Unit 6 Risk Factors in Child Protection

Learning Outcomes
By the end of this unit the learner will be able to:
✓ Discuss the four main categories of risk factors for child maltreatment ✓ Understand how a child's age can affect the risk of being abused ✓ Use practical insights to conduct a perpetrator risk assessment

Unit 6

Risk Factors in Child Protection

There are a number of known risk factors that must be considered when identifying, responding to, and assessing child protection concerns, in addition to the signs and symptoms of the four types of abuse (physical abuse, sexual abuse, emotional abuse, and neglect).

Risk factors are aspects of a child's situation that are known to put his or her health, development, and welfare at risk.

Risk factors for child maltreatment and abuse can be classified into four categories:

- Parent or caregiver factors;
- Family factors;
- Child factors;
- Environmental factors.

Other risk factors that need to be considered include:

- 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 are affected by more than one of these risk factors, or a combination of several. This isn't a complete list.

Parental mental health issues, substance abuse, and domestic violence are all significant risk factors for child abuse and neglect. Parenting issues, on the other hand, rarely occur in isolation. Instead, they're usually part of a larger, interconnected set of issues.

The Child's Age

Early years and risk factors – infants' vulnerabilities

- The majority of children who die as a result of abuse and neglect are under the age of four, when they are most vulnerable to physical attacks and dangers posed by lack of supervision and severe neglect, and are isolated from professionals who could intervene to protect them, such as teachers.

- Children of this age group are more likely to be maltreated if they are growing up in families where there is parental substance abuse, domestic violence, or mental illness.
- Abuse and neglect can result in distress, emotional and physical pain, as well as overwhelming fear or terror as a result of abrupt separations, neglect, assault, or witnessing violence.
- Trauma has an impact on every aspect of an infant's psychological development (e.g. emotional regulation, behaviour, response to stress and interaction with others). Intense negative emotions can overwhelm very young infants, resulting in uncontrollable crying, inability to be soothed, feeding issues, sleep disturbances, hyper-arousal and hyper-vigilance, and intense distress during transitions.
- Separation anxiety, fear of strangers, social avoidance and withdrawal, and restricted affect and play are all common in toddlers. They are more likely to have a low tolerance for frustration and emotional regulation issues, as evidenced by uncontrollable tantrums, non-compliance and negativism, aggression, and controlling behavior.

Risk Factors and Adolescents

Risks factors specific to adolescents and young people include:

- Adolescent mental health problems;
- Self-Harm and/or suicide;
- Involvement with, or fear of, gang-related violence;
- Sexual exploitation;
- Teenage domestic violence.

The neglect of older children and adolescents is difficult to recognise and too often goes unnoticed

Domestic and Sexual Violence

Domestic violence affects people of all ages, genders, races, sexualities, socioeconomic status, and geographic locations. Domestic violence is generally underreported, but according to the 2005 study Domestic Abuse of Women and Men in Ireland: Report on the National Study of Domestic Abuse, one out of every seven women and one out of every seventeen men surveyed had experienced severely abusive behavior from an intimate partner at some point in their lives (National Crime Council and ESRI, 2005).

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).

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

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

Points for Practitioners to Consider:

- Are you familiar with the HSE's Domestic, Sexual, and Gender-based Violence Policy from 2010?
- Are you familiar with your community's domestic violence policies and procedures?
- Do you know how to contact domestic violence victims in an emergency?
- Do you know how to get help for a domestic violence victim?
- Do you know how to work with a domestic violence victim to create a safety plan?
- Is it possible for professionals to be overly optimistic in their assessment of the situation, resulting in the abuse/risks being minimized?
- A child who seeks assistance may be at greater risk because they may be "punished" for seeking professional assistance.
- Never ask a possible domestic violence victim a question about possible violence in the home while other family members are present or where he or she could be overheard.

Always consider the child's immediate safety first.

Communicating with the child

- Keep the child in mind and don't think of domestic violence as a purely adult issue.
- Be ready if the child is unable to express himself or speak about the violence.
- A child who seeks assistance may be at greater risk because they may be "punished" for seeking professional assistance.
- Determine the child's understanding of the domestic violence that is occurring, if possible.
- Recognize that the child may be torn between loyalties to the perpetrator and the non-abusing parent or caregiver.
- Recognize the possibility that the child is or has been physically and/or sexually abused.
- Consider whether the child has taken on inappropriate roles and responsibilities within the family as a result of domestic violence, such as attempting to protect the non-abusing parent/carer or being forced to witness violent acts against him/her. Caretaker, victim's confidant, abuser's confidant, abuser's assistant, perfect child, referee, and scapegoat are some of the roles that children can play (Cunningham and Baker, 2004).

Obtain a detailed history of the child's experience of domestic violence

Points for Practitioners to Consider:

- When was the most recent violent incident?
- What is the nature, location, severity, frequency, and duration of the child's exposure to incidents?
- What is the child's role in these incidents, and how does he or she react, for example, by witnessing, becoming physically involved, or attempting to intervene?
- Is the child being coerced into taking part in the abuse?
- Does the child exhibit inappropriate behavior as a result of witnessing domestic violence?
- As a result of an unpredictable and frightening parent, does the child exhibit emotional symptoms such as hypervigilance, attachment issues, "clinginess," insomnia, nightmares, poor appetite, depression, and a lack of understanding of how to play or relax?
- Is the child exhibiting behavioural issues and/or concentration deficits at school or in the early years?

The Impact on the Non-Abusing Parent/Carer's Ability to Parent and Protect the Child

- How capable is the non-abusing parent of parenting and protecting the child or children?
- The effects of domestic violence (e.g., pain, distress, anger, irritability, fear, reduced mobility, hospitalization) may have an impact on parenting capacity, as well as mental illness or substance abuse issues that arise as a result of the violence.
- Take into account how risk factors such as adult mental health issues, substance abuse, neglect, adult intellectual disability, social isolation, and child disability may interact to affect parenting capacity.
- Domestic violence incidents, practitioners must remember, are not isolated events, but rather part of a larger process involving the child's safety and well-being.
- Check with the non-abusing parent to see if the child has been given any explanations about the domestic violence or the perpetrator's actions.

Other Important Considerations during the Evaluation

- Are there any safeguards in place? What exactly are they?
- Is the mother pregnant or has she recently given birth?
- Has the Garda been involved in any way? How often do you do it?
- Do you need to think about any legal issues?
- Has the perpetrator violated any protective court orders, either for the mother or for the child?
- Is there a criminal record for the perpetrator?
- Is there a financial strain on the family?
- Is the mother and child alone, with little help?
- Look for pets during home visits; animal abuse is frequently a sign of domestic violence.

What are the Outcomes for this Child?

- What is the long-term impact of being exposed to domestic abuse in the home on each child?
- What effect does domestic violence have on a child's overall well-being and development in all areas?
- What evidence do you have to back up your assessment and analysis?
- Children who are exposed to domestic violence face a number of dangers.
- Children who are exposed to domestic violence face numerous dangers, including:
- The child or children have been subjected to physical or sexual abuse.
- The child is abused as a result of the non-abusing parent's abuse.
- Being used as pawns or spies by the abusive partner to keep the non-abusive parent under control.
- Being forced to participate in the abusive partner's abuse and degradation.
- Emotional abuse suffered by the child as a result of witnessing the abuse.
- Physical harm to the child as a result of being present when the violence takes place.
- Overhearing verbal abuse between adults in the home, including humiliation and threats of violence.
- Taking note of their mother's bruises and injuries.
- Witnessing the abusive partner being taken into custody by the Garda.
- Seeing their parent/caregiver being rushed to the hospital in an ambulance.
- Intervening in a physical altercation.
- Inability or unwillingness to invite friends over.
- Frequent social and educational disruptions as a result of relocating to avoid violence or living in a refuge.

Perpetrator Risk Assessment

Domestic violence is defined by behavior that is calculated to exercise power and control within a relationship and is intentional.

Examples of These Behaviours

- **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, and 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.

Professionals need to have the confidence and skills to ask about violent and abusive behaviour, as well as being able to refer to appropriate services for either intervention or practical assistance.

How to talk to young people who may be caring for parents with mental health problems

Points for Practitioners to Consider:

Attachment and relationship

- Has inconsistency in parenting harmed the child's attachment?
- Do adult caregivers show consistent emotional warmth?
- Is there a parental response that is appropriate for the child's age and stage?
- Is the child taking on too much responsibility as a result of parental incapacity?
- Are the child's emotional needs (such as security, stability, and affection) met on a regular basis?

Living Conditions

- Are the physical needs of the child being met on a regular basis?
- What are the living conditions of the child?
- Does the child's physical environment meet his or her needs?

Financial Circumstances

- Is there enough money to provide adequate parenting and meet the needs of the child?

Social and environmental circumstances

- Does the parent's behavior have an adverse effect on the child's treatment in the community (e.g., bullying, exclusion, or ostracism)?
- Is the child or young person, as well as their family, able to access community resources?
- Who will look after this child if the parent/carer is unable to properly care for them and/or is undergoing treatment or taking medication?

What are the outcomes for this child?

What is the long-term impact of being exposed to parental mental health issues in the home on each child?

How does a child's exposure to parental mental health problems affect his or her overall well-being and development in all areas?

What evidence do you have to back up your assessment and analysis?

Parental Substance Misuse (includes Alcohol and Drugs)

Messages from research

- There is a link between alcohol and drugs, as well as child abuse and neglect, according to research.
- Parents' ability to attend to their children's emotional, physical, and developmental needs

may be harmed by drug and/or alcohol abuse in the short and long term.

- Parents who use drugs or alcohol heavily may neglect their children's needs, spend money on drugs instead of household expenses, or engage in criminal activities that endanger their children's health or safety.
- Substance abuse has also been shown to influence parental discipline and child-rearing styles in studies.
- Significant harm to the unborn child, drug withdrawal difficulties at birth, or potential problems relating to the appropriate care of the newborn child are all potential risks in pregnancy. Problematic substance use is frequently a chaotic relapsing condition that necessitates ongoing assessment in order to identify long-term, flexible support.
- Children often know more about their parents' misbehavior than their parents realize, and they not only feel the stigma and shame of it, but they also fear being taken away from their parents and placed in foster care.

Figures suggest that at least 4,500 children are at risk of harm from maternal alcohol use each year, based on the number of births and those who engage in high-risk drinking.

Substance Misuse as a Risk Factor

Points for Practitioners to Consider:

Living Conditions

- Are the child's physical needs being consistently met?
- What are the child's living conditions like?
- Is the physical environment provided for the child good enough?
- If drugs are kept in the home, is it possible that children can access them?

Financial Circumstances

- Is there enough money to allow for adequate parenting/the child's needs to be met?

Potential for Harm

- Is the child placed in physical danger?
- Are the child's emotional needs consistently met (including security, stability and affection)?

Social and Environmental Circumstances

- Does the parent's behavior have an adverse effect on the child's treatment in the community (e.g., bullying, exclusion, or ostracism)?
- Is the child or young person, as well as their family, able to access community resources?
- Where does alcohol and/or drugs come from?
- What effect does this have on the child?
- Who will look after this child if the parents are unable to care for him or her while they seek treatment and obtain alcohol or drugs?

- Is the child ever in contact with unknown/possibly dangerous adults?
- Is the child (or children) ever left alone at home while adults go out and buy alcohol or drugs?

Unknown adults entering the family home, children, and young people being taken to potentially risky environments are other examples of how alcohol misuse affects family life.

What are the Outcomes for this Child?

- What are the long-term consequences of being exposed to parental substance abuse in the home for each child?
- What effect does parental substance abuse have on a child's overall well-being and development in all areas?
- What evidence do you have to back up your assessment and analysis?

Parental Intellectual Disability

Specific Risks to Children with Parents with Learning Disability

- Inadequate prenatal care due to late pregnancy detection and adherence to antenatal care.
- Impaired health and development due to a lack of parental capacity.
- The child taking on the role of caregiver for the parent. The child is being bullied and/or socially isolated.
- Men preying on a mother with learning disabilities in order to gain access to her child in order to sexually abuse them.

Assessing Parenting Capacity where Parental Intellectual Disability is a Concern

Horwath (2007) and Stevenson (2007) identify the following key issues to keep in mind when assessing the parenting capacity of intellectually disabled (also known as learning disabled) parents:

- parent's cognitive functioning;
- co-morbidity, e.g. diagnosis of mental illness and/or substance misuse;
- poor self-esteem;
- lack of positive role models;
- lack of support;
- adverse social conditions;
- parent's ability to anticipate risk to the child;
- managing diverse and complex situations;
- Parent's thought processes may be rigid, thus making adaption to change (e.g. the child's needs or behaviour) difficult.

In circumstances where a parent/carer has a learning disability, it is likely there are a number of professionals involved from different services.

Keep the Focus on the Child

It's critical to know the type and severity of the parent's or caregiver's intellectual disability, as well as how it affects the child on a daily basis.

- Does the child take on any roles or responsibilities that are inappropriate in the home or in caring for a parent/carer?
- Has the child been given the opportunity to express their own opinions about what they want for themselves, taking into consideration their age, ability, and maturity level?
- How is the child dealing with the parent's disability, and how resilient is he or she?
- Is the child exhibiting worrying emotional, psychological, or behavioral symptoms, and if so, what steps have been taken to address them?

Children with Special Needs

The causes of abuse and neglect of children with disabilities are similar to those that affect all children. Several factors, however, may increase the risk of abuse for disabled children:

- Many special children are more likely than other children to be socially isolated, with fewer outside contacts; they receive close personal care from a number of caregivers, which may increase the risk of being exposed to abusive behavior. A child's ability to distinguish between appropriate and inappropriate touching, as well as their right to choose who provides such care, may be difficult.
- They are unable to recognize, resist, or avoid being abused.
- Bullying and intimidation are a particular threat to them.
- They may have speech, language, or communication issues, making it difficult for them to communicate what is going on. They frequently lack access to someone they can confide in in order to report abuse.
- In addition to the risk factors that exist for all children, children with special needs are at risk of specific types of abuse, such as overmedication, poor feeding and toileting arrangements, a lack of stimulation, issues with challenging behavior control, a lack of information, a lack of emotional support, and so on.
- Children with special needs are used to being directed. They are rarely given options or given enough information to make an informed decision. They may be less able to recognize abusive situations as a result of this.

Many professionals and caregivers fail to recognize that special children are abused. Abuse signs and symptoms may be "explained away" as part of a person's normal behavior. For example, bruising could be attributed to a child's proclivity for falling, or sexualized behavior could be attributed to impairment.

As a result, it's critical to double-check all of these explanations and not take them at face value. It's a good idea to see if the child's behavior is consistent across all caregivers.

When Communicating With Special Needs Children, Keep the Following in Mind:

- When planning for children and young people with disabilities, take into account a variety of scenarios that should be taken into account during the planning stage of any assessment and/or interview.
- Always consider the child's cognitive, social, and emotional development, as well as indicators of vulnerability.
- Whenever possible, ensure that the child's individual views, wishes, and feelings are taken into account.
- Some children may develop their own means of communication, the interpretation of which may necessitate specialist knowledge of the child, limiting the number of people who can help the child.

Children with special needs will usually display the same signs and symptoms of abuse as other children.

Unknown male partners and their history/association with the family

Messages from research

- Men involved in the lives of abused children present a challenge to professionals. These men could be the child's biological or adoptive father, foster father, or cohabitee or casual boyfriend of the child's mother. Regardless of who the men are or what race or culture they come from, they have often been overlooked or avoided in child protection work in the past.
- Because of the increasing fragmentation of family life and the dramatic rise 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, the involvement of unknown male partners is critical.
- Thorpe (1994) discovered a high number of allegations of child abuse leveled against single-parent mothers. In the authority where the author worked, it was discovered that in a single year, 274 child abuse referrals were made to six inner city teams, with over 75% (211) of them involving single-parent mothers. However, over 60% (128) of these mothers had relationships with male partners who had lived with them for varying periods of time.

Points for Practitioners to Consider:

- As part of the evaluation, include and interview the new male partner. carry out the necessary background checks
- Ensure that information on ‘new men' gaining access to families is shared among agencies and that assessments are conducted as needed.
- The background information should include appropriate checks with other agencies, as well as an interview with the subject of the checks by the assigned social worker.
- Information on other adults who have significant contact with the children should be obtained, including occasional carers such as babysitters.

Families who are 'Uncooperative' or 'Hard to Engage'

Families or family members can exhibit a wide range of uncooperative behavior toward practitioners. All agencies will come into contact with families or family members who appear (but are not genuinely) compliant, reluctant, resistant, or even angry or hostile to their approaches from time to time. Intimidation, abuse, threats of violence, and actual violence can all occur in extreme cases. These families are sometimes referred to as "difficult to engage," "difficult to reach," "highly resistant," or "uncooperative."

Families who do not show positive change despite intervention and support from child welfare services may fall into this category.

Messages from research

Families can be "difficult to engage" or "uncooperative" in a variety of ways:

- People's **ambivalence** can be seen when they are consistently late for appointments or make excuses for missing them; when they avoid uncomfortable topics or use dismissive body language. The most common reaction is ambivalence, which may or may not equate to non-cooperation.
- **Avoidance** of appointments, missing meetings, and cutting short visits due to other ostensibly important activities are all examples of uncooperative behavior (often because the prospect of involvement makes the person anxious and they hope to escape it). Not answering the door, as opposed to not being in, is an example of extreme avoidance.
- **Confrontation** includes confronting professionals, provoking arguments, and frequently indicating a deep lack of trust, leading to a 'fight' rather than 'flight' response to difficult situations. Parents/caregivers may be afraid that their children will be taken away, or they may be reacting to their children being taken away.
- The most difficult of uncooperative behaviors for the practitioner/agency to engage with is **hostility, threatened or actual violence** by a small minority of people. This could indicate a deep and long-standing fear of authority figures, as well as a projected hatred of them. People may have used intimidation and violence to get what they wanted in the past. Practitioners must be conscious of their own personal safety. Physical violence, shouting, swearing, throwing things, intimidating or derogatory language, written threats, deliberate silence, domineering body language, using dogs or other animals as a threat, which can sometimes be a veiled threat, and racial abuse are all indicators.

Consider the Impact on the Child

The practitioner must be aware of the impact that hostility toward outsiders may be having on the child's day-to-day life, as well as what the child is going through. The child might:

- Be coping with his or her situation with hostage-like behaviour;
- Have become desensitised to violence;
- Have learned to appease and minimise (e.g. Victoria Climbié always smiled in the presence of professionals);
- Be simply too frightened to tell;
- Identify with the aggressor.

It's important to remember that, while working with hostile families or family members can be difficult, the safety of the child comes first. Consider what life is like for the child on a daily basis if professionals are afraid to confront the family involved.

Poverty and Social Exclusion

Many of the families who seek assistance for their children, or about whom others express concern about a child's welfare, are already in a difficult situation. Chronic poverty, social isolation, racism, and the problems that come with living in a disadvantaged area, such as high crime rates, inadequate housing, childcare, transportation, and education services, and limited employment opportunities, may be faced by these families. Many of these households do not have a wage earner.

Children living in poverty may have poor diets, health problems, or disabilities, are more vulnerable to accidents, and lack ready access to good educational and recreational opportunities. When children become parents, disadvantage and the possibility of social exclusion are exacerbated. Racism and racial harassment, as well as violence in their communities, are additional sources of stress for some families and children. Through its links to parental substance abuse, depression, learning disabilities, and long-term physical health problems, social exclusion can have an indirect impact on children.

Further Reading:

- ✓ Save the Children, Our Resources To Protect. A mapping of Save the Children's human and financial Child Protection resources 2012, May 2012
- ✓ Save the Children, Thematic Leadership Group, Action Sheet, 3 September 2012
- ✓ Save the Children, Child Protection Initiative, 2009- 2015, High Level Business Plan