



Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

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Acts of Omission— An Overview of Child Neglect

More children suffer from neglect in the United States than from physical and sexual abuse combined. In spite of this, neglect has received significantly less attention than physical and sexual abuse by practitioners, researchers, and the media. One explanation may be that neglect is so difficult to identify. Neglect often is an act of omission, the absence of an action. But neglecting children's needs can be just as injurious as striking out at them. Understanding more about

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- Scope of the problem
- What is neglect?
- Selected issues
- Characteristics of neglected children and their families
- Consequences of neglect
- Interventions
- Research



U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



Child Welfare Information Gateway
Children's Bureau/ACYF
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
703.385.7565 or 800.394.3366
Email: info@childwelfare.gov
www.childwelfare.gov

neglect—what it is, who is affected, what the consequences are, and what can be done about it—is an important step in addressing the problem.

Scope of the problem

The U.S. Department of Health and Human Services reports that in 1999, 58.4 percent of all child maltreatment victims were found to have been neglected (U.S. Department of Health and Human Services, 2001). In other words, of the 826,000 maltreated children in the United States in 1999, 482,000 were neglected. Although the rate of neglect has decreased from 7.7 per 1,000 children in 1995 to 6.5 per 1,000 children in 1999, neglect remains the most common form of maltreatment.

But these numbers only include the children who have been reported to Child Protective Service (CPS) agencies and whose cases were substantiated.¹ A study conducted in 1993 found that almost *two million* children were endangered by neglect in the United States (Sedlack & Broadhurst, 1996). Clearly, the problem of neglect is pervasive.

¹ Child Protective Services (CPS) agencies are the public agencies charged with responding to reports of child abuse and neglect. CPS agencies generally investigate these reports and determine that either a) abuse or neglect did occur and the report is “substantiated,” b) there was no basis for the report and it is “ruled out,” or c) there is not enough information to determine if abuse or neglect occurred or did not occur, and the report is found “unsubstantiated.” Please note that these terms are not universal.

What is neglect?

This is not an easy question. In general, neglect is an act of omission. It is the failure of a child’s primary caretaker to provide adequate food, clothing, shelter, supervision, and medical care. But what is adequate? And is it neglect if the primary caretaker is simply unable to provide for the child’s needs, or must the caretaker “willfully” deprive the child? And is it neglect only if the child has suffered harm, or if the child is potentially at harm? And are there other types of deprivation not mentioned above—such as a failure to provide for a child’s educational or emotional needs—that also should be classified as neglect? Both legal and research professionals struggle with these questions.

Legal Definitions

The Federal Child Abuse Prevention and Treatment Act (CAPTA) provides minimum standards for definitions. CAPTA states,

“The term ‘child abuse and neglect’ means, at a minimum, any recent act or failure to act on the part of a parent or caretaker, 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” (42 U.S.C.A. §5106g(2) (West Supp. 1998).

Using this minimum standard as a foundation, each State provides its own definitions for child abuse and neglect. There are three places in State statutes in which abuse and neglect are defined: (1) reporting laws for child maltreatment, (2) criminal codes, and (3) juve-

nile court statutes (U.S. Department of Health and Human Services, 2000).

A review of State reporting laws reveals that neglect frequently is defined by the States as deprivation of adequate food, clothing, shelter, or medical care (U.S. Department of Health and Human Services, 2000). However, there is great variation among the States in operationalizing their definitions, which contributes to the lack of clarity on a national level. For example, approximately one-fifth of the States do not define neglect separately from abuse. Of those that do define neglect separately, some also define particular types of neglect, such as abandonment or medical neglect. In addition, many States address related issues in their statutes such as parental incapacity (i.e., parent is hospitalized or incarcerated) or injurious environments (i.e., child is exposed to criminal activity in the home). Most States also specify exemptions or issues to be taken into consideration, including religious exemptions for medical neglect and financial considerations for physical neglect (U.S. Department of Health and Human Services, 2000).²

Beyond State reporting laws, various State regulations, policies, and procedures provide guidance for child welfare professionals to determine whether or not neglect has occurred. Various agencies and workers interpret these guidelines as they make decisions about which reports to investigate, and which investigations will result in interventions. Clearly, there is no universal legal or practice definition of child neglect.³

² For more information about States' definitions of child abuse and neglect in their reporting laws, see State Laws on Reporting Child Abuse and Neglect on the Child Welfare Information Gateway website, at www.childwelfare.gov/laws_policies/state/reporting.cfm or call 800.394.3366.

³ If you have a specific question about child neglect (or abuse) in your area, call Childhelp USA at 800.422.4453 for assistance and referral to your local child protective service agency.

Research Definitions

There is little agreement among researchers regarding a conceptual or operational definition of neglect. Researchers lament this situation because a lack of consensus makes it difficult to compare findings across studies and difficult to apply findings to child welfare professionals' interventions (Black & Dubowitz, 1999; Zuravin, 1991). In addition to using various definitions, researchers also have used a variety of methods to measure neglect, including observations of the home, specific behavioral criteria, medical history, self-report measures, interviews, case record abstractions, and CPS case findings (Black & Dubowitz, 1999; Zuravin, 1999).

One important element of a child neglect definition or classification system is the identification of behaviors or conditions that are considered "neglectful." Some behaviors seem universally classified as neglect by researchers. These include:

- Inadequate nutrition, clothing, or hygiene
- Inadequate medical, dental, or mental health care
- Unsafe environments
- Inadequate supervision, including use of inadequate caretakers
- Abandonment or expulsion from the home (Barnett, Manly & Cicchetti, 1993; Sedlack & Broadhurst, 1996).

However, many behaviors may be categorized differently by different classification systems. The table on the following page illustrates this using examples from two widely known classification systems: the Third National Incidence Study of Child Abuse and Neglect (NIS-3) (Sedlack & Broadhurst, 1996) and the Maltreatment Classification System (MCS) developed by Barnett, Manly and Cicchetti (1993).

Behavior	Sedlack & Broadhurst, 1996 NIS-3 Classification	Barnett, Manly & Cicchetti, 1993 MCS Classification
Inadequate education	Educational Neglect	Moral-Legal/Educational Maltreatment
Exposure to domestic violence	Emotional Neglect	Emotional Maltreatment
Exposure to drugs in utero	Other Maltreatment	Physical Neglect—Failure to Provide
Exposure to or allowing child to engage in illegal activities	Emotional Neglect	Moral-Legal/Educational Maltreatment
Shelter-related neglect such as homelessness or inadequate sanitation or utilities in the child’s home	Not addressed	Physical Neglect—Failure to Provide
Inadequate nurturance/affection	Emotional Neglect	Emotional Maltreatment

In addition to identifying behaviors that are considered neglectful, there are other considerations regarding a definition of neglect. These include:

- Should there be evidence of harm, or does neglect include endangerment of a child’s health or welfare?
- Should the caretaker’s intent to harm be a consideration?

Many researchers, including Zuravin (1991), propose that endangering a child’s health or welfare should be included in any definition of neglect, and that a caretaker’s intent to harm or culpability should not be a consideration.

These differences highlight the challenges posed in comparing findings across studies that have used varying definitions of neglect. For example, when examining the rates of child neglect over time, a change in the numbers may not solely represent an actual increase or decrease in the number of children affected, but may partially be accounted for by a change in the definition.

Recognizing these difficulties, Federal agencies have been leading efforts to develop clear research definitions and a measurement tool to collect data on child maltreatment.

Throughout the 1990s, Congress mandated a number of Federal agencies to increase their focus on the problem of child abuse and neglect. The National Institutes of Health (NIH) created the Federal Child Abuse and Neglect Working Group (co-chaired by the National Institute on Mental Health and the National Institute for Child Health and Human Development [NICHD]).⁴ The Working Group began work in 1998 to develop clear classification systems and operational definitions for all types of child maltreatment, including child neglect, that can be used by researchers and also overlap with existing legal and clinical

⁴ For information on the Federal Child Abuse and Neglect Working Group, contact the chairperson, Cheryl Boyce, Ph.D., at NICHD, by email at cboyce@nih.gov or by phone at 301.443.5944, or the co-chairperson, Margaret Feerick, Ph. D., at NICHD, by email at margaret_feerick@nih.gov or by phone at 301.435.6882.

definitions. The Working Group is continuing to pursue this effort.⁵

In 1994, the Federal Interagency Task Force on Child Abuse and Neglect⁶ challenged its Research Committee to address definitional issues confronting the child abuse and neglect research community nationally. The committee had representatives from several DHHS agencies (e.g., NIH, Centers for Disease Control, Substance Abuse and Mental Health Services Administration) and from other departments (e.g., Defense, Education, Interior, and Justice). The efforts of this group focused on developing a data collection system that could be used by researchers to define and identify all types of child abuse and neglect. By 1999, these efforts resulted in an instrument entitled the Child Maltreatment Log.⁷ This instrument is being field tested in two 17-month pilot projects that were initiated in September 2000. Once the results of the pilots are analyzed, the instrument will be revised and disseminated for use by the research community.

The goals of these projects are to offer researchers a common definition and measurement tool so that the findings of various studies

can be compared and the studies can be replicated, both of which contribute to a stronger knowledge base. In the field of child neglect, many researchers and policy makers consider this to be an important step in building our knowledge about the problem, the factors associated with it, and how to address it.

Spotlight on Chronic Neglect

One issue in defining child neglect involves consideration of “incidents” of neglect versus a pattern of behavior that indicates neglect. Zuravin (1991) recommends that some behaviors should present a “chronic pattern” to be considered neglectful. Examples include lack of supervision, inadequate hygiene, and failure to meet a child’s educational needs. This suggests that rather than focusing on individual incidents that may or may not be classified as “neglectful,” one should look at an accumulation of incidents that may together constitute neglect. “If CPS focuses only on the immediate allegation before them and not the pattern reflected in multiple referrals, then many neglected children will continue to be inappropriately excluded from the CPS system” (English, 1999). For example, a family exhibiting a pattern of behavior that may constitute neglect might include frequent reports of not having enough food in the home or keeping older children home from school to watch younger children. In most CPS systems, however, the criteria for identifying neglect focuses on recent, discrete, verifiable incidents.

In recognition of this issue, the Missouri Division of Family Services (n.d.) has assigned one of its CPS staff as a “Chronic Neglect Specialist.” This office defines chronic neglect as “... a persistent pattern of family functioning in which the caregiver has not sustained and/or

⁵ For additional information about the Classification Project, contact the project chairperson, Margaret Feerick, Ph.D., at NICHD, by email at margaret_feerick@nih.gov or by phone at 301.435.6882.

⁶ The Interagency Task Force on Child Abuse and Neglect was established by the Child Abuse Prevention and Treatment Act prior to its re-authorization in 1996. The Task Force is convened by the Office on Child Abuse and Neglect of the Children’s Bureau within the U.S. Department of Health and Human Services. For additional information, contact Catherine Nolan, MSW, Director, Office on Child Abuse and Neglect, by email at cnolan@acf.dhhs.gov.

⁷ The Research Committee acknowledges contributions from a wide range of individuals and agencies for work on the “Definitions Project.” More information on the project may be obtained from the project leader, Kathleen Sternberg, Ph.D., at NICHD, by email at kathleen_sternberg@nih.gov or by phone at 301.496.0420.

met the basic needs of the children which results in harm to the child” (p. 3). The focus here is what Dr. Patricia Schene calls “accumulation of harm.” She states that instead of focusing on individual incidents as they occur, one should look at an accumulation of experience, or the cumulative effect on children of repeated incidents, when determining whether neglect exists. A study conducted by Egeland (1988) found that many children who had been referred to CPS for neglect did not receive services because their cases did not meet the criteria for “incidents” of neglect. However, he found that all of these children had, in fact, suffered severe developmental consequences.

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 & Shiltron, 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 buy

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).

Characteristics of Neglected Children and Their Families

There are two reports that provide the most comprehensive data on the characteristics of neglected children and their families. The first is the *National Incidence Study—3* (NIS-3) (Sedlack & Broadhurst, 1996), which sampled 35 CPS agencies around the country and looked at both children served by CPS as well as children identified by community professionals as being in danger of harm due to abuse or neglect. The second report is *Child Maltreatment 1999* (U.S. Department of Health and Human Services, 2001), which is based on the National Child Abuse and Neglect Data System (NCANDS). NCANDS collects data from all CPS agencies in the United States regarding their services.

According to these two reports, boys and girls are neglected at approximately the same rates. Findings regarding the children’s age, however, differed between the two studies. The NIS-3 reports that children ages 6 and older suffer from neglect at higher rates than children 5 and under. *Child Maltreatment 1999* reports that the rates of neglect are highest for children ages 0-3 and decrease as children get older.

The NIS-3 reports that the lowest income families (earning less than \$15,000 per year) have the highest rates of neglect. NIS-3 estimates that 27 out of every 1,000 children are neglected in these families while the neglect rate for children living in families that earn more than \$30,000 per year is less than 1 in 1,000 children. The NIS-3 also reports

that neglect occurs more often in single parent families and in families with four or more children.

Schumacher, Slep & Heyman (in press) reviewed 10 studies completed between 1974 and 1998 in which risk factors for neglect were identified. Some of the strongest associations were found between neglect and:

- Poverty
- Parental substance abuse
- Parental impulsivity
- Parental low self-esteem
- A lack of social support for the family.

Some practitioners believe that untreated depression also is common among neglecting mothers, but there has been little research to substantiate this. Brown, Cohen, Johnson and Salzinger (1998) identified 21 risk factors associated with neglect and found that as the number of risk factors increases, the risk for neglect increases.

It is important to point out, though, that the profile and risk factors for neglected children and their families are likely to vary significantly across types of neglect (Schumacher, Slep & Heyman, in press). For example, the characteristics and risk factors for a family in which a baby has been abandoned are likely to be very different than those for a family who refuses medical care for their teenager. More targeted research is needed to more fully understand the risk factors for various types of neglect in order to inform prevention and treatment programs.

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 their

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*⁸ (Gaudin, 1993).

⁸ *Child Neglect: A Guide for Intervention* is one of a series of User Manuals published by the Children’s Bureau of the Department of Health and Human Services to provide guidance to professionals in the child welfare field. For a list of all available manuals, go to www.childwelfare.gov/pubs/usermanual.cfm or call Child Welfare Information Gateway at 800.394.3366. The series currently is being revised and updated.

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 gener-

ally 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.

Child Protective Services (CPS)

Within the child welfare system, CPS offices usually are the first to respond to reports of child neglect.⁹ In general, the system works in the following manner. A report is received about suspected child neglect. If the information meets the threshold for what constitutes neglect in that particular jurisdiction, the report is referred for an investigation. CPS staff have legal authority to investigate the allegation. The investigator speaks with relevant parties in order to determine whether or not the child has, in fact, been neglected, and whether or not the child is still at risk of harm. If neglect is found and the child is still

⁹ CPS offices in the United States vary greatly from jurisdiction to jurisdiction. The information in this section provides a general overview of how CPS systems respond to child neglect.

at risk, the child and family may be referred for services. In severe or high-risk cases, the court may order that the child be removed from his or her caretaker and placed with a relative or foster family while services are provided. Whether or not the child is removed, associated services (such as parenting skills classes for the parent and counseling for the child) may be provided by programs within the child welfare agency or by community-based agencies. In general, if the child has been removed, he or she will not be returned to the family unless and until the court determines that the family can provide a safe and stable environment. If the child has remained at home during the provision of services, the family's participation may be voluntary, and many factors may play a role in the length of service and the decision to terminate services. These factors include the family's wishes, the programs' guidelines, and the availability of insurance or payment for the services.

CPS—Problems and Reform Efforts. While the CPS system provides critical first-response services to children reported for neglect, some researchers and practitioners believe that in its current state, the response is not adequate for many families reported for neglect. Reports of child neglect (compared to physical or sexual abuse) are least likely to meet the threshold for investigation or intervention, resulting in many neglected children not being eligible for any CPS services (English, 1999). In addition, a sole reliance on an authoritative, investigative response is not necessarily appropriate for many families (English, Wingard, Marshall, Orme, & Orme, 2000), but in most jurisdictions, this is the only means of entry to the child welfare system.

To address these and other problems, some CPS systems have implemented a “multi-

track” response system in which reports of child maltreatment determined to be low-risk (which includes many neglect reports) are referred for an “assessment” rather than an investigation. This response is generally voluntary and, compared to an investigative response, uses a more holistic approach and is more likely to use community-based agencies to provide services.

It remains to be seen whether or not multi-track response systems are effective. Important issues still to be addressed are

- What criteria are used to differentiate high-risk reports that are referred for investigation versus low-risk reports that are referred for assessment (English, 1999)?
- Do families referred for voluntary assessments follow through with recommendations for services (English, et al., 2000)?
- Does this alternative response adequately address the safety needs of the children involved (English, 1999)?

While these answers are still unclear, it is encouraging that some CPS systems are exploring alternative responses to better serve families in need.

Promising Practices

As mentioned earlier, intervention programs serving neglecting families face numerous challenges. But there are programs that show promise in addressing and treating child neglect. The following sections describe two such projects.

The Chronic Neglect Project St. Louis, Missouri, Division of Family Services (DFS). Recognizing the challenges in effectively serving chronically neglecting families, the St. Louis,

Missouri, DFS established a Chronic Neglect Program in 1997 in which staff receive training to recognize and treat chronic neglect.¹⁰ This program examines patterns of behavior, rather than individual incidents, when determining whether or not to intervene to protect a child. A Child Neglect Specialist is available to provide consultation to the staff.

The program emphasizes the empowerment of the family so the family takes ownership of their needs and solutions. Some of the outcomes the program strives to achieve include:

- Significant improvement in parental behavior
- Clear indication of bonding between the parent and child
- A home free of safety hazards
- For children who experienced medical problems as a result of the neglect, documented improvement in their physical development.

The program also emphasizes lasting change; its guidelines state that improvements must have been maintained for at least six months before closing a case to minimize the chance for a re-occurrence (Missouri Division of Family Services, n.d.).

Family Connections Program, University of Maryland at Baltimore. Family Connections is one of a number of Child Neglect Demonstration Programs funded in 1996 by a 5-year grant from the Children’s Bureau of the U.S. Department of Health and Human Services. This program combines services with educa-

tion and research.¹¹ Some of the principles of Family Connections include providing individual assessments and services tailored to the needs of each family, developing partnerships with all family members, empowering family members to have control over their own lives, and delivering culturally competent interventions geared to achieve targeted outcomes. Some of the targeted outcomes include

- The family’s ability to meet basic needs
- The parents’ abilities to cope with daily stresses and achieve self-sufficiency
- The children’s demonstration of developmentally appropriate functioning
- The family’s ability to mobilize resources and constructively resolve family conflicts
- The family’s effective use of social supports
- The parents’ (and/or caregivers’) demonstration of appropriate attitudes and skills related to the children’s needs.

Research

As many have noted, in spite of the fact that child neglect is more prevalent than other types of child maltreatment, historically it has not received much research attention. For example, Zuravin (1999) searched 489 articles published in the *International Journal of Child Abuse and Neglect* between 1992 and 1996; only 25 articles reported empirical findings on neglect only or separately from findings on other types of maltreatment. Clearly, more research is needed to more fully understand the problem of child neglect.

¹⁰ For more information, contact Cathie Braasch, Chronic Neglect Specialist, Missouri Division of Family Services at 314.481.2323, ext. 227.

¹¹ For more information, visit the Family Connections website at <http://family.umaryland.edu/>

Current Research

Although neglect historically has been studied less than other types of maltreatment, it now seems to be gaining recognition. The Children's Bureau of the U.S. Department of Health and Human Services reports that of 159 studies examining maltreatment underway in 1998, 93 were studying neglect, alone or in combination with other types of maltreatment, and 74 were differentiating the types of maltreatment so that findings may be understood more clearly (U.S. Department of Health and Human Services, n.d.).

One ongoing effort to focus research on child neglect is a project entitled "A Longitudinal Study of Child Neglect" (Dubowitz, 1996). This study is part of the Consortium of Longitudinal Studies in Child Abuse and Neglect (LONGSCAN), which first received funding in 1991 from the Department of Health and Human Services. LONGSCAN is a set of five coordinated research projects designed to examine the antecedents and consequences of child maltreatment. Dubowitz's study on child neglect recently received five additional years of funding from DHHS to continue. The objectives of this study include examining the relationship between various factors and child neglect, exploring fathers' involvement in child neglect and child development, and examining the consequences of child neglect (Dubowitz, 1996).

A recently launched research effort on child neglect is being sponsored by a consortium of Federal agencies led by the National Institutes of Health.¹² Fifteen awards were granted in October 2000 in response to a Request for

¹² To read the background on this project and the abstracts of the 15 awards, visit the website at http://obssr.od.nih.gov/RFA_Pas/Child_neglect_RFA.htm.

Applications for Research on Child Neglect. The projects funded are examining various aspects of neglect using various research models. Some projects are examining sub-types of neglect, consequences of neglect, factors contributing to neglect, and service usage by neglecting families. Some are looking at economic, medical, psychological and behavioral issues. Some are focusing on infants and young children; others are focusing on adolescents. Some are short-term and some are longitudinal. This project promises to bring a wealth and breadth of new information to the field of child neglect.

Recommendations for Future Research

There are numerous recommendations for future research into child neglect. Continued research is needed regarding an accepted definition of neglect, including sub-types of neglect (Black & Dubowitz, 1999; Zuravin, 1999). More research is needed to develop and refine strategies to measure neglect (Black & Dubowitz, 1999; Portwood, 1999). More research is needed to understand the consequences of neglect for children (Dubowitz, 1996) and factors that might protect children from the harsh consequences (Black & Dubowitz, 1999). Further studies are needed to examine the association between poverty and neglect (Theodore & Runyan, 1999), including an exploration of how impoverished parents protect their children from the effects of poverty and avoid neglect (Black & Dubowitz, 1999; Pelton, 1994). Finally, more research is needed to investigate the effectiveness of various interventions (Portwood, 1999; Theodore & Runyan, 1999).

Summary and Conclusion

Although child neglect has historically received less attention than other types of maltreatment, in spite of being the most prevalent type, much has been learned about it in recent years. Despite this growing interest, neglect continues to be a complex problem that is difficult to define, identify, and treat.

Neglect is a term used to encompass many situations, their commonality often being a lack of action—an act of omission—regarding a child's needs. Most commonly, neglect is related to a failure to meet a child's physical needs (including food, clothing, shelter, supervision, and medical needs), but neglect also can refer to a failure to meet a child's

educational and emotional needs. Neglect can range from a caregiver's momentary inattention to willful deprivation. Single incidents can have no harmful effects or, in some cases, they can result in death. Chronic patterns of neglect may result in severe developmental delays or severe emotional disabilities.

Understanding neglect requires an awareness of related social problems such as poverty, substance abuse, and domestic violence. Interventions to treat children and families affected by neglect require thorough assessments and customized treatment. Defining, identifying, and treating neglect is a significant challenge, but one that researchers, professionals, communities, and families must face together if they are to protect children from the harmful consequences of child neglect.

References

- Barnett, D., Manly, J.T. & Cicchetti, D. (1993). Defining child maltreatment: The interface between policy and research. In D. Cicchetti & S.L. Toth (Eds.). *Child Abuse, Child Development, and Social Policy*. Norwood, NJ: Ablex Publishing Corporation.
- Black, M.M. & Dubowitz, H. (1999). Child neglect: Research recommendations and future directions. In H. Dubowitz (Ed.) *Neglected children: Research, practice, and policy*. Thousand Oaks, CA: SAGE Publications, Inc.
- Brown, J., Cohen, P., Johnson, J.G. & Salzinger, S. (1998). A longitudinal analysis of risk factors for child maltreatment: Findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect. *Child Abuse and Neglect*, 22(11), 1065-1078.
- Dubowitz, H. (1996). *A longitudinal study of child neglect: Final report*. Washington, D.C.: U.S. Department of Health and Human Services.
- Dubowitz, H. (1999). The families of neglected children. In M.E. Lamb (Ed.) *Parenting and child development in "nontraditional" families*. Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.

- Dubowitz, H. & Black, M. (1996). Medical neglect. In J. Briere, L. Berliner, J. A. Bulkley, C. Jenny, et al. (Eds.) *The APSAC Handbook on Child Maltreatment*. Thousand Oaks, CA, Sage Publications, Inc.
- Dubowitz, H., Black, M.M., Kerr, M.A., Starr, R.H., Harrington, D. (2000). Fathers and child neglect. *Archives of Pediatrics and Adolescent Medicine*, 154, 135-141.
- Egeland, B. (1988). The consequences of physical and emotional neglect on the development of young children. *Child neglect monograph: Proceedings from a symposium*. Washington, D.C.: U.S. Department of Health and Human Services.
- English, D. (1999). Evaluation and risk assessment of child neglect in public child protection services. In H. Dubowitz (Ed.) *Neglected children: Research, practice and policy*. Thousand Oaks, CA: SAGE Publications, Inc.
- English, D.J., Wingard, R. Marshall, D., Orme M. & Orme, A. (2000). Alternative responses to child protective services: Emerging issues and concerns. *Child Abuse & Neglect*, 24(3), 375-388.
- Ethier, L.S., Couture, G., Lacharite, C. & Gagnier, J.P. (2000). Impact of a multidimensional intervention programme applied to families at risk for child neglect. *Child Abuse Review*, 9, 19-36.
- Gaudin, J. (1993). *Child neglect: A guide for intervention (The User Manual Series)*. Washington, D.C.: U.S. Department of Health and Human Services.
- Harrington, D., Dubowitz, H., Black, M. & Binder, A. (1995). Maternal substance use and neglectful parenting: Relations with children's development. *Journal of Clinical Psychology*, 24(3), 258-263.
- Magen, R. H. (1999). In the best interests of battered women: Reconceptualizing allegations of failure to protect. *Child Maltreatment*, 4(2), 127-135.
- Magura, S. & Laudet, A.B. (1996). Parental substance abuse and child maltreatment: Review and implications for intervention. *Children and Youth Services Review*, 18(3), 193-220.
- Margolin, L. (1990). Fatal Child Neglect. *Child Welfare*, 69(4), 309-319.
- Melina, L. (1999). Children who respond to adversity have common traits. *Adopted Child*, 18(6), 1-4.
- Missouri Division of Family Services. (n.d.). *Investigation handbook – Appendix E: Chronic neglect*.

- Munkel, W.I. (1996). Neglect and abandonment. In J.A. Monteleone (Ed.) *Recognition of child abuse for the mandated reporter*. St. Louis, MO: G.W. Medical Publishing, Inc.
- National Institute of Drug Abuse. (1999). *Drug abuse and addiction research: The sixth triennial report to congress*. Washington, D.C.: U.S. Department of Health and Human Services.
- National Research Council. (1993). *Understanding Child Abuse and Neglect*. Washington, D.C.: National Academy Press.
- Nelson, K.E., Saunders, E.J. & Landsman, M.J. (1993). Chronic child neglect in perspective. *Social Work, 38*(6), 661-671.
- Pelton, L.H. (1994). The role of material factors in child abuse and neglect. In G.B. Melton & F.D. Barry (Eds.) *Protecting children from abuse and neglect: Foundations for a new national strategy*. New York: Guilford Publications, Inc.
- Portwood, S.G. (1999). Coming to terms with a consensual definition of child maltreatment. *Child Maltreatment, 4*(1), 56-68.
- Prilleltensky, I. & Pierson, L. (1999). *Context, contributing factors and consequences. Promoting family wellness and preventing child maltreatment: Fundamentals for thinking and action*. Ontario, Canada: Wilfrid Laurier University.
- Ringwalt, C.L., Greene, J.M. & Robertson, M.J. (1998). Familial backgrounds and risk behaviors of youth with throwaway experiences. *Journal of Adolescents (21)*, 241-252.
- Sagatun-Edwards, I. & Saylor, C. (2000). Drug-exposed infant cases in juvenile court: Risk factors and court outcomes. *Child Abuse and Neglect, 24*(7), 925-937.
- Schumacher, J.A., Slep, A.M. & Heyman, R.E. (2001). Risk factors for child neglect. *Aggression and Violent Behavior, 6*, 231-254.
- Sedlack, A.J. & Broadhurst, D.D. (1996). *The third national incidence study of child abuse and neglect (NIS-3)*. Washington, D.C.: U.S. Department of Health and Human Services.
- Shepard, M. & Raschick, M. (1999). How child welfare workers assess and intervene around issues of domestic violence. *Child Maltreatment, 4*(2), 148-156.
- Silver, J. A. (1999). Starting young: Improving children's outcomes. In J.A. Silver, B.J. Amster & T. Haecker. (Eds.) *Young Children and Foster Care*. Baltimore, MD: Paul H. Brookes Publishing Co.

- Tatara, T. (1995). *Eighth national roundtable on CPS risk assessment*. Washington, D.C.: American Public Welfare Association.
- Theodore, A.D. & Runyan, D.K. (1999). A medical research agenda for child maltreatment: Negotiating the next steps. *Pediatrics*, 104(1), 168-177.
- U.S. Department of Health and Human Services. (2000). *Child abuse and neglect State statutes elements: Reporting laws, number 1, definitions of child abuse and neglect*. Washington, D.C.: U.S. Department of Health and Human Services.
- U.S. Department of Health and Human Services. (2001). *Child maltreatment 1999*. Washington, D.C.: U.S. Government Printing Office.
- U.S. Department of Health and Human Services. (n.d.) Description of Tables and Categories [online]. Available: <http://www.acf.hhs.gov/programs/cb/pubs/compendium/descript.htm>. Updated link retrieved 5/9/06.
- Virginia Department of Social Services. (1998). Substance abuse and maltreatment. *Virginia Child Protection Newsletter*, 53.
- Waldfogel, J. (2000, September). *What we know and don't know about the state of the child protective services system and about the links between poverty and child maltreatment*. Remarks for Joint Center for Poverty Research Congressional Research Briefing on "Child Welfare and Child Protection: Current Research and Policy Implications." Washington, D.C.
- Wallace, H. (1996). *Family violence: Legal, medical, and social perspectives*. Needham Heights, MA: Allyn & Bacon.
- Wang, C.T. & Daro, D. (1997). *Current trends in child abuse reporting and fatalities: The results of the 1996 annual fifty state survey*. Chicago: The National Committee to Prevent Child Abuse.
- Zuckerman, B. (1994). Effects on parents and children. In D.J. Besharov & K.W. Hanson (Eds.) *When drug addicts have children*. Washington, D.C.: Child Welfare League of America.
- Zuravin, S.J. (1991). Research definitions of child physical abuse and neglect: Current problems. In R.H. Starr & D.A. Wolfe (Eds.) *The effects of child abuse and neglect*. New York: The Guilford Press.
- Zuravin, S.J. (1999). Child neglect: A review of definitions and measurement research. In H. Dubowitz (Ed.) *Neglected children: Research, practice, and policy*. Thousand Oaks, CA: SAGE Publications, Inc.