

## A Review of the Predisposition to Child Abuse

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### ABSTRACT

This present review focuses on evaluating works investigating potential risk factors for child abuse. Child abuse is a complex issue, which has many contributing risk factors. Child abuse encompasses physical abuse, sexual abuse, emotional abuse, and child neglect. Each component has its own consequence to a child's health and wellbeing. Theories have been developed to explain the causes of and the predisposition to child abuse. Several studies exist which investigate the relationship between child abuse and a variety of risk factors. Risk factors that have been shown to correlate with child abuse include parental problems and difficulties, prior sexual abuse victimization of a child or siblings, social isolation of a child and family, child drug use, poor social skills, parental substance abuse, and neighborhood risk factors. Focusing on these theories and risk factors can lead to a better understanding of the predisposition to child abuse.

**Keywords:** child abuse, risk factors, predisposition

### INTRODUCTION AND BACKGROUND OF CHILD ABUSE

Child maltreatment and abuse are complex issues that include neglect, emotional or psychologic abuse, physical abuse, and sexual abuse. The CDC's Injury Center defines child maltreatment and abuse as "abuse and neglect inflicted by a parent, caregiver, or another person in a custodial role upon a child under 18".<sup>1</sup> Child neglect, on the other hand, is composed of "negative" behaviors in which the caretaker disregards caretaking behaviors that are important for normal physical and emotional development of the child. This includes neglect in physical, emotional, medical, mental health, education, and supervision.<sup>2</sup> The most frequently found form of abuse is neglect.<sup>3</sup> Physical abuse includes behaviors such as beating and shaking, as well as burning and biting. Rib fractures are the most common findings of physical abuse. Child sexual abuse (CSA) can be defined as "the involvement of dependent, developmentally immature children and adolescents in sexual activities which they do not fully comprehend, to which they are unable to give consent, or that violate the social taboos of family roles."<sup>3</sup> Sexual abuse includes contact sexual abuse (e.g., involving oral, anal, or vaginal penetration) and non-contact. Non-contact sexual abuse includes exposure to sexually explicit materials as well as oral-genital and genital-to-genital contact.<sup>3,4</sup> Another type of child abuse is psychological abuse, which includes "verbal abuse, humiliation, and acts that scare or terrorize a child."<sup>3</sup>

There are numerous risk factors that predispose children to child abuse. Many children who are subject to these risk factors and child abuse experience short- and long-term cognitive, physical, psychiatric, and generational consequences due to their victimization.<sup>5</sup> Because of the effects of child abuse and maladaptation on its victims, understanding and identifying risk factors of abuse can act as a preventative health measure. Most cases of child abuse are first identified at the emergency department;<sup>6</sup> thus, the components and endangerments of child abuse are important for health care professionals to understand. This literature review will look into factors that put children at greater risk of abuse.

### EXPLORING PREDISPOSITION TO CHILD ABUSE

Several theories (Table 1)<sup>4</sup> propose the characteristics of a child or their environment that may lead to their victimization. These theories demonstrate activities that expose children to offenders, lack of parental/guardian supervision, parental experiences, the culture of the child's community, and a child's characteristics as components that cause increased susceptibility to abuse.

One meta-analysis observed the multiple contributions on an individual, parental, and familial level to the total risk of victimization to CSA. This meta-analysis stratified 765 risk factors into 35 risk domains

Theory	Definition
Routines Activities Theory	Suitable targets are most susceptible to crime in presence of likely offenders and offenders are most likely to commit crime in the absence of guardians <sup>10</sup>
Target Suitability	Three parts of this theory: <sup>4</sup> 1) Target vulnerability: child's lack of capacity to deter victimization 2) Target gratifiability: a child's quality that an offender wants to have or manipulate 3) Target antagonism: a child's quality that an offender feels angry towards or causes the offender to exhibit destructive impulses
Belsky's Developmental-Ecological Model	Three domains: <sup>11</sup> 1) The developmental-psychological (child and caregiver characteristics) 2) Immediate (caregiver interaction and home environment) 3) Broader domain (neighborhood characteristics)
Ecological, Transactional, and Developmental Model	Susceptibility and vulnerability to child abuse relies on the dynamic transaction between concrete risk factors and a child's developmental (cognitive, affective, or physiological) maturity <sup>4</sup>

**Table 1.** Theories of Child Abuse

and studied their association with CSA.<sup>4</sup> From these domains, risk themes were created: (prior) victimization, parental problems and difficulties, non-nuclear family structure, family (system) problems, child problems, and child characteristics. Of the 35 domains, 23 domains showed small ( $r=0.1$ ), medium ( $r=0.3$ ), and large ( $r=0.5$ ) mean effects.<sup>5</sup> Data revealed that the strongest association to CSA existed in those with victimization or prior victimization of siblings, other family members ( $r=0.283$ ), or parents ( $r=0.265$ ). Thus, the risk theme “(prior) victimization” had the strongest effect on susceptibility to CSA. Domains of the “parental problems and difficulties” theme, including intimate partner violence ( $r=0.175$ ), substance use or abuse in parents ( $r=0.171$ ), health problems in the parent ( $r=0.169$ ), and a low level of parental education

( $r=0.151$ ), showed small or medium effects on CSA. The existence of “non-nuclear families,” such as the presence of a stepfather ( $r=0.118$ ), may also pose a risk to children. Domains under “family (systems) problems,” which were associated with risk of CSA, include problems in functioning of the family system ( $r=0.194$ ), social isolation of child and family ( $r=0.191$ ), and low socioeconomic status ( $p=0.101$ ). The final two risk themes discussed are “child characteristics” and “child problems.” Child problems that increase risk of victimization include chronic physical/mental conditions ( $r=0.193$ ) and delinquent behavior and drug use ( $r=0.126$ ). As for child characteristics, children who exhibit poor social skills or shyness ( $r=0.217$ ), frequent internet use ( $r=0.152$ ), and were of female gender ( $r=0.290$ ) may be at risk for CSA.

In a separate meta-analysis, 315 risk factors were stratified into 24 risk domains to see their effect on child neglect.<sup>2</sup> Risk domains were classified into effect sizes: small ( $r > 0.100$ ), medium ( $r > 0.243$ ), and large ( $r > 0.371$ ). The strongest predictors of neglect were parental characteristics, with the strongest being a history of parental antisocial behavior and criminal offending ( $r = 0.372$ ). Other parental characteristics showing significant effects were low education level ( $r = 0.229$ ), mental/psychiatric problems ( $r = 0.259$ ), single marital status ( $r = 0.285$ ), mental/physical problems ( $r = 0.207$ ), and parental history of abuse ( $r = 0.182$ ). This meta-analysis did not find a significant association between child abuse and parental substance abuse ( $p = 0.234$ ), unemployment ( $p = 0.97$ ), adverse childhood experiences ( $p = 0.62$ ), or adverse parental notions on pregnancy ( $p = 0.594$ ). On the level of a child's characteristics, the following showed significant effects: non-Caucasian ethnicity ( $r = 0.216$ ), perinatal problems ( $r = 0.185$ ), and child's mental/physical/behavioral problems ( $r = 0.171$ ). Unlike another study,<sup>6</sup> this analysis showed no association between female sex ( $p = 0.954$ ) or age ( $p = 0.618$ ) and child abuse. On the level of a family's characteristics, six of seven risk domains showed significant effects. These include low socioeconomic status ( $r = 0.166$ ), physical violence at home ( $r = 0.197$ ), two or more children in the household ( $r = 0.186$ ), children not living with both biological parents ( $r = 0.120$ ), and problematic family behaviors and cognitions ( $r = 0.110$ ). Low social support did not reveal a significant effect ( $p = 0.313$ ).<sup>6</sup>

Parental substance abuse, as a significant risk domain, was explored in a study that evaluates the relationship between substance use disorder and risk potential.<sup>7</sup> In this study, examinees were screened with Child Abuse Potential Inventory (CAPI). CAPI is a 160-item measure of a parent's inclination to engage in physically abusive behavior scaled from 0 to 468; an elevated score is defined as above 215 and indicates that the parent has characteristics resembling known, active child abusers. Both mothers and fathers with a history of substance abuse scored higher on CAPI ( $p < 0.001$ ). However, there were no statistical significance in abuse potential between previous versus current drug users ( $p > 0.05$ ). According to CAPI, history of parental drug use is associated with impaired parental functioning and puts vulnerable parents at increased abuse potential. This study also evaluated parents' personality characteristics using the Multidimensional Personality Questionnaire (MPQ). It was found that positive and negative affectivity (both components of emotional dysregulation) were significant ( $p < 0.001$  and  $p = 0.000$ , respectively) in increasing abuse potential, suggesting the role of substance abuse in psychological maladjustment.<sup>7</sup>

One study investigated the effect of neighborhood-level risk and protective factors in addition to individual factors in 3000 families across 50 cities in California.<sup>8</sup> This study found that there was a significant association ( $p < 0.05$ ) between neighborhood

poverty and corporal punishment/physical neglect. However, lower income families (<200% of poverty line) had statistically significant ( $p < 0.05$ ) higher rates of corporal punishment and physical neglect in comparison to higher income families (>200% above poverty line) residing in the same area. In lower income households, neighborhood turnover was associated with severe assault and corporal punishment ( $p < 0.10$ ). This was potentially because a transient neighborhood made it difficult to form long-term relationships with neighbors. In contrast, this study found that at an individual level, short term residence in neighborhoods was associated with decreased odds of corporal punishment. The authors attributed this finding to the fact that residing in a neighborhood long-term may only be beneficial if the neighborhood had positive qualities.<sup>8</sup> The size of a parent's social network and informal social support, such as in the form of reciprocated exchange with neighbors, was a protective factor against both abuse and neglect.<sup>8</sup> This finding could be explained by the enhancement of parental mental state, which reduced maltreatment.<sup>9</sup> Additionally, perceived informal social control, defined as "shared expectations and norms that neighbors will act in the interests of the common good",<sup>9</sup> decreased corporal punishment and physical abuse. However, this effect was only seen in higher income families.<sup>8</sup>

## CONCLUSION

Modifiable risk factors for CSA related to a child's characteristics include frequent internet use, drug use, and delinquent behavior; non-modifiable risk factors related to a child's characteristics include form of victimization other than child abuse, female sex, low quality of a child's relation with parent, and chronic physical or mental conditions. Risk factors for CSA associated with a child's parent that are important to recognize are parental relationship problems, substance abuse, parental history of child abuse victimization, mental/psychiatric health problems, physical health problems, low level of parental education, and low sense of parenting competence. Risk factors related to a family and surrounding environment that were related to child abuse are prior abuse of a child or their sibling or other family member, high neighborhood turnover, neighborhood poverty, problems in the family system functioning, social isolation, concurrent forms of child abuse in the home, non-nuclear family structure, low socioeconomic status, and presence of a stepfather. Overall, the two strongest risk themes for CSA were previous victimization to other kinds of child abuse and prior sexual abuse victimization of child or sibling. This suggests that a history of child abuse in the child's home led to increased susceptibility for a child to experience CSA. Unfortunately, abuse may be underreported. In those cases where clinical suspicion for child abuse remains high, evaluation of other risk factors may help support the likelihood of abuse.

Those risk factors related to child's

characteristics that do not significantly affect CSA are gender nonconforming behavior; however, the meta-analysis that evaluated sexual abuse only included one study that focused on gender nonconformity.<sup>4</sup> Risk factors associated with a child's parent that were not associated with child abuse were young maternal age, conservative sexual and family values, parental unemployment, and dysfunctional maternal attitudes. Risk factors related to a family structure that did not show significant effect included family history of criminal behavior, large family size, presence of psychiatric condition in a child's sibling, strong religious affiliations, or living within a violent community.

Statistically significant risk factors for all child abuse related to a child's characteristics gathered from meta-analyses, that were statistically significant were perinatal problems and non-Caucasian ethnicity. Female sex, however, was not an attributable risk factor for child abuse overall, a finding that differed from CSA alone. This could be potentially explained by the target suitability theory, which suggested that the offender was inclined to certain characteristics of a child, such as female gender, and more vulnerable for specific scenarios such as CSA. In terms of parental characteristics, risk factors that were attributed to abuse were parental mental and physical problems, mental and psychiatric problems, history of substance abuse, current substance abuse, and prenatal problems. Risk factors which were related to abuse regarding the family unit were low family socioeconomic status and a child not living with two biological parents. Large family size was a significant risk factor for abuse overall. This finding contrasted with CSA; however, in the analysis assessing CSA, no numerical value for number of family members was stated, while >2 children was considered large for child abuse overall. The strongest risk factors associated with abuse overall were parental mental or physical problems and prenatal problems. This suggested that complications in parental health status could increase the chances that a child will become a victim of child abuse. Risk factors which were not significant included low social support, child's mental or physical problems, adverse parental cognition regarding pregnancy, parental unemployment, and parental history of criminal offending.

There are many risk factors for child abuse, some more significant than others. Some risk factors are modifiable, such as parental substance abuse or frequent internet use. Thus, clinicians can motivate patients and family to improve upon those risk factors. Scenarios in which there is a clinical suspicion for child abuse should warrant evaluation, including a history of risk factors. This is relevant due to the short- and long-term consequences of child abuse on the development of a child. An area for further research should include the frequency of certain risk factors to assess for prevalence, as this would help guide clinical questioning in regards to assessing for child abuse.

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### **CONFLICTS OF INTEREST**

All authors declare no conflicts of interest.

### **AUTHOR CONTRIBUTIONS**

Manuscript Preparation: SK, HG

Manuscript Research: SK

Initial Research: HG