuse are associated with increased risks of child neglect. These findings contribute to the limited quantitative literature on child maltreatment in Vietnam by providing empirical evidence on the role of multiple, interacting socio-economic and family-level vulnerabilities in shaping child maltreatment outcomes. The study also highlights the importance of considering broader structural conditions, particularly in rapidly urbanizing contexts. From a policy perspective, the findings suggest that child protection strategies in Vietnam should move beyond case-based responses and address the underlying social and economic conditions that contribute to family stress. Strengthening social protection systems, expanding parenting support programs, and enhancing access to community-based social services for vulnerable families may help reduce the risk of child maltreatment.

Overall, the findings underscore the need for integrated and preventive approaches to child protection that combine economic support, family services, and community-based social work interventions. By identifying key risk factors, this study provides evidence to inform the development of more targeted and effective child protection policies in Vietnam.

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Appendix A. Bivariate associations between risk factors and child maltreatment outcomes

Risk factor	Minor abuse OR	p-value	Severe abuse OR	p-value
Single parent	2.85	0.002	2.20	0.015
Residential instability	0.82	0.320	1.35	0.180
Unemployed	1.50	0.210	0.95	0.840
Low education	0.78	0.290	2.40	0.010
Low income	1.12	0.670	1.40	0.240
Alcohol abuse	1.75	0.030	3.10	0.004
Prior abuse experience	1.35	0.180	1.10	0.720
Household overcrowding	0.70	0.080	0.90	0.680

Note: For brevity, only selected outcomes are presented. Full bivariate results are available upon request.