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ERICA project

Module 4: Understanding risk factors for child maltreatment



Understanding risk factors for child maltreatment: aims and objectives

Aims:

- Build knowledge of child, parent/caregiver and family risk factors within their cultural context and as identified in international research
- Build knowledge of how the pandemic and responses to it can exacerbate existing risk in families

Objectives:

- Understand how risk factors accumulate
- Understand how risk factors can be reduced



What is a risk factor?

- A risk factor increases the risk of negative outcomes
 - In this training we are talking about risk relating to child maltreatment
- Why it is important to recognise risk factors:
 - We can reduce the risks for children who are in a vulnerable position
 - So that society can better offer preventive, timely, available and effective health and social services



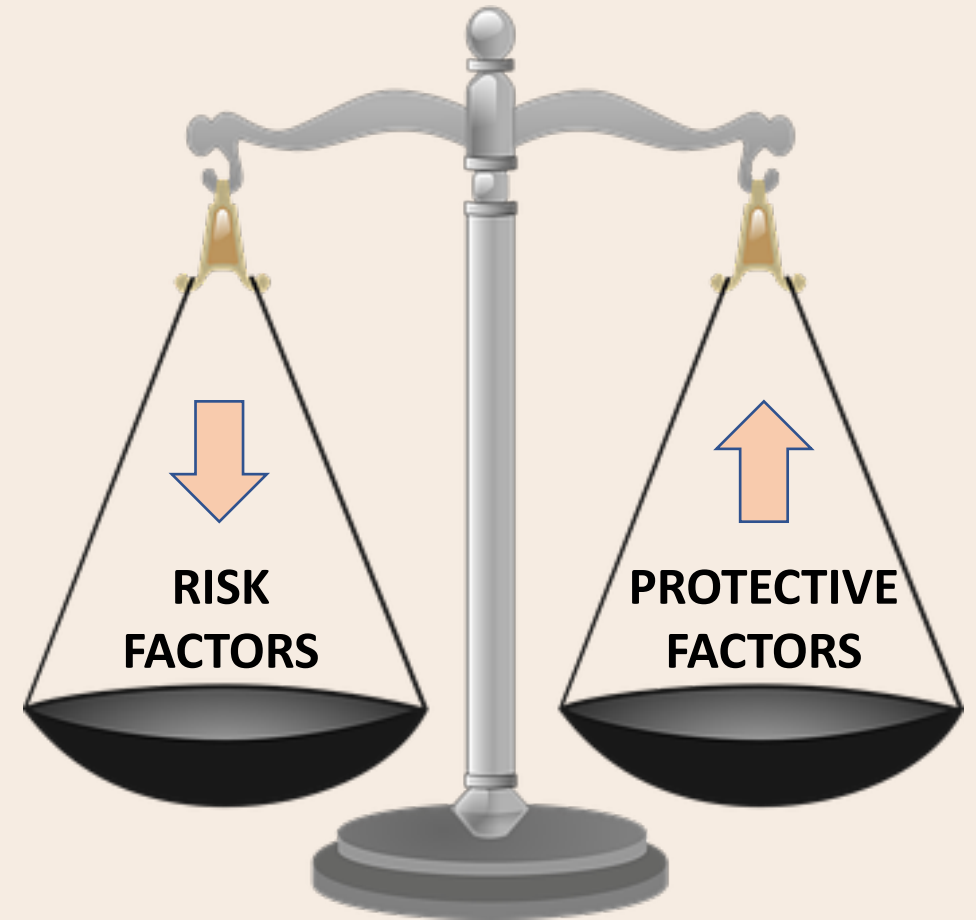
Risk factors vs. protective factors

Two sides of a coin:

- Protective factors *protect* against risk happening

The whole picture:

- Risk factors push from above and burden –
Protective factors uplift and support





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No single risk factor or sign alone is necessarily indicative of maltreatment having taken place

- The situation of the child and family needs to be considered as a whole
- Everyone's situation in life is individual: some have strong support networks, whereas others do not receive sufficient support
- When one type of maltreatment has been substantiated, it is reasonable to suspect the presence of other types of maltreatment as well





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**The accumulation of multiple risk factors increases
the risk of child maltreatment**

**Knowledge and appraisal of the quantity and nature
of risk factors facilitate the identification of
maltreatment**



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RISK FACTORS RELATED TO PARENTS



Risk factors linked to:



Intergenerational issues

- Parental history of maltreatment as a child
- Childhood trauma passed from generation to generation
- Adverse childhood experiences (ACEs)



Adverse Childhood Experiences

- Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood [1, 2]:
- domestic violence
- parental abandonment through separation or divorce
- a parent with a mental health condition
- being the victim of abuse (physical, sexual and/or emotional)
- being the victim of neglect (physical and emotional)
- a member of the household being in prison
- growing up in a household in which there are adults experiencing alcohol and drug use problems.

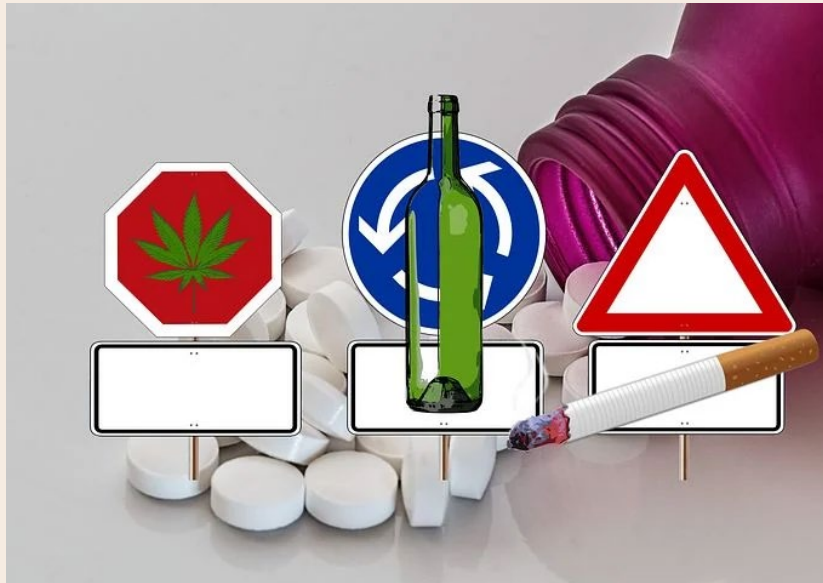


ACEs – long term effects of adverse experiences in childhood

- The effect of ACEs is a cumulative increase in risk for poor health outcomes, often through the adoption of health-harming behaviours
- Those who have experienced 4+ ACEs over the life course are more likely to:
 - Have poor nutrition and develop chronic health conditions, including heart disease and type 2 diabetes
 - Both commit and become victims of violence
 - Have health-harming behaviours, such as high-risk drinking, smoking, drug use, unprotected sex
 - Have encounters with the criminal justice system, and/or have been in prison



Risk factors linked to:



Parents' substance misuse

- Substance abuse
- Smoking

Parents' own health

- Chronic or acute illness
- Mental health issues



Parents' psychological resources

- Emotional immaturity
- Difficulty to cope with a challenging situation
- Emotional coldness
- Poor compliance with treatment

Factors linked to parents' overreaction

- Extreme over-protectiveness
- Unrealistic expectations regarding the child



Parenting style

- Low level of parental involvement in childcare on the part of the father or mother
- Authoritarian parenting style and related disciplining practices

Münchausen Syndrome by Proxy = Fabricated or Induced Illness (FII)

- The child is under 2 years of age
- The parent as perpetrator of violence
- Complicated medical history (e.g. lots of visits to health care services) in siblings or sudden death of a sibling



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Risk factors linked to parents' social context

- Low educational level
- Young age
- Single parent
- Separation or divorce
- Unwanted pregnancy/denial of pregnancy
- Encounters with the criminal justice system
- Parental experience of lack of social support
- Low level of appointment keeping



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RISK FACTORS RELATED TO FAMILY



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Factors linked to family's social context

- Several children in the family
- Low income
- Socioeconomic disadvantage
- History of child protective interventions
- Cramped living
- Dependence on welfare services
- Unemployment
- Intimate partner violence
- Parental reluctance to engage in conversation with health professionals
- Social isolation or marginalisation of the family



Factors linked to:

Family's emotional atmosphere

- Family stress or crisis
- Quarrelling
- Lack of closeness with the family members
- Little interaction between the child and the parent

Family's social skills and support

- A lack of empathy overall and also within the family
- Family perception of lack of social support



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VIDEO: RISK FACTORS RELATED TO CHILDREN



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Risk factors linked to child's physical and psychological development

- Complications associated with pregnancy or birth: preterm birth, low birth weight, low APGAR-score
- Special needs that increase the care burden, such as disability, mental health issues and chronic illness (i.e. ADHD, autism, cerebral palsy, deafness, /hearing difficulties, failure to thrive)
- Cognitive difficulties (low Intelligence Quotient=IQ) and emotional disturbance
- Poor language development (may be also the consequence of maltreatment: the language skills of children who have experienced abuse or neglect are delayed when compared to children who have not experienced abuse or neglect)
- Young age
- Special risk factors for baby shaking: premature baby, twins





Risk factors linked to:

Child's behaviour

- Behavioural problems eg. defiance, disobedience
- The child cries a lot
- Irritability of the child
- The child triggers negative childhood memories in the parent
- The child dislikes the parent/rejects the parent
- The child offends the parent or fails to live up to the parent's expectations

Child's social context

- Poor school performance



Combinations of risk factors accounting for maltreatment:

- Parental depression, alcohol abuse and history of intimate partner violence
- Parental isolation, emotional and communication problems
- Low income, lack of social support, single parent family, personal parental experience of maltreatment as a child
- Mother smoking during pregnancy, more than two children in the family, low birth weight



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Combinations of risk factors accounting for maltreatment:

- Low parental educational level, failure to attend the antenatal clinic during pregnancy, single parent, multiple births, smoking, several children in the family



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Towards the prevention of child maltreatment

- Suffering maltreatment as a child does not mean that those individuals will perpetuate maltreatment
- Unfortunately, there are some who are unable to break the cycle of maltreatment which they suffered in childhood
- Professionals are in a key position to guide parents in breaking the cycle





Towards the prevention of child maltreatment

- Screening for ACEs and trauma is an integral component of a trauma-informed approach to care
- **Remember:**
 - Screening should be done by a professional
 - Screening is not a diagnostic tool, but indicates possible need for child/family support
- Example of ACE screening tools:
[Technical assistance tool for screening for adverse childhood experiences and trauma](#)



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HOW PANDEMIC RESPONSES CAN EXACERBATE EXISTING RISK IN FAMILIES





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Risks in families during a pandemic

- There is an elevated risk for child maltreatment during natural and human-made disasters e.g. such as a pandemic or recession
- In the same way disasters increase a risk for mental health and substance use problems, as well as the risk of intimate partner violence
- Caregivers' emotional and mental resources are drained when they face highly elevated levels of stress



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ERICA
RESEARCH INTO CHILD ABUSE AND NEGLECT

Risks in families during pandemic

Solantaus et al. 2004, p. 425 [3]:

***“macrosocial changes may affect the
smallest members of society, the
children”***



Risks in families during a pandemic

Quarantine and social isolation

- Quarantine during the pandemic has negative psychological effects on people, including post-traumatic stress symptoms, confusion, anger
- Longer quarantine duration causes, for example: infection fears, frustration, boredom, financial loss, stigma
- Increases risk for violence against women and children through increasing women and children's day-to-day exposure to potential perpetrators



Risks in families during a pandemic

Economic insecurity

- Economic pressure in the family is linked to increasing parental psychological stress as well as harsh parenting. This has been found in different populations including various ethnic backgrounds, family structures and geographic locations.



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Risks in families during a pandemic

Economic insecurity

- Depending on the families' economic situation prior to the pandemic the impact of financial hardship varies in the families
- It has been found that links between financial stress and the caregiver's mental health are stronger among mothers of low-income families compared to middle-income families



Risks in families during a pandemic

Disruption in daily routines

- There may be a dramatic shift in the routines of family life:
 - Social and/or physical distancing (children at home school, parents working at home)
- There is study evidence of harsh parenting if there is a chaos at home, which in turn affects the quality of sibling relationships
- In the face of stress the core feature of family resilience is founded on routines and rituals



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References

1. Bellis, Mark A., Helen Lowey, Nicola Leckenby, Karen Hughes, and Dominic Harrison. "Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population." *Journal of Public Health* 36, no. 1 (2013): 81-91.
2. Hughes, Karen, Mark A. Bellis, Katherine A. Hardcastle, Dinesh Sethi, Alexander Butchart, Christopher Mikton, Lisa Jones, and Michael P. Dunne. "The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis." *The Lancet Public Health* 2, no. 8 (2017): e356-e366.
3. Solantaus T, Leinonen J & Punamäki R-L. 2004. Children's Mental Health in Times of Economic Recession: Replication and Extension of the Family Economic Stress Model in Finland. *Developmental Psychology* 40(3), 412-429.



Additional references

- Akerhurst, R. (2015) Child neglect identification: The health visitor's role. *Community Practitioner* 88(11), 38–42
- Asmussen K, Fischer F, Drayton E & McBride T. 2020. Adverse childhood experiences What we know, what we don't know, and what should happen next. Early Intervention Foundation. <https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next>
- Barreto Tainara M, Bento M N, Barreto Tamiris M, Jagersbacher J G, Jones N S, Lucena R, Bandeira I D. 2020. Prevalence of depression, anxiety, and substance-related disorders in parents of children with cerebral palsy: a systematic review. *Developmental Medicine & Child Neurology*. 62(2), 163–168. Doi: <https://doi-org.libproxy.tuni.fi/10.1111/dmcn.14321>
- Bernet W (pääasiainen kirjoittaja). Practice Parameters for the Forensic Evaluation of Children and Adolescents Who May Have Been Physically or Sexually Abused. *Child & Adolescent Psychiatry* 1997; 36: 423–442
- Bethea L. Primary Prevention of Child Abuse. *American Family Physician* 1999; 59: 1577–1585.
- Brown J, Cohen P, Johnson JG & Salzinger S. A longitudinal analysis of risk factors for child maltreatment: findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect. *Child Abuse & Neglect* 1998; 22: 1065–1078.
- Clayton K, Lee, J B, Cheung K, Theule J, Henrikson B. 2018. Quantifying relationship between attention-deficit/hyperactivity disorder and experiences of child maltreatment: A meta-analysis. *Child Abuse Review* 27(5), 361–377. Doi: 10.1002/car.2530
- DiLauro M D. Psychosocial Factors Associated with Types of Child Maltreatment. *Child Welfare League of America* 2004; 83: 69–99.
- English DJ. The Extent and Consequences of Child Maltreatment. *Protecting Children from Abuse and Neglect* 1998; 8: 39–53
- Ertem IO, Leventhal JM & Dobbs S. Intergenerational continuity of child physical abuse: how good is the evidence? *The Lancet* 2000; 356(2) 814–819.
- Frederick J, Devaney J, Alisic E. 2019. Homicides and maltreatment-related deaths of disabled children: A systematic review. *Child Abuse Review* 28, 321–338.
- Fulton D. Early recognition of Munchausen syndrome by proxy. *Critical Care Nursing Quarterly* 2000; 23 (2): 35–42.
- Galvin HK, Newton AW & Vandeven AM. Update on Munchausen syndrome by proxy. *Current Opinion in Pediatrics* 2005; 17: 252–257.
- ITLA. Itsenäisyyden juhlavuoden lastensäätiö (<https://itla.fi>). Riskitekijä – epäonnistunko varmasti. BLOGI – 26.08.2020.
- Kayama M, Sagami A, Watanabe Y, Senoo E & Ohara M. Child Abuse Prevention in Japan: An Approach to Screening and Intervention with Mothers. *Public Health Nursing* 2004; 21: 513–518.
- Kivitie-Kallio S & Tupola S. Ravistellun vauvan oireyhtymä. *Duodecim* 2004; 120: 2306–2312



References related to risk factors

- Locke TF & Newcomb MD. Child Maltreatment, Parent Alcohol- and Drug-Related Problems, Polydrug Problems, and Parenting Practices: A Test of Gender Differences and Four Theoretical Perspectives. *Journal of Family Psychology* 2004; 18(1): 120–134
- McAllister M. Domestic Violence: A Life-Span Approach to Assessment and Intervention. *Primary Care Practice* . 2000; 4: 174–189.
- Meinck, F., Cluver, L., Boyes, M. & Mhlongo, E. (2015) Risk and Protective Factors for Physical and Sexual Abuse of Children and Adolescents in Africa: A Review and Implications for Practice. *Trauma, Violence, & Abuse*. 16(1), 81–107.
- Mollerstrom WW, Patchner MA & Milner JS. Family Functioning and Child Abuse Potential. *Journal of Clinical Psychology* 1992; 48 (4): 445–453
- Mulder T M, Kuiper K C, van der Put C E, Stams G-J JM, Assink M. 2018. Risk factors for child neglect: A meta-analytic review. *Child Abuse & Neglect*. 77, 198–210.
- Murphey DA & Braner M. Linking Child Maltreatment Retrospectively to Birth and Home Visit Records: An Initial Examination. *Child Welfare League of America* 2000. LXXIX, #6, November/December). 711–728.
- Nair P, Schuler ME, Black MM, Kettinger L & Harrington D. 2003. Cumulative environmental risk in substance abusing women: early intervention, parenting stress, child abuse potential and child development. 2003; *Child Abuse & Neglect* 27: 997– 1017.
- Newton AW & Vandeven AM. Update on child maltreatment with a special focus on shaken baby syndrome. *Current Opinion in Pediatrics* 2005; 17: 246–251.
- Paavilainen E & Tarkka M-T. Definition and Identification of Child Abuse by Finnish Public Health Nurses. *Public Health Nursing* 2003; 20: 49–55.
- Peck MD & Priolo-Kapel D. Child Abuse by Burning: A review of the Literature and an Algorithm for Medical Investigation. *The Journal of Trauma, Injury, Infection and Critical Care* 2002; 53, 1013–1022.
- Perez-Albeniz A & de Paul J. Gender differences in empathy in parents at high- and low-risk of child physical abuse *Child Abuse & Neglect* 2004; 28 (3), 289–300
- Reijneweld SA, van der Wal MF, Brugman E, Hira Sing RE, Verloove-Vanhorick SP. Infant crying and abuse. *The Lancet* 2004; 364(9): 1340–1342.



References related to risk factors

- Ricci L, Giantris A, Merriam P, Hodge S & Doyle T. Abusive head trauma in Maine infants: medical, child protective, and law enforcement analysis. *Child Abuse & Neglect* 2003; 27: 271–283.
- Rumm PD, Cummings P, Krauss MR, Bell MA & Rivara FP. Identified spouse abuse as a risk factor for child abuse. *Child Abuse & Neglect* 2000; 24: 1375–1381.
- Sprang G, Clark JJ & Bass S. Factors that contribute to child maltreatment severity: a multi-method and multidimensional investigation. *Child Abuse & Neglect* 2005; 29: 335–350
- Sylvestre A, Bussi eres  -L & Bouchard C. 2016. Language problems among abused and neglected children: A meta-analytic review. *Child Maltreatment* 21 (1), 47–58.
- Tajima EA. Correlates of the Co-Occurrence of Wife-Abuse Among a Representative Sample. *Journal of Family Violence* 2004; 19(6) 399–410.
- Tenney-Soeiro R & Wilson C. An update on child abuse and neglect. *Current Opinion in Pediatrics* 2004; 16 233–237.
- Thomas K. Munchausen Syndrome by Proxy: Identification and Diagnosis. *Journal of Pediatric Nursing* 2003; 18 (3), 174–180.
- Toomey S & Bernstein H. Child abuse and neglect: prevention and intervention. *Current Opinion in Pediatrics* 2001; 13: 211–215.
- Tupola S & Kallio P. Lasten fyysinen pahoinpitely – diagnostiikka, menettelytavat ja seuranta. *Suomen L  k  rilehti* 2004; 59(40), 3749–3755.
- V  is  nen L & V  is  nen E. Perhev  kivallan uhrin kohtaaminen l  k  rin ty  ss  . *Suomen L  k  rilehti* 2000; 55(24–26), 2655–2659.
- White, OG., Hindley, N. & Jones, DP. (2015) Risk factors for child maltreatment recurrence: An updated systematic review. *Medicine, Science and the Law* 55(4), 259–277.
- Yates, G. & Bass, C. (2017) The perpetrators of medical child abuse (Munchausen Syndrome by Proxy) – A systematic review of 796 cases. *Child Abuse & Neglect*. 72, 44–53.



References related to pandemic responses

- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet*, 395, 912–920. [http://dx.doi.org/10.1016/S0140-6736\(20\)30460-8](http://dx.doi.org/10.1016/S0140-6736(20)30460-8)
- Brooks-Gunn J, Schneider W, & Waldfogel J. 2013. The great recession and the risk for child maltreatment. *Child Abuse & Neglect* 37, 721-729.
- Harrist, A. W., Henry, C. S., Liu, C., & Morris, A. S. (2019). Family resilience: The power of rituals and routines in family adaptive systems. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), *APA handbook of contemporary family psychology: Foundations, methods, and contemporary issues across the lifespan* (pp. 223–239). <http://dx.doi.org/10.1037/0000099-013>
- Schneider W, Waldfogel J & Brooks-Gunn J. 2017. The great recession and risk for child abuse and neglect. *Children and Youth Services Review* 72, 71-81.
- Kretschmer T & Pike A. 2009. Young children’s sibling relationship quality: distal and proximal correlates. *The Journal of Child Psychology and Psychiatry* 50(5), 581-589.
- Masarik AS & Conger RD. 2017. Stress and child development: a review of the Family Stress Model. *Current Opinion in Psychology* 13, 85-90.
- Neppl TK, Senia JM & Donnellan MB. 2016. Effects of economic hardship: Testing the Family Stress Model Over Time. *Journal of Family Psychology* 30, 12–21.
- Peterman, A., Potts, A., O’Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & Gelder, N. V. (2020). *Pandemics and violence against women and children*. Washington, DC: Center for Global Development. Retrieved from <https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children>
- Ponnet K. 2014. FinancialsStress, parent functioning and adolescent problem behavior: An actor–partner interdependence approach to family stress processes in low-, middle-, and high-income families. *Journal of Youth Adolescence* 43, 1752–1769.
- Prime H, Wade M & Browne DT. 2020. Risk and resilience in family well-being during the COVID-19 pandemic. *American Psychologist* 75(5), 631-643
- Usher K, Bhullar N, Durkin J, Gyamfi N & Jackson D. 2020. Family violence and COVID-19: Increased vulnerability and reduced options for support. *International Journal of Mental Health Nursing*. Advance online publication. <http://dx.doi.org/10.1111/inm.12735>
- Vetter S, Rossegger A, Rossler W, Bisson JI & Endrass J. 2008. Exposure to the tsunami disaster, PTSD symptoms and increased substance use—An Internet based survey of male and female residents of Switzerland. *BMC Public Health*, 8, 92. <http://dx.doi.org/10.1186/14712458-8-92>



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