

# **CHILD ABUSE AND NEGLECT RISK FACTORS**

Many factors put parents at risk to abuse or neglect their children. However, it is important to remember that individuals react differently even when faced with the same problems. Two families could be facing the same difficult situation, and one parent may become abusive while others may not. Each of the factors presented here is just that...factors that may put a parent at risk to abuse or neglect their child. They are not certainties, or proof that a parent is or will become abusive.

## **Caregiver Risk Factors**

### **Poor Childhood Experiences**

- Caregiver was abused or neglected as a child

### **Immaturity**

- Caregiver is young or immature
- Caregiver's own need to be cared for is so great they may ignore or be unable to cope with the needs of the child (no matter what age)

### **Lack of Parenting Skills**

- Caregiver lacks knowledge of child development or has inappropriate expectations of the child

### **Unrealistic Expectations of the Child**

- Caregiver does not understand the stages of child development
- Caregiver expects the child to behave in ways beyond the child's developmental capabilities

### **Unmet Emotional Needs**

- Caregiver does not relate well to other adults
- Caregiver turns to the child to satisfy their need for love, self-esteem, sexual gratification

### **Isolation**

- Caregiver has little or no friends, family, or social support system
- Family lives in an isolated area
- Caregiver has no "break" from child care duties

### **Mental Illness or Mental Deficiency**

- Caregiver may be unable to understand and complete their parenting responsibilities
- Caregiver may not have the capacity to comprehend their parenting responsibilities
- Caregiver suffers from depression

### **Alcohol or Drug Abuse**

- Caregiver has problems with drugs or alcohol which limits their ability to care for the child

### **Domestic Violence or History of Violence**

- Families with physical child abuse also resemble families with other forms of violence -- often when there is spousal violence there is abuse of children
- Caregiver exhibits violent behavior

### **Education Level**

- Most maltreating parents have less education than non-maltreating parents
- Neglectful parents tend to have less formal education

### **Significant or Major Disruptions in the Caregiver's Life**

- Caregiver has experienced a recent:
  - Death of a loved one
  - Divorce or separation
  - Loss of job or source of income
  - Significant illness or injury to themselves or another family member
  - Trouble with the law

### **Children Who May be At Risk for Abuse or Neglect**

- Physically or mentally challenged children
- Children who are illness prone
- Hyperactive children or exceptionally bright children who require additional activity and constant stimulation
- Children who are demanding or who have a unusual need for attention
- Children who have previously been abused or neglected
- An unwanted child
- A child whose conception or birth caused problems for the caregiver
- A child who is perceived as being the "wrong sex"
- A child whose physical/personality characteristics are similar to a person who has caused the caretaker pain or distress

### **Socioeconomic Characteristics That May Put Children at Risk**

- Poverty (lack of the basic necessities of food, shelter, clothing)
- Single-parent households (may experience stress specific to having only one adult in the home to handle the challenges of parenting)

## **PHYSICAL INDICATORS OF PHYSICAL CHILD ABUSE**

### **LOCATIONS OF THE INJURY**

- Buttocks
- Genital Area
- Abdomen
- Back
- Side of the body
- Back of the hands

### **BRUISES, WELTS, BITES, HAIR LOSS**

- On the face, lips, mouth, torso, back, buttocks, thighs
- Clustered bruises or welts that form patterns
- Injuries that regularly appear after the child has been absent
- Human bite marks
- Hair loss

### **BURNS**

- Immersion Burns
  - Burns that have a sock-like or glove-like appearance
  - Burns that are doughnut shaped on the buttocks or genitalia
- Burns that have a patterned appearance – from electric burner, iron, cigarettes
- Rope Burns – on the arms, legs, neck or torso

### **HEAD INJURIES**

- Injury to the ear, cheeks, temple, or bony skull area
- Bleeding around the ear, cuts or swollen ear
- Lip tears, cuts, scrapes, or burns on the lip
- Broken teeth, or cuts on the tongue
- Facial fractures
- Two black eyes
- Bleeding in the upper eyelid

# **BEHAVIORAL AND EMOTIONAL INDICATORS OF PHYSICAL ABUSE**

Physically abused children will not only have physical signs of abuse, but many times these physical signs will be accompanied by behavioral and emotional signs. It is important to remember that none of the indicators listed below is a definite sign that a child has been physically abused. Instead, the indicators are a sign that something in the child's life has created enough stress to change their behavior. A history of suspicious injuries, patterns of behavior, and a child disclosing to you that they have been abused are all factors that should be considered in determining whether you should make a report of abuse to the appropriate authorities.

## **Behavioral and Emotional Indicators of Physical Abuse and Neglect**

- Child wears clothing that is not appropriate for the weather
- Excessive absences
- Fearful of parents or other adults
- Apprehensive when other children cry
- Extreme aggressiveness
- Cognitive and intellectual impairment
- Deficits in speech and language
- Hyperactivity, impulsivity, low frustration tolerance
- Depression, low self-esteem, suicidal tendencies
- Constantly tired or unable to stay awake

## **SITUATIONS THAT SHOULD BE REPORTED AS CHILD ABUSE**

- A parent tells you the child was injured doing something that he or she is not developmentally able to do
- The child's injury is too severe to have been caused in the way the parent tells you the injury happened
- The injuries are to the child's buttocks, genital area, abdomen, back, sides of the body or back of the hands
- The parent's story of how the injury happened changes when it is challenged
- The child's injuries have not been medically treated
- The injuries show a pattern such as a rope, hanger, hand, or electric iron
- The child has human bite marks
- The child has patches of hair pulled out and the scalp shows signs of bleeding
- The child has multiple injuries on multiple parts of his or her body and those injuries are in various stages of healing
- The child has multiple injuries, but the parent tells you that it happened on a single occasion
- The child has burns on his or her body that don't appear accidental
- The child tells you that he or she has been abused

# **INDICATORS OF SEXUAL ABUSE**

## **PHYSICAL INDICATORS**

Children who have been sexually abused may not have any physical signs of the abuse. Even if you notice one or some of the physical indicators listed below this does not prove that the child has been sexually abused.

- Unexplained abdominal pain
- Difficulty in walking or sitting
- Torn, stained, or bloody underclothing
- Pain, swelling, or itching in the genital area
- Bruises, bleeding, or lacerations of the external genitalia, vaginal or anal areas
- Vaginal or penile discharge
- Semen around the genitals or on undergarments
- Pain when urinating
- Sexually transmitted diseases: gonorrhea, syphilis, herpes, or venereal warts
- Pregnancy, especially in early adolescence

## **BEHAVIORAL OR EMOTIONAL INDICATORS**

Like the physical indicators of sexual abuse, emotional or behavioral indicators are not conclusive proof that a child has been sexually abused. The presence of one or more indicators should be a sign to look closer at the child and the child's environment.

- Excessive masturbation
- Sexual acting out
- Knowledge of sexual matters inappropriate to the age or development of the child
- Sexually abused a sibling, friend or younger child
- Eating or sleeping disturbances
- Depression
- Sudden drop in academic performance
- Acting out or aggressive behavior
- Regression of behavior
- Appears frightened of adults, darkness or being left alone
- In adolescents: depression, nervousness, carving, eating disorders, promiscuity, etc.

## **INDICATORS OF EMOTIONAL ABUSE**

Emotionally abused children have one thing in common: low self-esteem, accompanied by feelings of guilt and an assumption that they are responsible for being unworthy of their parents' love, affection, and attention.

Like physical and sexual abuse, none of the indicators listed below is proof that a child has been emotionally abused. However, the presence of one or more indicators should prompt you to take a closer look at the child and the child's environment.

### **PHYSICAL INDICATORS**

- Speech disorders
- Lags in physical development
- Shallow, empty facial appearance
- Loss of bladder or bowel control

### **BEHAVIORAL INDICATORS**

- Anxiety and unrealistic fears
- Sleep problems, nightmares
- Poor relations with peers
- Disruptive, aggressive or passive behavior
- Oppositional, defiant of authority
- Overly compliant
- Overly controlled, rigid
- Overly impulsive
- Depressed, withdrawn, isolated
- Habit disorders such as biting, rocking, head banging, or thumb sucking in an older child

# **INDICATORS OF CHILD NEGLECT**

## **Physical Neglect**

### **Lack of a Safe Physical Environment**

- Lack of adequate shelter
- Lack of heating in cold weather
- Lack of adequate space for sleeping, eating, bathing
- Unsanitary home conditions

### **Inadequate nutrition, clothing, or hygiene care**

- Poor quality food, food that lacks nutritional value
- Food that is inadequate or inappropriate for the child's age and development
- Clothing that is inadequate for the weather conditions
- Clothing that is torn, not the right size, not regularly washed
- Poor hygiene, child not bathed regularly

### **Inadequate Supervision**

- Leaving a young child alone or in charge of other children
- Leaving a child with an inappropriate caregiver
- Allowing a child to play in unsafe areas or without supervision
- Abandonment of the child

## **Medical Neglect**

- Lack of treatment for medical problems, illnesses, trauma
- Lack of care for special needs
- Disregard for medical directions – prescriptions, appointments
- Teeth appear to be decaying or decayed
- Frequent absences from school or program due to illness

## **Educational Neglect**

- School-age children not enrolled
- Chronic truancy
- Unwillingness to support child's education

# **WHAT TO DO IF A CHILD TELLS YOU THEY HAVE BEEN ABUSED OR NEGLECTED**

Be aware of your own feelings and remain calm and nonjudgmental

Find a private place to talk with the child

Keep the talk brief

## **Do**

- Let the child do the talking
- Let the child tell you, in their own words, what happened
- Give the child your undivided attention
- Ask for clarification if the child uses words that are not familiar
- Acknowledge the child's feelings
- Take notes and try to report direct quotes from the child

## **Do Not**

- Interrogate the child
- Probe or press for answers
- Suggest answers to the child
- Interrupt their story
- Ask "Why" questions
- Ask leading questions

Let the child know you believe them

Tell the child they are not responsible for what has happened to them

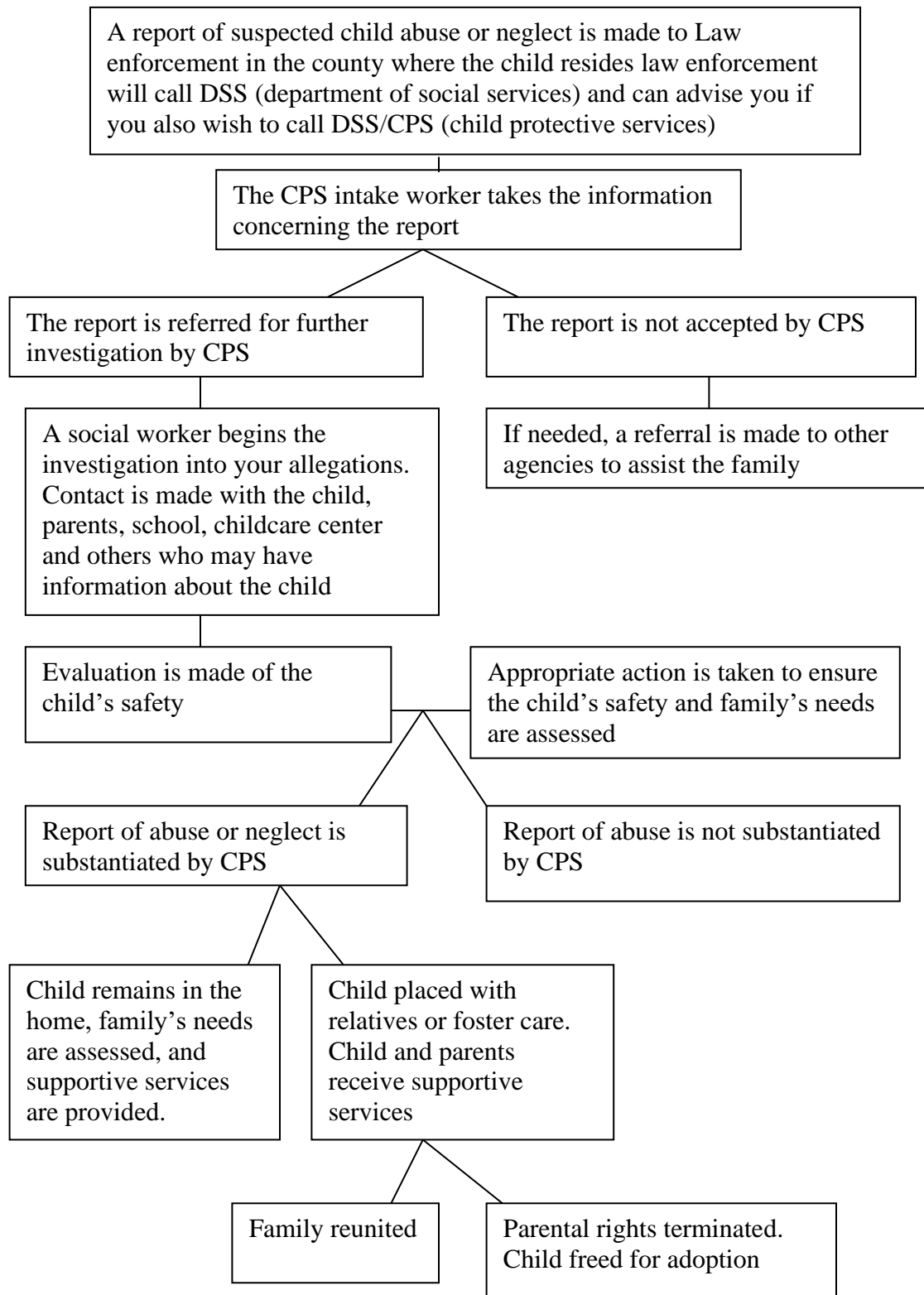
Explain what will happen next

Make the report to law enforcement and DSS if needed

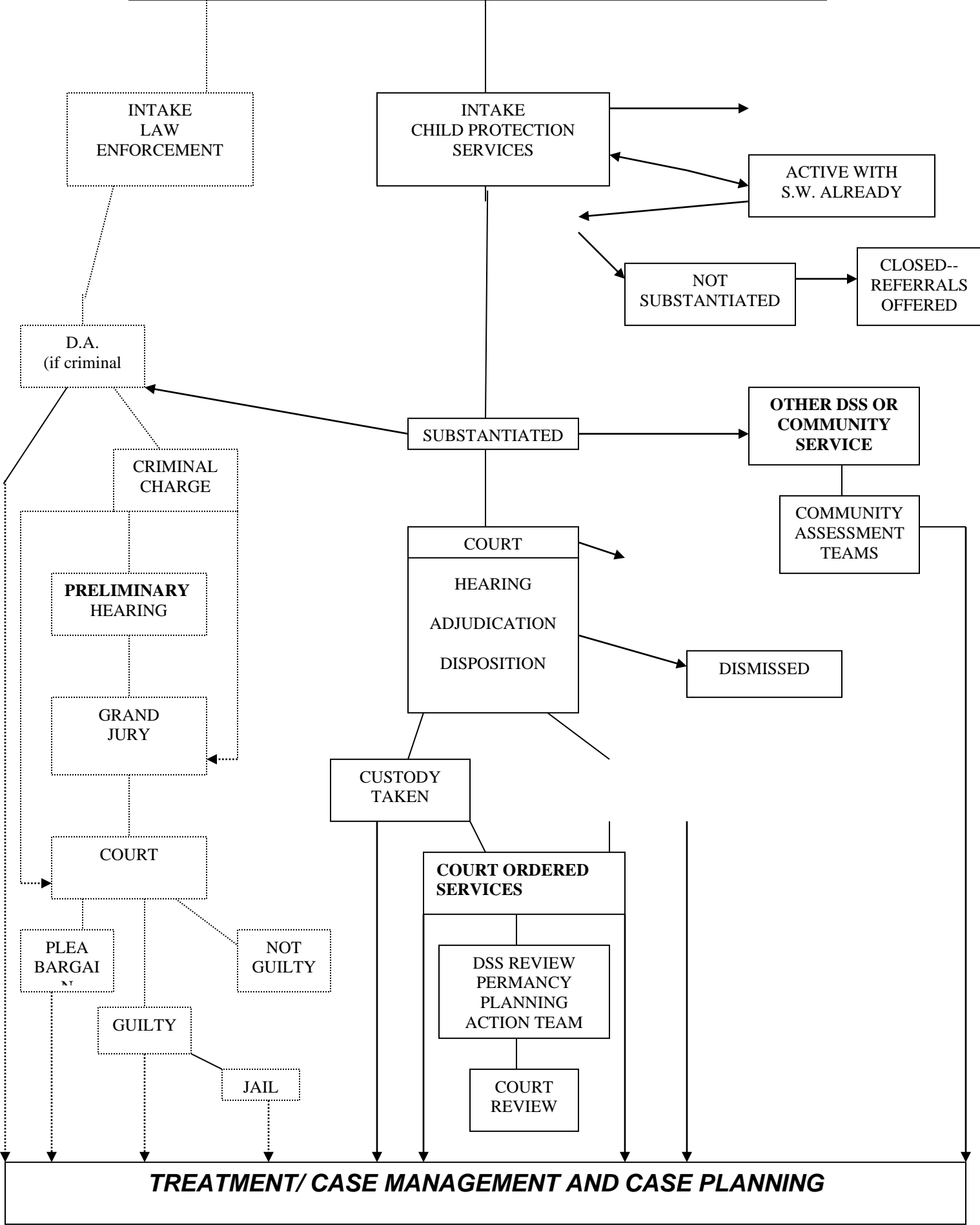
Take care of yourself



## WHAT HAPPENS TO MY REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT?



**CHILD ABUSE or NEGLECT**  
NOTE: Law Enforcement is called first and can advise you if you also wish to call DSS/CPS.



The following is taken from the Diocese of Raleigh, Policies and Procedures for the Protection of Children and Young People. To read the entire document, access <https://dioceseofraleigh.org/child-and-youth-protection/safe-environment-team-tools> or call the Office of Child and Youth Protection at 1-866-535-7233.

## REPORTING

All cases of alleged, suspected or known sexual abuse of a minor must be reported to civil authorities. The State of North Carolina grants immunity from civil and criminal liability to any person, organization or institution if the report is made in good faith.

Allegations of sexual abuse of a minor by a priest, deacon or other Church personnel should be immediately reported to the program director. The initial report must be recorded without preliminary screening, investigation or legal judgment by the Diocese. The following information, if known, should be contained in the report. A lack of information, or lack of consent of the alleged victim, victim's parent(s) or legal guardian or person(s) providing the information, will not prevent the immediate reporting of the allegation of abuse to the proper authority(s):

- The name and address of the person making the allegation.
- The name and address of the alleged victim.
- The name and address of the alleged victim's parents or responsible adult if the alleged victim is a minor.
- The name of the alleged abuser and present whereabouts of the accused if known.
- An accurate and detailed description of the alleged misconduct, the relevant dates, times, and circumstances in which the misconduct allegedly occurred and the names, addresses, telephone numbers of any other persons who may have knowledge of the alleged misconduct.

The program director will promptly notify the following persons and if possible do so within 48 hours:

- The Sheriff's Department in the county where the alleged abuse took place or the Police Department if the alleged abuse occurred in a township or within city limits.
- Bishop
- Vicar General
- Chancellor
- COO of the Diocese
- Promoter of Justice
- Diocesan Attorney
- Vicar for Clergy, if the accused is a priest or deacon
- Vicar for Religious, if the accused is a non-ordained religious
- Assistance Ministry Coordinator
- Director of Human Resources, if the accused is a lay employee or volunteer
- Director of Communications
- Chairperson of the Review Board
- The date, time and person at the law enforcement agency, receiving notification of the alleged abuse will be recorded. A request that the diocese be kept informed as to the progress of the investigation will also be made.

Anyone receiving an allegation of sexual abuse will respond in a supportive manner, without initial judgment as to the truth of the complaint. In all cases the program director will be responsible for ensuring that the alleged victim, or person making the allegation, is advised of his/her right to report the allegation of sexual abuse of a minor to the public authorities and will support his/her exercise of this right by providing information as needed. In those cases where the alleged victim is no longer a minor, the diocese will cooperate with all public authorities as appropriate.

# **HOW TO MAKE A REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT**

## **Step I**

### **Where to Make a Report of Suspected Child Abuse or Neglect?**

A report of suspected child abuse should be made to the local law enforcement in the county where the child lives or is found.

## **Step II**

### **How to Make a Report of Suspected Child Abuse or Neglect?**

- The report can be made to law enforcement in person or by telephone.
- You should give the intake worker your name, address and telephone number
- Your identifying information is confidential, it will not be revealed unless the court orders it to be revealed

## **Step III**

### **What your Report Should Include:**

- The name and address of the parents or caretakers
- The name and age of the child
- The present whereabouts of the child if not at the home address
- The nature and extent of any injury or condition resulting from abuse or neglect
- Any other information that the person making the report believes might be helpful in establishing the need for protective services or court intervention