CHAPTER TWO:
RISK FACTORS IN CHILD DEVELOPMENT

Risk factors are features of the child's circumstances that are known to be associated with heightened risk to health, development and welfare. Risk factors associated with child abuse and maltreatment can broadly be grouped in four domains:

- parent or caregiver factors; factors related to immediate figure like care givers' emotional state and stress (traumatic events)
- family factors; Factors like parental income and livelihood ,parental education etc.
- child factors; Age ,Disability etc.
- environmental factors. ; physical and social environment.

Risk factors can be static or dynamic. Static risk factors, such as age, sex, offence history health or education record, do not change. Dynamic factors, by contrast, can change over time and are both 'variable and outwith the control of the individual' (Barry 2007, p. 5). These include income and employment patterns, changes of school, as well as changes through choice, such as drug use or vandalism. Barry comments that a combination of static and dynamic factors is more likely to be effective in predicting risk rather than static factors alone.

In addition, risk factors that need to be considered are

- **age of the child;**
- **domestic and sexual violence;**
- **parental mental health problems;**
- **parental substance misuse;**
- **parental intellectual disability;**
- **childhood disability;**
- **unknown male partners;**
- **families who are 'uncooperative' or 'hard to engage';**
- **poverty and social exclusion.**

Many families often experience more than one of these risk factors or a combination of a number of them. This is not an exhaustive list.

Individually, parental mental health problems, substance misuse and domestic violence represent significant risk factors for child abuse and neglect. But the reality is that parenting problems rarely occur in isolation. Instead, they tend to be part of a complex and interrelated group of problems.

2.1 Age of the child

Risk factors and early years – the vulnerabilities of infants

• The majority of child deaths from abuse and neglect are of children under the age of 4, when children are most vulnerable to physical attacks and to dangers created by lack of supervision and severe neglect, and are isolated from professionals, such as teachers, who might intervene to protect them.

• This age group is more at risk of being maltreated when they are growing up in families affected by parental substance misuse, domestic violence and mental ill health.

• Experiences of abuse and neglect can cause distress, emotional and physical pain, and overwhelming fear or terror in response to sudden separations, experiencing neglect, being assaulted or witnessing violence.

• Exposure to trauma affects every dimension of an infant's psychological functioning (e.g. emotional regulation, behaviour, response to stress and interaction with others). Very young infants may be overwhelmed with intense negative emotions, manifesting in incessant crying, inability to be soothed, feeding problems, sleep disturbances, hyper-arousal and hyper-vigilance, and intense distress during transitions. Toddlers may experience intense separation anxiety, wariness of strangers, social avoidance and withdrawal, and constricted affect and play. They are likely to have reduced tolerance of frustration and problems with emotional regulation, evident in intractable tantrums, non-compliance and negativism, aggression and controlling behaviour.

2.2 Domestic Sexual Violence

Domestic violence occurs across society regardless of age, gender, race, sexuality, wealth and geography. Domestic violence is generally underreported,

Definition of domestic violence

The HSE (2010d) *Policy on Domestic, Sexual and Gender-based Violence* defines domestic violence *as 'the use of physical or emotional force or the threat of physical force, including sexual violence in close adult relationships.*

It can also involve emotional abuse; the destruction of property, isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone' (HSE, 2010d).

Examples of these behaviors

- **Psychological/emotional abuse** – intimidation and threats, social isolation, verbal abuse, humiliation, constant criticism, enforced trivial routines, marked over-intrusiveness.
- **Physical violence** – slapping, pushing, kicking, stabbing, damage to property, attempted murder or murder, physical restriction of freedom, stalking, forced marriage.
- **Sexual violence** – any non-consensual sexual activity, including rape, sexual assault, coercive sexual activity or refusing safer sex.
- **Financial abuse** – stealing, depriving or taking control of money, running up debts, withholding benefit books or bank cards.

The HSE 2010 policy makes reference to the 3 Rs to assist practitioners:

- Recognize: know the signs, indications and sequence of abuse
- Respond: know how to deal with the issue of abuse
- Refer: make a good, appropriate referral

- Prolonged and/or regular exposure to domestic abuse can have a serious impact on a child's development and emotional well-being despite the efforts of the victim parent to protect the child (Cleaver *et al*, 1999).
- Women experiencing violence may also respond to the trauma of violence in ways that damage their own health. These responses can include substance use, depression, anxiety and social withdrawal, and all can affect women's physical and mental well-being. This may impact on their ability to care safely for children they may have.

- The majority of high-risk victims have children. Some international studies into domestic violence have found that 1 in 4 young people have witnessed violence against their mother or stepmother.
- During the vast majority of incidents of domestic violence, children are in the same or the next room.
- The link between child physical abuse cases and domestic violence is high, with estimates ranging between 30% to 66% depending on the country in question.
- Studies show that adult partners who are violent toward each other are also at increased risk of abusing their children.
- Children who live with domestic violence are at increased risk of behavioural problems and emotional trauma, and mental health difficulties in adult life.
- It is important to always consider the implications of any domestic abuse for unborn children since pregnancy and after the birth of a new baby are some of the highest risk periods for women.
- Pregnancy is a time of increased risk of domestic violence since 30% of domestic violence begins or escalates during pregnancy

Margolin and Gordis (2000) in their study *The effects of family and community violence on children* state: *'Violence affects children's views of the world and of themselves, their ideas about the meaning and purpose of life, their happiness and their moral development. This disrupts children's progression through age-appropriate developmental tasks.'*

Communicating with the child

- Keep the child in focus and do not look at domestic violence as an adult problem' only.
- Be prepared if the child cannot express him or herself and/or talk about the violence.
- A child who asks for help may be at increased risk because they may be 'punished' for calling in professional help.
- If possible, establish the child's understanding of the domestic violence taking place.
- Be aware that the child may be experiencing feelings of divided loyalties between the perpetrator and the non-abusing parent/carer.
- Be aware of the possibility that the child may be being, or has been, physically and/or sexually abused.

- Consider that the child may have taken on inappropriate roles and responsibilities within the family because of the domestic violence,
- When communicating with the child, be clear as to your role.

2.3 Parental Mental Health Problems

- Parental mental illness has an adverse effect on child mental health and development, while child psychological and psychiatric disorders and the stress of parenting impinge on adult mental health. Furthermore, the mental health of children is a strong predictor of their mental health in adulthood.
- The Royal College of Psychiatrists (2004) report that only a very small number of children die or are seriously injured by a parent with a mental health problem. However, many more children suffer less obvious, but still damaging effects since their own development or mental health may become compromised.
- According to Green (2002), many of these children can remain 'hidden' from support because fear of consequences can result in problems not being shared with the services that may alleviate them. There is also the potentially hidden problem of those children who care for their parents (young carers) and who may miss out on many opportunities available to other children.

Impact on children

- Children of parents with an uncontrolled mental illness face a high risk of physical neglect. Basic needs may not be met, such as having regular healthy meals and clean clothes (Cowling, 2004).
- Parents may fail to attend to children's emotional needs, which can instill a sense of isolation and possible mistrust in children.
- There are risks of physical and psychological abuse by parents if symptoms of illness contribute to the parent being violent, reactive or punitive (Cowling, 2004).
- Parental mental health problems can also increase the risk of prenatal complications due to possible side effects of medications, (e.g. anti-depressants) during pregnancy and high stress levels in mothers (Cowling, 2004; Huntsman, 2008). Attachment difficulties may arise for

babies and infants of mothers with maternal mental health problems, such as depression (Cowling, 2004).

- Children of parents with mental health problems have also been found to be at risk of developing mental health problems of their own (Cowling, 2004). Problems in a child's cognitive development may also arise due to the parent's inconsistent and neglectful behavior (Cleaver *et al*, 1999).
- The recklessness associated with anti-social personality disorder, and the tendency of those suffering from it to minimize the harmful consequences of their actions, can put a child at risk of serious or chronic illness, injury and death. In addition, the promiscuity and poor relationship choices made by some adults with anti-social personality disorder may put a child at risk of abuse from others (Newman and Stevenson, 2005).

2.4 Parental Substance Misuse

- Research supports the connection between alcohol and drugs, and child abuse and neglect.
- The misuse of drugs and/or alcohol may adversely affect the ability of parents to attend to the emotional, physical and developmental needs of their children in both the short and long term.
- Parents significantly affected by the use of drugs and alcohol may neglect the needs of their children, spend money on drugs instead of household expenses or get involved in criminal activities that jeopardize their children's health or safety.
- Studies also suggest that substance abuse can influence parental discipline choices and child-rearing styles.
- The issue of children taking on inappropriate caring roles should not be underestimated and should be explored by practitioners.
- The critical issue in considering the potential impact on a child is not the adult's use of drugs or alcohol per se, but whether that causes any form of harm to a child. Such difficulties include any short- and long-term physical risks or any lack of appropriate physical or emotional nurturing that can be attributed to the use of alcohol, drugs or solvents by anyone responsible for the child's immediate care or longer term welfare.

- With regard to pregnancy, potential risks include significant harm to the unborn child, drug withdrawal difficulties at birth or potential problems relating to the appropriate care of the newborn child. Problematic substance use is often a chaotic relapsing condition, which may require continuing review in order to identify ongoing, long-term and flexible support.
- Children often know more about their parents' misuse than parents realize and they feel the stigma and shame of this misuse, but also fear the possibility of being separated from their parents and taken into care.
- Exposure to alcohol and drugs *in uterus* may cause impaired brain development for the fetus and has also been found to have some of the most detrimental effects on infants, including mental

developmental delay and neurological deficits.

2.5 Parental Intellectual Disability

- Parents with intellectual disabilities often need to overcome preconceived ideas among other people about their abilities to parent. For example, there is a willingness to attribute potential difficulties they may have parenting to their impairment rather than to disabling barriers or to other factors that affect the parenting of all parents. This has been described as the 'presumption of incompetence'.
- Where a parent has an intellectual disability, it is important not to make assumptions about their parental capacity. Having an intellectual disability does not mean that a person cannot learn new skills. Intellectually disabled parents may need support to develop the understanding, resources, skills, experience and confidence to meet the needs of their children.
- Several factors have been demonstrated to have an adverse effect on parenting: these include low socio-economic status, unemployment and social isolation or exclusion. All of these factors make parenting difficult. Parents with intellectual or learning disabilities are at greater risk of experiencing one or more of these disadvantages than other groups. Many parents with intellectual disabilities are unemployed, on low incomes and rely very heavily on benefits and statutory services; many are single mothers; and few have the same

opportunities for ‘informal social learning’ from friends and extended family as non-disabled parents.

- Unless a parent with an intellectual disability has a comprehensive support network, it is likely they will need support from Children’s Social Work Services and other agencies, including adult services. A study of children living with learning disabled parents who had been referred to the local authority’s Children’s Social Work Services highlighted the need for collaborative working between children and adult services (Cleaver and Nicholson, 2007).

Specific risks to children with parents with learning disability

- Poor pre-birth care because of late recognition of pregnancy and poor compliance with antenatal care.
- Impairment of their health and development through impaired parenting capacity.
- The child assuming a caring responsibility for the parent.
- The child being socially isolated and/or bullied.
- Men targeting a mother with learning disabilities to gain access to the child for the purpose of sexually abusing them.

2.6 Children with disabilities

- Disabled children are children, first and foremost. They have the same rights to protection as any other child. People caring for and working with disabled children need to be alert to the signs and symptoms of abuse.
- A number of studies have found that different types of disabilities have differing degrees of risk for exposure to violence. For example, Sullivan (2003) reported that those with behavior disorders face greater risk of physical abuse, whereas those with speech/language disorders are at risk of neglect.
- There are no differences in which form of child maltreatment occurs the most often between disabled and non-disabled children. For both groups, neglect is the most prevalent, followed by physical abuse, sexual abuse and emotional abuse (Sullivan and Knutson, 2000).

- Disabled children are particularly vulnerable and at greater risk of all forms of abuse, including abuse whilst being cared for in institutions. The presence of multiple disabilities could increase the risk of both abuse and neglect.
- They have an impaired capacity to recognize, resist or avoid abuse.
- They are especially vulnerable to bullying and intimidation.
- They may have speech, language and communication needs, which may make it difficult for them to tell others what is happening. They often do not have access to someone they can trust to disclose that they have been abused.
- They may be inhibited from complaining through a fear of losing services.
- Disabled children in care are not only vulnerable to the same factors that exist for all children living away from home, but they are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day-to-day physical care needs.
- In addition to the risk factors that exist for all children, disabled children are at risk of particular forms of abuse, e.g. over-medication, poor feeding and toileting arrangements, lack of stimulation and issues around control of challenging behaviour, lack of information, lack of emotional support, etc.
- Disabled children are often seen as having no sexual identity and/or their sexual feelings are often not acknowledged. They may lack sex education and/or understanding, and this may increase their vulnerability. Sexualized and/or disturbed behavior is frequently accepted as part of a child's disability without further thought or questioning.
- Disabled children are accustomed to being directed. They are rarely offered choices or provided with enough information to make a choice. This may mean they are less able to recognize abusive situations.
- There is a lack of recognition by many professionals and carers that disabled children are abused. Signs or symptoms of abuse may be 'explained away' as part of their normal behavior. For example, bruising could be said to be caused by a child's tendency to fall or sexualized behavior may be put down to impairment. It is important, therefore, to check out all these explanations and not accept them at face value. It will be helpful to explore whether the child's behaviour is consistent with all carers.

2.7 Unknown male partners and their history/ association with the family

- Professionals face the challenge posed by men involved in the lives of abused children. These men may be the natural or adopting father of the child, they may be the foster father of the child, or they may be the co-habitee or casual boyfriend of the mother of the child. Whoever the men might be, and whichever race or culture they may stem from, in the past they have often been ignored or avoided in child protection work.
- The accelerating fragmentation of family life and dramatic increase in substitute father figures (e.g. boyfriends, male partners, stepfathers), many of whom have had little involvement or responsibility within the single-parent families they join, makes the involvement of unknown male partners critical.
- Research by Thorpe (1994) revealed a high number of child abuse allegations made about single-parent mothers.

2.8 Families who are 'uncooperative' or 'hard to engage'

There can be a wide range of uncooperative behavior by families or family members towards practitioners. From time to time, all agencies will come into contact with families or family members who may prove to be apparently (but not genuinely) compliant, reluctant, resistant or sometimes angry or hostile to their approaches. In extreme cases, there can be intimidation, abuse, threats of violence and actual violence. These families are sometimes referred to as 'hard to engage', 'hard to reach', 'highly resistant' or 'uncooperative' families. This could include families who do not demonstrate positive change despite intervention and support from child protection services.

There are different ways in which families can be 'hard to engage' or 'uncooperative':

- **Ambivalence** can be seen when people are always late for appointments or repeatedly make excuses for missing them; when they divert the conversation from uncomfortable topics or use dismissive body language. Ambivalence is the most common reaction and may not amount to non-cooperation.
- **Avoidance** is a very common method of uncooperativeness and includes avoiding appointments, missing meetings and cutting short visits due to other

apparently important activity (often because the prospect of involvement makes the person anxious and they hope to escape it). Extreme avoidance may include not answering the door, as opposed to not being in.

- **Confrontation** includes challenging professionals, provoking arguments, and often indicates a deep-seated lack of trust, leading to a 'fight' rather than 'flight' response to difficult situations. Parents/carers may fear, perhaps realistically, that their children may be taken away or they may be reacting to them having been taken away.
- **Hostility, threatened or actual violence,** by a small minority of people is the most difficult of uncooperative behaviours for the practitioner/agency to engage with. This may reflect a deep and long-standing fear and projected hatred of authority figures. People may have experience of getting their way through intimidation and violent behaviour. Practitioners need to be aware of their personal safety. Indicators include physical violence; shouting; swearing; throwing things; intimidating or derogatory language; written threats; the deliberate use of silence; using domineering body language; using dogs or other animals as a threat, which sometimes can be a veiled threat; racial abuse.
- '**Disguised' or 'false compliance'** involves a parent or carer giving the appearance of cooperating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention (Reder *et al*, 1993). They are not overtly rejecting 'contact' from professionals and/or other outside agencies, but rather using 'avoidance' tactics (e.g. have another appointment, forgot appointment, letter of appointment arrived late, being available at unsuitable times). Other examples of disguised compliance would be a sudden increase in school attendance, attending a run of appointments, engaging with professionals such as health workers for a limited period of time, or cleaning the house before a visit from a professional.
- **Adults diverting attention away** from children and leading professionals to focus on adult issues and problems, causing a loss of focus on the individual child or children. The complexities of the adults' problems often overshadow and/or divert attention away from the children's immediate needs. All

practitioners need to be vigilant in keeping the child in focus and direct observation of the parent–child interaction remains essential in these cases.

- *Professionals working with highly resistant families need to focus on the relationship between the parent and the child, rather than focusing too exclusively on the relationship between the parent and the professional (Juffer et al, 2007).*

2.9 Poverty and Social Exclusion

Many of the families who seek help for their children, or about whom others raise concerns in respect of a child's welfare, are multiply disadvantaged. These families may face chronic poverty, social isolation, racism and the problems associated with living in disadvantaged areas, such as high crime rates, poor housing, childcare, transport and education services, and limited employment opportunities. Many of these families lack a wage earner.

Poverty may mean that children live in crowded or unsuitable accommodation, have poor diets, health problems or disability, are vulnerable to accidents, and lack ready access to good educational and leisure opportunities. When children themselves become parents, this exacerbates disadvantage and the potential for social exclusion. Racism and racial harassment are an additional source of stress for some families and children, as is violence in the communities in which they live. Social exclusion can also have an indirect effect on children through its association with parental substance misuse, depression, learning disability and long-term physical health problems

- Poverty contributes to parents' inability to protect their children from exposure to harm and has systemic negative effects on children's health and development, including impaired school performance, possible delinquency, early childbearing and adult poverty.
- Homelessness, which results from poverty, can exacerbate the situation.