

# Child neglect

is the most common type of child maltreatment.<sup>1</sup> Unfortunately, neglect frequently goes unreported and, historically, has not been acknowledged or publicized as greatly as child abuse. Even professionals often have given less attention to child neglect than to abuse.<sup>2</sup> One study found that caseworkers indicated that they were least likely to substantiate referrals for neglect.<sup>3</sup> In some respects, it is understandable why violence against children has commanded more attention than neglect. Abuse often leaves visible bruises and scars, whereas the signs of neglect tend to be less visible. However, the effects of neglect can be just as detrimental. In fact, some studies have shown that neglect may be more detrimental to children's early brain development than physical or sexual abuse.<sup>4</sup>

## **Difficulty Defining Neglect**

Defining neglect historically has been difficult to do, leading to inconsistencies in policies, practice, and research. Without a consistent definition of neglect, it is nearly impossible to compare research results. This inconsistency also leads to variability in the way neglect cases are handled.<sup>7</sup> The debate over a definition of neglect centers on a lack of consensus in answering these questions:

- What are the minimum requirements associated with caring for a child?
- What action or inaction by a parent or other caregiver constitutes neglectful behavior?
- Must the parent's or caregiver's action or inaction be intentional?

What impact does the action or inaction have on the health, safety, and well-being of the child?

- What constitutes "failure or inability to provide" adequate food, shelter, protection, or clothing?
- Should "failure or inability to protect" be included?
- Is the action or inaction a result of poverty rather than neglect?<sup>8</sup>

Additionally, what is considered neglect varies based on the age and the developmental level of the child, making it difficult to outline a set of behaviors that are *always* considered neglect. For example, leaving a child unattended for an hour is considered neglect when the child is young, but not when the child is a teenager. Another issue is that many neglect definitions specify that omissions in care may result either in "risk of

harm" or in "significant harm" to the child. While the 1996 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 104-235) narrowed the definition of child maltreatment to cases where there has been actual harm or an imminent risk of serious harm, these terms often are not defined by law, leaving the local CPS agencies to interpret them. This leads to a lack of consistency in responding to families who may be challenged to meet the basic needs of their children.<sup>9</sup>

## **Definitions of Neglect**

CAPTA, reauthorized again in the Keeping Children and Families Safe Act of 2003 (P.L. 108-36), provides minimum standards for defining child physical abuse, neglect, and sexual abuse that States must incorporate into their statutory definitions in order to receive Federal funds. Under this Act, child maltreatment is defined as:

- Any recent act or failure to act on the part of a parent or caregiver, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.<sup>10</sup>
- Instances of neglect are classified as mild, moderate, or severe.

**Mild neglect** usually does not warrant a report to CPS, but might necessitate a community-based intervention (e.g., a parent failing to put the child in a car safety seat).

**Moderate neglect** occurs when less intrusive measures, such as community interventions, have failed or some moderate harm to the child has occurred (e.g., a child consistently is inappropriately dressed for the weather, such as being in shorts and sandals in the middle of winter). For moderate neglect, CPS may be involved in partnership with community support.

**Severe neglect** occurs when severe or long-term harm has been done to the child (e.g., a child with asthma who has not received appropriate medications over a long period of time and is frequently admitted to the hospital). In these cases, CPS should be and is usually involved, as is the legal system.<sup>12</sup>

Viewing the severity of neglect along this continuum helps practitioners assess the strengths and weaknesses of families and allows for the possibility of providing preventive services before neglect actually occurs or becomes severe. There is some controversy over whether "potential harm" should be considered neglect, and, as with the definition of neglect, State laws vary on this issue. Although it is difficult to assess potential harm as neglect, it can have emotional as well as physical consequences, such as difficulty establishing and maintaining current relationships or those later

in life.<sup>13</sup> The seriousness of the neglect is determined not only by how much harm or risk of harm there is to the child, but also by how chronic the neglect is.

Chronicity can be defined as “patterns of the same acts or omissions that extend over time or recur over time.”<sup>14</sup> An example of chronic neglect would be parents with substance abuse problems who do not provide for the basic needs of their children on an ongoing basis. On the other hand, caregivers might have minor lapses in care, which are seldom thought of as neglect, such as occasionally forgetting to give their children their antibiotics.<sup>15</sup> However, if those children were frequently missing doses, it may be considered neglect. Some situations only need to occur once in order to be considered neglect, such as leaving an infant unattended in a bathtub. Because some behaviors are considered neglect only if they occur on a frequent basis, it is important to look at the history of behavior rather than focusing on one particular incident.

### **Types of Neglect**

While neglect may be harder to define or to detect than other forms of child maltreatment, child welfare experts have created common categories of neglect, including physical neglect; medical neglect; inadequate supervision; environmental, emotional, and educational neglect; and newborns addicted or exposed to drugs, as well as some newly recognized forms of neglect.

#### **Physical Neglect**

Physical neglect is one of the most widely recognized forms. It includes:

- **Abandonment**—the desertion of a child without arranging for his reasonable care or supervision. Usually, a child is considered abandoned when not picked up within 2 days.

- **Expulsion**—the blatant refusal of custody, such as the permanent or indefinite expulsion of a child from the home, without adequately arranging for his care by others or the refusal to accept custody of a returned runaway.

- **Shuttling**—when a child is repeatedly left in the custody of others for days or weeks at a time, possibly due to the unwillingness of the parent or the caregiver to maintain custody.

- **Nutritional neglect**—describes when a child is undernourished or is repeatedly hungry for long periods of time, which can sometimes be evidenced by poor growth. Nutritional neglect often is included in the category of “other physical neglect.”

- **Clothing neglect**—when a child lacks appropriate clothing, such as not having appropriately warm clothes or shoes in the winter.

- **Other physical neglect**—includes inadequate hygiene and forms of reckless disregard for the child’s safety and welfare (e.g., driving while intoxicated with the child, leaving a young child in a car unattended).<sup>20</sup>

#### **Medical Neglect**

Medical neglect encompasses a parent or guardian’s denial of or delay in seeking needed health care for a child as described below:

- **Denial of health care**—the failure to provide or to allow needed care as recommended by a competent health care professional for a physical injury, illness, medical condition, or impairment

- **Delay in health care**—the failure to seek timely and appropriate medical care for a serious health problem that any reasonable person would have recognized as needing professional medical attention. Examples of a delay in health care include not getting appropriate preventive medical or dental care for a child, not obtaining care for a sick child, or not following medical recommendations. Not seeking adequate mental health care also falls under this category. A lack or delay in health care may occur because the family does not have health insurance. Individuals who are uninsured often have compromised health because they receive less preventive care, are diagnosed at more advanced disease stages, and, once diagnosed, receive less therapeutic care.<sup>23</sup>

#### **Inadequate Supervision**

Inadequate supervision encompasses a number of behaviors, including:

- **Lack of appropriate supervision.** Some States specify the amount of time children at different ages can be left unsupervised, and the guidelines for these ages and times vary. In addition, all children are different, so the amount of supervision needed may vary by the child’s age, development, or situation. It is important to evaluate the maturity of the child, the accessibility of other adults, the duration and frequency of unsupervised time, and the neighborhood or environment when determining if it is acceptable to leave a child unsupervised.<sup>24</sup>

- **Exposure to hazards.** Examples of exposure to in- and out-of-home hazards include:

*Safety hazards*—poisons, small objects, electrical wires, stairs, drug paraphernalia;

*Smoking*—second-hand smoke, especially for children with asthma or other lung problems;

*Guns and other weapons*—guns that are kept in the house that are loaded and not locked up or are in reach of children;

*Unsanitary household conditions*—rotting food, human or animal feces, insect infestation, or lack of running or clean water;

*Lack of car safety restraints*.<sup>25</sup>

•**Inappropriate caregivers.** Another behavior that can fall under “failure to protect” is leaving a child in the care of someone who either is unable or should not be trusted to provide care for a child. Examples of inappropriate caregivers include a young child, a known child abuser, or someone with a substance abuse problem.<sup>26</sup>

•**Other forms of inadequate supervision.**

Additional examples of inadequate supervision include: Leaving a child with an appropriate caregiver, but without proper planning or consent (e.g., not returning to pick up the child for several hours or days after the agreed upon pickup time or not giving the caregiver all the necessary items to take care of the child); Leaving the child with a caregiver who is not adequately supervising the child (e.g., the caregiver is with the child, but is not paying close attention to the child due to constantly being distracted by other activities); Permitting or not keeping the child from engaging in risky, illegal, or harmful behaviors (e.g., letting a child smoke marijuana).<sup>27</sup> Another common but complex example is single, working parents who are having difficulty arranging for appropriate back-up child care when their regular child care providers are unavailable. For example, a mother may leave her child home alone when the child care provider fails to show up. If the mother does not go to work, she can lose her job and will not be able to take care of her child. However, if she leaves the child alone, she will be guilty of neglect. It is important that parents in situations similar to this receive adequate support so that they are not forced to make these difficult decisions.

**Environmental Neglect**

Some of the characteristics mentioned above can be seen as stemming from environmental neglect, which is characterized by a lack of environmental or neighborhood safety, opportunities, or resources. While children’s safety and protection from hazards are major concerns for CPS, most attention focuses on the conditions in the home and parental omissions in care. A broad view of neglect incorporates environmental conditions linking neighborhood factors with family and individual functioning, especially since the harmful impact of dangerous neighborhoods on children’s devel-

opment, mental health, and child maltreatment has been demonstrated.<sup>28</sup> CPS workers should be aware of this impact on the family when assessing the situation and developing case plans. For example, they can help parents find alternative play areas in a drug-infested neighborhood, rather than have their children play on the streets.

**Emotional Neglect**

Typically, emotional neglect is more difficult to assess than other types of neglect, but is thought to have more severe and long-lasting consequences than physical neglect.<sup>29</sup> It often occurs with other forms of neglect or abuse, which may be easier to identify, and includes:

•**Inadequate nurturing or affection**—the persistent, marked inattention to the child’s needs for affection, emotional support, or attention.

•**Chronic or extreme spouse abuse**—the exposure to chronic or extreme spouse abuse or other domestic violence.

•**Permitted drug or alcohol abuse**—the encouragement or permission by the caregiver of drug or alcohol use by the child.

•**Other permitted maladaptive behavior**— the encouragement or permission of other maladaptive behavior (e.g., chronic delinquency, assault) under circumstances where the parent or caregiver has reason to be aware of the existence and the seriousness of the problem, but does not intervene.

•**Isolation**—denying a child the ability to interact or to communicate with peers or adults outside or inside the home.<sup>30</sup>

**Educational Neglect**

Although State statutes and policies vary, both parents and schools are responsible for meeting certain requirements regarding the education of children. Types of educational neglect include:

•**Permitted, chronic truancy**—permitting habitual absenteeism from school averaging at least 5 days a month if the parent or guardian is informed of the problem and does not attempt to intervene.

•**Failure to enroll or other truancy**—failing to home school, to register, or to enroll a child of mandatory school age, causing the child to miss at least 1 month of school without valid reasons.

•**Inattention to special education needs**—refusing to allow or failing to obtain recommended remedial education services or neglecting to obtain or follow through with treatment for a child’s diagnosed learning disorder or other special education need without reasonable cause.<sup>31</sup>

## ***Selected Issues***

### **Poverty and Child Neglect**

Numerous studies have linked poverty to an increased risk of child neglect (Nelson, Saunders & Landsman, 1993). A number of factors may explain the association. Before reviewing these factors, though, it is important to note that most poor families do *not* neglect their children (Dubowitz, 1996).

Dubowitz (1999) cites numerous studies that identify many of the stressors associated with poverty. These include unemployment (citing American Humane Association, 1988), single parenthood (citing Nelson, et al., 1994), housing instability or frequent moves (citing Gaudin, Polansky, Kilpatrick & Shilton, 1993), depleted or high risk communities (citing Zuravin, 1989), household crowding (citing Zuravin, 1986), limited access to health care, and exposure to environmental hazards such as lead paint or dangerous neighborhoods. Pelton (1994) states that “[f]or people living in poverty, the probability of child abuse and neglect is largely dependent on the extent of one’s ability to cope with poverty and its stressors” (p. 153).

Pelton offers an additional perspective on the link between poverty and neglect. He states that impoverished families often live, though not by choice, in neighborhoods with high crime rates and in homes that present environmental hazards such as exposed wiring, lead paint, or insecure windows. “[I]n the presence of these conditions, impoverished parents have little leeway for lapses in responsibility, whereas in middle-class families, there is some leeway for irresponsibility, a luxury that poverty does not afford” (p. 155).

Approximately one-third of the States provide room in their definitions of neglect for consideration of a family’s financial means (U.S. Department of Health and Human Services, 2000). These caveats usually address the family’s access and response to available services that may help to alleviate the neglectful conditions. For example, if a family living in poverty was not providing adequate food for their children, it may only be considered neglect if the parents were made aware of food assistance programs but did not use them.

### **Substance Abuse and Child Neglect**

Some CPS agencies estimate that substance abuse is a factor in as many as 70 percent of all the child neglect cases they serve (Gaudin, 1993). But what is the connection between substance abuse and neglect, specifically?

A number of researchers have explored the relationship between parental substance abuse and child neglect. They have found that substance abusing parents may divert money that is needed for basic necessities to drugs and alcohol (Munkel, 1996). Parental substance abuse may interfere with the ability to maintain employment, further limiting the family’s resources (Magura & Laudet, 1996). The substance abusing behaviors may expose the children to criminal behaviors and dangerous people (Munkel, 1996). Substance abusing parents may be emotionally or physically unavailable and not able to properly supervise their children, risking accidental injuries (Wallace, 1996). Children living with substance abusing parents are more likely to become intoxicated themselves, either deliberately, by passive inhalation, or by accidental ingestion (Munkel, 1996; Wallace, 1996). Heavy parental drug use can interfere with a parent’s ability to provide the consistent nurturing and caregiving that promotes children’s development and self-esteem (Zuckerman, 1994). According to Magura and Laudet, “Substance abuse has deleterious effects on virtually every aspect of one’s life and gravely interferes with the ability to parent adequately” (p. 198).

**Drug-Affected Newborns.** The issue of drug-affected newborns has long been a concern in the United States. The most recent statistics indicate that in 1999, 5.5 percent of pregnant women used some illicit drug during pregnancy, translating into approximately 221,000 babies that had the potential to be born drug exposed (National Institute of Drug Abuse, 1999). Although some studies have found few enduring effects from prenatal drug exposure, others have found that it may result in physical and neurological deficits, growth retardation, cardiovascular abnormalities, and long-term developmental abnormalities (Sagatun-Edwards & Saylor, 2000), including learning and behavior problems (Zuckerman, 1994) and language delays (Harrington, Dubowitz, Black & Binder, 1995).

While no State mandates drug testing of all new mothers, many hospitals test babies when maternal drug use is suspected (Sagatun-Edwards & Saylor, 2000). What to do about the problem is complicated by legal and ethical considerations including concerns about a woman’s rights regarding her own body and concerns about laws applying to children and not fetuses (Dubowitz & Black, 1996). However, Wallace (1996) cites the Michigan Court of Appeals as stating that “... a newborn suffering narcotics withdrawal symptoms as a consequence of prenatal maternal drug addiction may properly be considered a neglected child within the jurisdiction of the court” (p. 92). Sagatun-Edwards and Saylor found that States often are responding to the problem either by authorizing juvenile court intervention to protect the child or by criminalizing the behavior and demanding punishment and drug treatment for the mother. In fact, at least five States now include

drug-affected newborns in their State statutes under the definition of neglect (U.S. Department of Health and Human Services, 2000) and the NIS-3 includes drug-affected newborns in its research definition of neglect (Sedlack & Broadhurst, 1996).

Another implication for the child welfare field is that drug-exposed newborns are often left in the hospital by their parents; these babies often are referred to as “boarder babies.” The most recent statistics come from a study conducted by the Child Welfare League of America in 1992. This study found that as many as 85 percent of boarder babies had been exposed to drugs in utero (Magura & Laudet, 1996). Boarder babies often are referred to CPS agencies as abandoned children and placed into foster care.

### **Domestic Violence and Child Neglect**

There has lately been increasing attention paid to the relationship between domestic violence and child maltreatment. Shepard and Raschick (1999) found that in 35 percent of a sample of child neglect cases, domestic violence had occurred in the home. Some States now include exposure to “injurious environments,” including domestic violence, in their State statute definitions of neglect (U.S. Department of Health and Human Services, 2000). However, there is still much controversy over whether exposure to domestic violence is itself a form of child neglect.

The term “failure to protect” often is used in these cases, although it is not found in the child maltreatment statutes directly, but rather in legal and child welfare literature (Magen, 1999). The term often is used in reference to an abused mother’s inability to protect her child from exposure to violence in the home. Many researchers and practitioners, however, believe the responsibility should be on the abuser, not on the victim of domestic abuse (Magen, 1999; Shepard & Raschick, 1999). In fact, Magen states that leaving the abusive situation is not always the safest option for an abused mother and her children, because the abuser may lash out at this time. Shepard & Raschick conclude that “[t]oo often there are no easy answers for how to best ensure the safety of children when their mothers are victims of domestic violence” (p. 154).

### **Consequences of Neglect**

“Neglect is a complex, multifaceted problem that can have profound effects on children” (Black & Dubowitz, 1999, p. 274). Research has shown that neglected children are at risk for a number of behavioral, social, academic, and medical problems. Citing numerous studies, Dubowitz (1996, 1999)

states that some of the consequences include problems with attachment, low self-esteem, increased dependency, and anger (citing Egeland, Srouf & Erickson, 1993), impaired cognitive development and academic achievement (citing Eckenrode, Laird & Doris, 1993), and a risk for delinquent behavior (citing Maxfield & Widom, 1996). Egeland (1988) did a study showing that, as children get older, the effects of neglect become more severe. He refers to this as the “cumulative malignant effects” of neglect (p. 18).

Medical problems may be a result of malnutrition, which can result in deformities and life-long poor health (Munkel, 1996). Non-organic Failure To Thrive (NFTT) is a condition found in infants in which their height and weight are below the fifth percentile, when once they were within a normal range (Wallace, 1996). The diagnosis of NFTT indicates that there is no medical, or organic, reason for the infant’s condition, and it is therefore attributable to an inability of the parents to physically care for the child. NFTT can result in continued growth problems, school failure, and possible retardation (Wallace, 1996). Munkel adds that extreme neglect can result in death. “Neglected children suffer hurts in bodies, their minds, their emotions, and their spirits” (Munkel, 1996 p. 115).

**Resilience.** While the potential for severe negative consequences from childhood neglect exists, there has been some research into the effects of “protective factors” that promote resilience among neglected children. In general, this research has looked at factors that can mediate the effects of neglect, so the child is able to maintain healthy functioning in spite of the adversities (Prilleltensky & Pierson, 1999). Protective factors can include individual characteristics such as intelligence, creativity, initiative, humor, and independence (Melina, 1999, citing Wolin & Wolin’s book *The Resilient Self*), or external factors such as access to good health care and a family’s social support system, including alternative caregivers (Silver, 1999). The probability of “resilience” as an outcome increases when the number or significance of protective factors is sufficient to counteract the vulnerabilities or risk factors (Prilleltensky & Pierson, 1999). In other words, if a child suffers from neglect (e.g., his parents did not feed or clothe him adequately), he may not suffer long-term severe consequences if he also has some protective factors such as a spirit of independence, creativity, or access to other caregivers.

### **Fatal Neglect**

Certainly the most severe, irrecoverable consequence of neglect is death. In 1996, a review of the States’ child maltreatment fatalities revealed that 45 percent of the deaths were attributed to neglect and an additional 3 percent to neglect and abuse (Wang & Daro, 1997). Although not all States reported the data, it is estimated that these percentages translate into approximately

502 child deaths associated with neglect in 1996. Another study conducted in Iowa (which only had a sample size of 34) found that two-thirds of the children who died from neglect were under the age of 2, more than two-thirds were male, and families had an average of 3.3 children (Margolin, 1990). This study also found that the large majority of children who died due to neglect died as a result of a single life-threatening incident rather than from chronic neglect. These fatalities included drowning and scalding in bathtubs, fires, unsafe cribs, gun accidents, choking, and drug/alcohol overdoses. "In the vast majority of fatalities from neglect, a caregiver was simply not there when needed at a critical moment" (Margolin, 1990, p. 314).

## **Interventions**

"Neglect" is a complicated issue that poses significant challenges to treatment providers. Reviews of intervention programs designed to treat neglecting families have indicated that these programs have had difficulty achieving desirable outcomes (Gaudin, 1993). The interventions that did have some success addressed problems individually, were long-term, and delivered a broad range of services (Ethier, et al., 2000; Gaudin, 1993). The severity of the families' problems was the most powerful predictor of outcome; the more severe the problems, the less likely the families were to achieve the targeted outcomes (Gaudin, 1993).

These issues are discussed in *Child Neglect: A Guide for Intervention* (Gaudin, 1993). Gaudin states that assessments should look at the individual personality of parents, family systems issues, and community stressors and resources. Interventions then should be tailored to the type of neglect and to information gleaned from the assessment. His recommendations for practitioners include:

- Assume that parents want to improve the quality of care for their children.
- Identify and reinforce hidden strengths and build interventions upon them.
- Be culturally sensitive. Tatara (1995) emphasizes that cultural misperceptions can lead either to overinclusion (identifying a behavior as risky when in fact the risk is low) or underinclusion (ignoring a situation when intervention is really needed).
- Do not generalize families; each family is unique.
- Build parental feelings of self-esteem, hope, and self-sufficiency; do not foster dysfunctional dependency.
- Clearly outline service plans and use case management to broker formal and informal services.

- Set clearly stated, limited, achievable goals that are agreed upon by parents and children; systematically reinforce the parents' incremental steps.
- Use legal authority as a last resort.

Recent research also suggests that programs should actively seek out fathers or father figures and engage them in the interventions (Dubowitz, Black, Kerr, Starr & Harrington, 2000).

Gaudin (1993) also discusses aspects of various interventions. Interventions generally include some level of home visitation; in some cases, daily contact may be needed to monitor a child's safety, preserve a family and prevent removal of a child into foster care. Interventions can range from short-term crisis intervention to long-term support and stabilization to removal of children from their families for their protection. Family-focused interventions include all family members, not just the alleged child victim and parent perpetrator.

Interventions are not limited to families and children; they can target societal conditions as well, such as unemployment, lack of medical care, and poor housing. Some researchers feel that improvements in these societal conditions may well result in a lower rate of neglect. Waldfogel (2000, September) (citing Paxson and Waldfogel, 1999) suggests that higher welfare benefits may be correlated with fewer families being reported for neglect and fewer children being placed in foster care.

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## Endnotes

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