



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 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). These categories can be further delineated by situational, underlying or enduring risk factors that result in episodic, persistent and long-term child neglect.

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 all 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. According to the NIS-4 estimates, 771,700 children experienced neglect during the study year of 2005-2006 (Harm Standard) and 2,251,600 experienced neglect during the same time period (Endangerment Standard).

How many children died as a result of child neglect?

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 (USDHHS, 2012).

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]. Low socioeconomic status households have significantly higher rates of maltreatment in all maltreatment types. Low SES children 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 et al., 2010).

One difficulty 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).

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?

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). 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

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

There is a 40% co-occurrence rate of child maltreatment and domestic violence (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).

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 are affected by parental substance abuse (DHHS, 1999). 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). These impairments are cumulative over time (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).

Costs of Child Neglect

Determining the costs of child maltreatment is cumbersome and complex; different methodologies produce different data. There is negligible literature that focuses exclusively on the costs of child neglect as opposed to all child maltreatment.

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).

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). The *Prevention of Child Neglect* will be the subject of the next brief on child neglect.

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