



Child Neglect: The Basics & Beyond

Neglect is the most prevalent and persistent form of child maltreatment in our society today. The effects on child well-being can be devastating and have lifelong consequences for children and their future roles and contributions. That said, in many instances, neglect is preventable. The concerted efforts of individuals, communities and society at large will make a difference in preventing neglect before it occurs and stemming the tide of existing child neglect.

This brief provides foundational information and facts about child neglect. Subsequent fact sheets in this series will address diverse strategies for preventing neglect and resources that will support a deeper commitment to child neglect prevention.

Friends, family members, neighbors, professional staff, educators, faith community leaders and all the rest of us have shared responsibility for and important roles to play in helping to ensure that all children grow up free from harm, with their needs met and with adults who care for them and about them.

What is the definition of Child Neglect?

While there is no singular definition of child neglect, a generic statement that is unlikely to be refuted is: **Child Neglect** is a failure to meet children's basic needs – whether the failure is the responsibility of parents, communities, or society – and this void places children in harm's way.

This definition is broader than the definition of child neglect in states' statutes and used by the formal public child welfare system. Nationwide, public child welfare agencies respond to allegations of child neglect that are a result of a parent's and/or caregiver's omissions. The above definition encompasses the omissions of community and society that fail to keep our children safe from harm and compromise child well-being in addition to intrafamilial child neglect.

The reasons for and advantages of a broader definition is that it is consistent with our broad interest in child safety, development and well-being; promotes a comprehensive response; provides a constructive and less blaming approach; and moves beyond the narrow focus on parents and caregivers to consider other risk and protective factors. It is important to note that data collection on child maltreatment, and child neglect in particular, uses the more restrictive definition in detailing the incidence and prevalence of child maltreatment.

The National Alliance of Children's Trust and Prevention Funds believes that child neglect and its prevention is more than a family matter.

Types of Neglect

Neglect is not one monolithic category. Categories of neglect include physical neglect, medical neglect, inadequate supervision, emotional neglect, and educational neglect (Child Welfare Information Gateway, 2012). Four of the subtypes are defined below:

- ✦ Physical neglect is the failure to provide for a child's basic needs. It usually involves the parent or caregiver not providing adequate food, clothing or shelter... *Using broader definition*
- ✦ Emotional neglect is the failure to provide adequate nurturing and affection to a child or the refusal or delay in ensuring that a child receives needed treatment for emotional or behavioral problems.
- ✦ Medical neglect is the failure to provide medical dental or psychiatric care that is necessary to prevent or treat serious physical or emotional injury or illness.
- ✦ Educational Neglect involves the failure to ensure that a child receives an adequate and suitable education

How Many Children Are Affected By Child Neglect?

Just as is true for the definition, there is more than one response to this question. For more than a decade, State reports to the National Child Abuse and Neglect Data System (NCANDS), a Children's Bureau initiative, have shown that the great majority of maltreatment reports in the United States involve neglect rather than physical or sexual abuse.

Child Maltreatment 2011, a report based on these data submissions by State child protective services (CPS) agencies for Federal fiscal year (FFY) 2011, reports that an estimated 3 million children were the subjects of one or more reports. In 2011, an estimated 681,000 children were victims of abuse and neglect nationwide (unique count). As in prior years, neglect was the most common form of child maltreatment. More than 75 percent (78.5 percent or 534,585) of victims suffered neglect.

The Fourth National Incidence Study (Sedlak, A.J., et al. 2010) applies two standards in defining maltreatment: the Harm Standard and the Endangerment Standard¹. The Harm Standard is relatively stringent in that it generally requires that an act or omission result in demonstrable harm in order to be classified as abuse or neglect. According to the NIS-4 estimates, 771,700 experienced neglect during the study year of 2005-2006 (Harm Standard).

The Endangerment Standard includes all children who meet the Harm Standard but adds others as well. The central feature of the Endangerment Standard is that it counts children who were not yet harmed by abuse or neglect if a sentinel thought that the maltreatment endangered the child even if the child had not yet been demonstrably harmed. According to the NIS-4 estimates, 2,251,600 experienced neglect during the study year of 2005-2006 (Endangerment Standard).

How Many Children Died As a Result of Child Neglect?

¹ *Harm Standard* - Generally requires that an act or omission result in demonstrable harm. Was the child harmed? *Endangerment Standard* - Includes incidences that fall within the Harm Standard and those where the sentinel thought the child was endangered, even if the child had not yet been demonstrably harmed. Was the child harmed, or was the child in danger of being harmed?

In FFY 2011, an estimated 1,570 children died due to abuse and neglect. More than 70 percent (71.1 percent) of child fatalities were attributed to neglect only or a combination of neglect and another maltreatment type (U.S. Department of Health and Human Services [USDHHS], 2012).

The accuracy of this data is hampered by inconsistencies, including:

- ✦ Underreporting of the number of children who die each year as a result of abuse and neglect
- ✦ Lack of consistent standards for child autopsies or death investigations
- ✦ Lack of consistent data collection on child deaths
- ✦ The varying roles of CPS agencies in investigation in different jurisdictions
- ✦ Uncoordinated, non-multidisciplinary investigations
- ✦ Medical examiners or elected coroners who do not have specific child abuse and neglect training

Because of these inconsistencies, the estimate of child fatalities is likely to be understated.

What are the Predictors and Contributors of Child Neglect?

There is no single cause of neglect; rather it is typical that the family is experiencing multiple risk factors simultaneously. Risk factors can be grouped in four major areas - - child characteristics; parental or caregiver factors; family factors; and environment/societal factors. Within these four major areas are four evidence-informed characteristics that are contributors to or associated with child neglect: low socioeconomic status; maternal depression and mental health disorders; substance abuse and interpersonal family violence.

Low Socioeconomic Status

Socioeconomic status is the single strongest predictor of maltreatment (with the exception of incidents involving sexual abuse). [Russell, 2011].

The NIS-4 indicated that children in low socioeconomic status households had significantly higher rates of maltreatment in all categories. They experienced some type of maltreatment at more than 5 times the rate of other children; they were more than 3 times as likely to be abused and about **7 times as likely to be neglected** (Sedlak, 2010).

One of the difficulties in understanding child neglect is distinguishing when the neglect is a direct effect of family poverty and the family was powerless to overcome due to lack of resources or when it arises from lack of concern, insufficient knowledge of parenting, poor financial planning, mental incapacity, addiction, parental disabilities and medical conditions, homelessness and many other factors (Child Welfare Gateway, 2012).

Applying the NIS-4 Harm Standard of Child Neglect

The socioeconomic subgroups had significantly different incidence rates in all specific categories of Harm Standard neglect.

Physical neglect. Children in low-SES families had a significantly higher rate of Harm Standard physical neglect compared to those not in families of low SES. The risk of physical neglect for children in families of low SES is over 8 times the rate for children not in families of low SES (6.9 versus 0.8 per 1,000 children, respectively).

Emotional neglect. Children in families of low SES had a significantly higher risk of Harm Standard emotional neglect. The estimated incidence rate in families of low SES was 3.8 children per 1,000 compared to 0.8 per 1,000 children not in families of low SES. *The incidence rate for children in low-SES families is more than 4 times the rate for children not in low-SES families.*

Educational neglect. Children in families of low SES were over 7 times more likely to experience educational neglect than children not in families of low SES. The incidence of educational neglect was 7.1 per 1,000 children in low-SES families, whereas the rate was 1.0 per 1,000 children not in low-SES families.

Applying the NIS-4 Endangerment Standard of Child Neglect

Differences between the socioeconomic groups were significant in all three categories of Endangerment Standard neglect.

Physical neglect. Children in families of low SES were significantly more likely to experience Endangerment Standard physical neglect than children not in low-SES families. *The risk of physical neglect for children in families of low SES was over 8 times that of children not in families of low socioeconomic status (27.0 per 1,000 children compared to 3.1 per 1,000 children not in families of low SES).*

Emotional neglect. Children in families of low SES had a significantly higher rate of Endangerment Standard emotional neglect, 23.5 children per 1,000, compared to 4.0 children per 1,000 children not in families of low SES. *Children in low-SES families were more than 5 times more likely to experience emotional neglect than children not in families of low SES.*

Educational neglect. The subgroup differences in rates of educational neglect are identical to those given earlier. (page 5-17, NIS) [Sedlak, A.J., et al., 2010]

Maternal Depression and Mental Health Disorders

The likelihood of child neglect increases when maternal depression is present. Depressed mothers exhibit characteristics which are “less responsive, more helpless, hostile, critical, alternatively disengaged or intrusive, disorganized and less active, avoidant of confrontation, and generally less competent” in their interactions (Gelfand & Teti, 1990; Goodman, 1992; Murray, 1997; Murray & Cooper, 1997; Webster-Stratton & Hammond, 1988; as cited in Petterson & Albers, 2001, 1795). Depressed mothers have difficulty maintaining interactions with their children and toddlers tend to match the negative behavior rates of their depressed mothers (but not of their non-depressed mothers (Jameson, et al., 1997). If a mother has positive maternal attributes these can buffer the challenges of depression and impact on child outcomes. In essence, maternal or caregiver depression likely causes levels of neglect through the parent’s inability to respond or cope (Zimmerman Spahn, 2011).

There is considerable evidence that parents with mental health disorders are over-represented among families who maltreat their children. Frequently parents come to the attention of the child protection agencies because of maltreatment allegations and are subsequently found to have mental health disorders (NSW Department of Community Services, 2008). The impact of mental illness on parenting varies considerably based on the diagnosis, the severity of the symptoms, and the constancy of the disorder (Grayson, 1999). Such impacts can be

aggravated or mitigated based on the parents' and families' risk and protective factors. Children with parents who have a mental health disorder are at substantially increased risk of developing mental health challenges later in life (NSW Department of Community Services, 2008).

Domestic Violence

A systematic review of 31 studies showed co-occurrence rates of child maltreatment and domestic violence in clinical samples of 40% (Appel and Holden, 1998). Domestic violence, also known as interpersonal family violence, can interfere with both parents' ability to parent to such a degree that the children may be neglected (or abused). The demands of parenting can be overwhelming to an abused parent suffering from trauma, damaged self-confidence, and other emotional effects of experiencing interpersonal violence.

Children who live with domestic violence face increased risks: the risk of exposure to traumatic events, the risk of neglect, the risk of being directly abused, and the risk of losing one or both of their parents. All of these may lead to negative outcomes for children and may affect their well-being, safety, and stability (Carlson, 2000; Edleson, 1999; Rossman, 2001).

<https://www.childwelfare.gov/pubs/factsheets/domesticviolence.cfm>

Children's risk levels and reactions to domestic violence exist on a continuum where some children demonstrate enormous resiliency while others show signs of significant maladaptive adjustment (Carlson, 2000; Edleson, 1999; Hughes, Graham-Bermann & Gruber, 2001).

Substance Use Disorders [SUD]

Between one-third and two-thirds of children in child welfare services nationwide were affected by parental substance abuse (DHHS, 1999). A second study estimates suggest that 50–80% of child welfare cases involve a parent with a substance abuse problem (Osterling & Austin, 2008). A third dataset shows that children of parents with substance abuse disorders are nearly three times more likely to be abused and *more than four times more likely to be neglected than children of parents who do not abuse substances* (DHHS, 2009). A large percentage of parents and caregivers who have SUD have sustained physical, emotional, and sexual trauma in their lives and their disorder may be the result of self-medicating behaviors to deal with post-traumatic stress disorder symptoms.

Effects of Neglect on Children

Relative to other types of maltreatment, neglected children have more severe cognitive and academic deficits, social withdrawal and limited peer interactions, and internalizing (as opposed to externalizing) problems (Hildyard & Wolfe, 2002).

The impact of neglect is cumulative over time and can seriously impair children's physical, cognitive, and social and emotional development (Child Welfare Information Gateway, 2012, 2013; Hildyard & Wolfe, 2002; Smith & Fong, 2004; Tyler, Allison, & Winsler, 2006), particularly when it occurs early in the child's life (Perry, 2001). The National Scientific Council on the Developing Child (2012), details the impact of neglect on brain development such as neural

connections and pathways that can result in devastating long-term impacts. Child neglect is associated with a smaller corpus callosum.²

Costs of Child Neglect

Determining the costs of child maltreatment is cumbersome and complex and different methodologies produce different data. It is important to note that there is negligible literature that focuses exclusively on the costs of child neglect as opposed to all child maltreatment. Prevalence-based economic burden provides an estimate of the direct and indirect costs incurred in a period (most often 1 year) as a result of the prevalence of child maltreatment during this same period (or this given year), regardless of the onset of child maltreatment. Incidence-based economic burden represents the total lifetime costs resulting from new cases of child maltreatment that occur within a set time period (most often 1 year) (Haddix, Teutsch, & Corso, 2003). Incidence-based costs are more difficult to estimate because they require data on short- and long-term costs and consequences of child maltreatment, such as its chronic sequelae on health, employment, and earnings over the lifetime of an individual (X. Fang, et al, 2012).

A study looked at confirmed child maltreatment cases—1,740 fatal and 579,000 non-fatal—for a 12-month period. The lifetime cost for each non-fatal victim of child maltreatment who lived was \$210,012 including \$32,648 in childhood health care costs; \$10,530 in adult medical costs; \$144,360 in productivity losses; \$7,728 in child welfare costs; \$6,747 in criminal justice costs; and \$7,999 in special education costs. This is comparable to other costly health conditions such as stroke with a lifetime cost per person estimated at \$159,846 or type 2 diabetes, which is estimated between \$181,000 and \$253,000. Findings show each death due to child maltreatment had a lifetime cost of

\$1,272,900, including \$14,100 in medical costs and \$1,258,800 in productivity losses. The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately \$124 billion. In sensitivity analysis, the total burden is estimated to be as large as \$585 billion. (Fang, et al, 2012).

While there is limited focus on the costs of child neglect, Tony Loman (2006) looked at *frequently encountered* (FE) *families* (family's with at least 5 CPS reports) who are predominately families whose initial report to CPS was alleged child *neglect*. Loman found that the average cost of services per FE family was about \$13,000 over 5 years. The cost of services for families with only a single CPS report was \$1500; families with 2-4 reports received services costing about \$5300. The public agencies that served the FE families in Loman's samples invested heavily in services for FE families. Most of these expenditures were for the cost of foster care and residential care for children from the 37% of FE families that had at least one child removed from the home during the 5 years of the study. Half of all expenditures for services were spent on families who were chronically involved with the child welfare agency. Twenty per cent of families with CPS reports used half of total agency resources available for families and children with open child welfare cases with limited results on subsequent CPS

² The corpus callosum is a thick band of nerve fibers that divides the cerebrum into left and right hemispheres. It connects the left and right sides of the brain allowing for communication between both hemispheres. The corpus callosum transfers motor, sensory, and cognitive information between the brain hemispheres.

reports. "Imagine if some portion of the \$13,000 expended over five years for each FE family were available to help families early on." Tony Loman in Sounding Board (January 2011).

Compared with other health problems, the burden of child maltreatment is substantial, indicating the importance of prevention efforts to address the high prevalence of child maltreatment (Fang, et al, 2012). Prevention efforts will be the subject of the next brief on child neglect.

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Long Version

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