

MALTREATMENT (CHILD)

Child Neglect: An Overview

Howard Dubowitz, MD, MS, Gina Poole, PhD

University of Maryland, School of Medicine, USA

August 2019, Rev. ed.

Introduction

Neglect is by far the most common form of child maltreatment reported to the U.S. child welfare system; 75% of reports in 2017 were for neglect.¹ The short- and long-term outcomes associated with neglect are often serious, including fatalities, physiological changes in the brain, academic difficulties, criminal behaviour and mental health problems. In 2017, 75% of deaths attributed to child maltreatment involved neglect.¹ Furthermore, child neglect places an enormous economic burden on society. A conservative estimate regarding the costs associated with child maltreatment exceeded 100 billion dollars a year; much of this was for neglect.²

Subject

In general, the child welfare system considers neglect when there are parental omissions in care that result in actual or potential harm. An alternative approach focuses on children's unmet needs, acknowledging the many possible contributors (e.g., lack of access to health care), as well as parental behaviour.³ The latter approach fits with the developmental ecological perspective which posits that no one factor alone contributes to neglect; there are multiple and interacting contributors at the level of the child, parents, family, community and society.

Neglect often does not involve one discrete act. Rather, it is a pattern of care that falls on a continuum ranging from optimal, where a child's needs are fully met, to extremely harmful, where a child's needs are not met at all. In addition, given that neglect naturally varies in type, severity and chronicity, it is clearly a very heterogeneous phenomenon.

A child-focused definition of neglect offers several advantages.³ First, rather than blaming parents, a child-focused definition draws attention to children's basic needs (e.g., getting enough food). Second, given that most neglected children remain with their caregivers, a child-focused approach allows for a more collaborative relationship between professionals and caregivers. Lastly, this approach reflects ecological theory which recognizes that there are multiple interacting factors that contribute to neglect; it is not simply about parents

who don't care about their children.

Intentionality. When children are neglected, it is not usually the case that their parents intend to do so. Rather, a variety of problems may impede their ability to adequately care for their child. As a practical matter, intentionality is difficult to assess and is therefore not useful in addressing neglect. Indeed, it may be harmful if considering neglect to be intentional leads professionals and others to be angry toward neglectful parents.

Culture. Research suggests that there is a remarkable level of agreement regarding what members of different communities define as neglect. For example, few differences have been found when examining the views of African Americans and Whites, rural and urban adults, and low- and middle-income people as to what constitutes minimally adequate care for children.^{4,5} Similarly, the United Nations Convention on the Rights of the Child offers remarkable testimony to what diverse countries and societies consider to be the basic needs or rights of children. Only one country, the United States, has not ratified the Convention. Nonetheless, myriad parenting practices across cultures do exist. These need to be understood and carefully assessed before conclusions regarding neglect are drawn.⁶

Problems: Effects of Neglect on Children

Child neglect can have severe detrimental effects on children's physical health, psychological well-being, cognitive and academic abilities, and social development. The severity, timing and chronicity of neglect influence the extent to which children are negatively impacted. Children's development is cumulative in nature, such that children's ability to accomplish new developmental tasks builds upon achievement of previous developmental milestones. Children who are neglected early in life may suffer impairment and thus struggle with subsequent developmental tasks.⁷

Research also suggests that the consequences of neglect are as detrimental as those of physical abuse. For example, in one study, neglected children had a smaller corpus callosum relative to a comparison group.⁸ Compared to their non-maltreated peers, children in another study who experienced emotional neglect early in life performed significantly worse on achievement testing during the first six years of schooling.⁹ Furthermore, although both abused and neglected children performed poorly academically, neglected children experienced greater academic deficits relative to abused children.¹⁰ These cognitive deficiencies also appear to be long lasting. In a longitudinal follow-up study, adults abused or neglected in childhood performed poorly on tests of intelligence and reading ability compared to adults without a history of abuse or neglect.¹¹

Neglected children often also struggle socially. In preschool and during middle childhood, neglected children are more likely to be socially withdrawn and experience negative interactions with their peers.^{9,12} Additionally, neglected children may have significant internalizing problems such as withdrawal, somatic complaints, anxiety and depression when compared to physically-abused and sexually-abused children.⁷ Similar to adults with a history of physical abuse, adults with a history of neglect are at increased risk for violent criminal behaviour.¹³

Contributors to Child Neglect

Multiple and interacting factors contribute to the occurrence of child neglect. Belsky's¹⁴ developmental-ecological framework highlights three contexts in which child maltreatment is embedded: 1) the developmental-

psychological context, which includes parent and child characteristics, parental developmental history, and intergenerational transmission of child maltreatment; 2) the immediate interactional context, which includes parenting behaviours and patterns of parent-child interactions; and 3) the broader context, which includes community and social support, socio-economic status, neighbourhood context, social norms and cultural influences. Importantly, these factors often interact and no one pathway to child neglect exists.

Identification of Neglect

Identifying neglect should be guided by specific state laws, whether the child's basic needs are unmet, and whether potential or actual harm are involved.¹⁵ Examples of unmet basic needs include inadequate or delayed health care, inadequate nutrition, inadequate physical care (e.g. poor personal hygiene, inappropriate clothing), unsafe or unstable living conditions, inadequate supervision and inadequate emotional care. A comprehensive assessment is needed to understand the nature and context of neglect and the contributing factors. This understanding helps guide the most appropriate intervention.

Cultural practices are an important consideration when assessing possible neglect. Terao and colleagues¹⁶ offer a six-step decision-making model useful in differentiating child maltreatment from culturally-based parenting practices. Understanding the cultural context of families will also help inform clinicians on how to best respond.

Prevention and Intervention

A variety of approaches appear promising in helping to prevent neglect. Specific home visitation programs, especially with nurses supporting parents prenatally and then after the baby is born, have been carefully evaluated.¹⁷⁻¹⁹ Parenting programs also offer valuable guidance and can be effective, such as the Triple P intervention.²⁰ Another example is the Safe Environment for Every Kid (SEEK) model of pediatric primary care.²¹ Building on the relationship between pediatrician and family, SEEK identifies and helps address prevalent risk factors such as parental depression and intimate partner violence. All these interventions aim to strengthen families, support parents and parenting and promote children's health, development and safety.

For families where neglect has already occurred, interventions aim to prevent recurrences as well as the harmful outcomes that may follow. SafeCare is an example of an intervention that may reduce recidivism.²² The specific intervention needs to be tailored to the needs and strengths of the individual child and family. The circumstances naturally vary greatly, but some core principles include: 1) address the contributors to the problem, 2) forge a helping alliance with the family, 3) establish clear achievable goals and strategies for reaching these goals, with the family, 4) carefully monitor the situation and adjust the plan if necessary, 5) address the specific needs of neglected children and those of other children in the home, and 6) ensure that interventions are coordinated with good collaboration among the professionals involved.

Advocacy

Advocacy regarding neglect may be at several levels as outlined in the following examples: 1) at the child's level, for example, explaining to a parent that responding to a crying infant does not risk spoiling him/her is a form of advocacy on behalf of a preverbal child; 2) at the parental level, helping a depressed mother access mental health care or encouraging a father to be more involved in his child's life; 3) at the community level,

supporting efforts to develop community family resources; and 4) at the societal level, supporting government policies and programs such as those that improve access to health care, food benefits, and subsidized child care.

Implications for Policy

There are many governmental policies that can help prevent neglect; reducing poverty and its many associated burdens is paramount. It is the biggest risk factor for compromising children's health, development and safety. Other policies are needed to ensure adequate resources for addressing the main risk factors for neglect. Flexible employment policies that enable mothers and fathers to better balance work with the demands of parenting are much needed. A final example is the need for disseminating evidence-based parenting programs. These are sorely needed to help prepare and guide many parents who struggle to meet their children's basic needs.

References

1. Children's Bureau USD of H and HS. Child Maltreatment 2017. 2019. Available at: <https://www.acf.hhs.gov/cb/resource/child-maltreatment-2017>. Accessed July 22, 2019.
2. Wang C-T, Holton J. *Total estimated cost of child abuse and neglect in the United States*. Chicago, IL: Prevent Child Abuse America; 2007.
3. Dubowitz H, Newton RR, Litrownik AJ, Lewis T, Briggs EC, Thompson R, English D, Lee LC, Feerick MM. Examination of a conceptual model of child neglect. *Child Maltreatment*. 2005;10(2):173-189.
4. Gaudin JM, Polansky NA, Kilpatrick AC, Shilton P. Loneliness, depression, stress, and social supports in neglectful families. *American Journal of Orthopsychiatry*. 1993;63(4):597-605.
5. Dubowitz H, Klockner A, Starr RH, Black MM. Community and professional definitions of child neglect. *Child Maltreatment*. 1998;3(3):235-243.
6. Korbin JE, Spilsbury JC. Cultural Competence and Child Neglect. In: Dubowitz H, ed. *Neglected Children: Research, Practice and Policy*. Thousand Oaks, CA: Sage Publications; 1999:69-88.
7. Manly JT, Kim JE, Rogosch FA, Cicchetti D. Dimensions of child maltreatment and children's adjustment: *Contributions of developmental timing and subtype*. 2001;13(4):759-782.
8. Teicher MH, Dumont NL, Ito Y, Vaituzis C, Giedd JN, Andersen SL. Childhood neglect is associated with reduced corpus callosum area. *Biological Psychiatry* 2004;56(2):80-85.
9. Erickson MF, Egeland B. Child neglect. In: Briere J, Berliner L, Bulkley JA, Jenny C, Reid T, eds. *The APSAC handbook on child maltreatment*. Thousand Oaks, CA, US: Sage Publications; 1996:4-20.
10. Eckenrode J, Laird M, Doris J. School performance and disciplinary problems among abused and neglected children. *Child Abuse & Neglect* 1993;29(1):53-62.
11. Perez CM, Widom CS. Childhood victimization and long-term intellectual and academic outcomes. *Child Abuse & Neglect* 1994;18(8):617-633.
12. Erickson MF, Egeland B, Pianta R. The effects of maltreatment on the development of young children. In: Cicchetti D, Carlson V, eds. *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect* : New York: Cambridge University Press; 1989:647-684.
13. Maxfield MG, Widom CS. The cycle of violence. Revisited 6 years later. *Archives of pediatrics & adolescent medicine* 1996;150(4):390-5
14. Belsky J. Etiology of child maltreatment: a developmental-ecological analysis. *Psychological Bulletin* 1993;114(3):413-434.
15. DePanfilis D. How do I determine if a child is neglected? In: Dubowitz H, DePanfilis D, eds. *Handbook for Child Protection Practice*. New York: Sage Publications; 2000:121-126.
16. Terao SY, Borrego JJ, Urquiza AJ. How do I differentiate culturally based parenting practices from child maltreatment? In: Dubowitz H, DePanfilis D, eds. *Handbook for Child Protection Practice*. Thousand Oaks, CA: Sage Publications; 2000:97-100.
17. Olds DL, Henderson CR, Kitzman H. Does prenatal and infant nurse home visitation have enduring effects on qualities of parental caregiving and child health at 25 to 50 months of life? *Pediatrics*. 1994;93:89-98.

18. Olds D. The prenatal early infancy project: Preventing child abuse and neglect in the context of promoting maternal and child health. In: Wolfe DA, McMahon RJ, Peters RDeV, eds. *Child abuse: New directions in prevention and treatment across the lifespan*. Thousand Oaks, CA, US: Sage Publications; 1997:130-154.
19. Eckenrode J, Campa MI, Morris PA, Henderson CR Jr, Bolger KE, Kitzman H, Olds DL. The prevention of child maltreatment through the nurse Family Partnership Program: Mediating effects in a long-term follow-up study. *Child Maltreatment*. 2017;22(2):92-99.
20. Prinz RJ, Sanders MR, Shapiro CJ, Whitaker DJ, Lutzker JR. Population-based prevention of child maltreatment: the U.S. Triple p system population trial. *Prevention Science: the official journal of the Society for Prevention Research*. 2009;10(1):1-12.
21. Dubowitz H. The Safe Environment for Every Kid (SEEK) Model. Promoting children's health, development and safety. *Child Abuse and Neglect*. 2014;38:1725-1733.
22. Chaffin M, Hecht D, Bard D, Silovsky JF, Beasley WH. A statewide trial of the SafeCare home-based services model with parents in child protective services. *Pediatrics*. 2012;129(3):509-515.