Neglect in Childhood

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Introduction

Child neglect is the most common form of child maltreatment (a broad category of behavior that also includes sexual, physical and emotional abuse). The National Child Abuse and Neglect Data System (NCANDS), a review of abuse and neglect data from all states, reported over 1,000,000 substantiated cases of abuse in its last review (annual year 1994). Fifty two percent of these cases were from neglect. The majority of the 2000 or more documented abuse-related deaths each year are due to neglect. These statistics are likely an underestimate of the actual occurrence of neglect. Neglect is the least studied and most poorly characterized form of child maltreatment. This is due to multiple factors including the difficulty in defining and documenting neglect in children.

Definitions

Neglect can occur in several forms. A broad definition of neglect is any failure to provide for the basic needs of the child. In practice, neglect is defined somewhat differently depending upon local statutory definitions. Common statutory categories include: (1) Medical neglect - such as failure to provide visits to the doctor for routine checkups, not getting medical attention for injuries, failure to ensure compliance with necessary medical treatments such as providing insulin for a diabetic child. (2) Physical neglect - failure to provide food, water, or adequate sanitation; (3) Emotional neglect - failing to provide appropriate attention, nurturing, and support for child; (4) Neglectful supervision - failure to provide appropriate and
responsible care to the child; and/or (5) Abandonment - failure to assume adequate responsibility for the child, such as leaving the child with no plans for return.

Aside from statutory definitions, researchers and clinicians generally define and categorize neglect into four broad areas: physical, emotional, educational, and medical.

**Physical neglect** accounts for the majority of cases of maltreatment. It is estimated that 8 of every 1,000 children experience physical neglect (NCANDS, 1997). The definition includes the refusal of or extreme delay in seeking necessary health care, child abandonment, inadequate supervision, rejection of a child leading to expulsion from the home, and failing to adequately provide for the child’s safety and physical and emotional needs. Physical neglect, often in combination with emotional neglect, can severely impact development by causing failure to thrive, malnutrition, untreated serious infections diseases (e.g., pneumonia), physical harm in the form of cuts, bruises, and burns due to lack of supervision. Furthermore, the long term emotional, social and cognitive problems may more serious and difficult to treat than the actual other physical problems.

**Educational neglect** occurs when a child is allowed to engage in chronic truancy, is of mandatory school age but not enrolled in school or receiving school training, and/or is not receiving needed special educational training. Educational neglect can lead to underachievement in acquiring necessary basic skills, dropping out of school, and/or continually disruptive behavior.

**Emotional neglect** includes such actions as chronic or extreme spousal abuse in the child’s presence, allowing a child to use drugs or alcohol, refusal or failure to provide needed psychological care, constant belittling, and withholding of affection. This pattern of behavior can lead to poor self-image, alcohol or drug abuse, destructive behavior, and even suicide. Severe neglect of infants can result in the infant failing to grow and thrive and may even lead to infant death.

**Medical neglect** is the failure to provide for appropriate health care for a child although financially able to do so. In 1995, 3% of the substantiated cases of child maltreatment dealt with medical neglect (NCANDS, 1997). In some cases, a parent or other caretaker will withhold traditional medical care during the practice of certain religious beliefs. These cases generally do not fall under the definition of medical neglect; however, some states will obtain a court order forcing medical treatment of a child in order to save the child’s life or prevent life-threatening injury resulting from lack of treatment. Medical neglect can result in poor overall health and compounded medical problems.

**Etiology**

The majority of neglect is due to ignorance and chaos in the caregiver’s life. In many situations, the lack of adequate childrearing information, skill or resources contribute to a neglectful situation. In many cases, neglectful parenting exists on the same continuum as adequate parenting. Neglectful parents may not be aware that their actions (or lack of actions) are of a sufficient degree to potentially result in harm to the child. Overwhelmed parents are often uncertain of what to do to get help with caregiving and are reluctant to bring negative attention upon themselves. For example, fear of intervention from child protection agencies provides compelling pressure for some to minimize or deny neglectful conditions.
While other forms of child maltreatment such as physical and sexual abuse may occur in episodic patterns or as single events, neglect tends to be a chronic pattern of inadequate or age-inappropriate care.

**Child Neglect: Outcome**

In the past, the consequences of child neglect were not considered to be as severe as the consequences of other forms of maltreatment (e.g., physical or sexual abuse). Research and clinical experience tell us this is not so. Indeed, neglect in early stages of life may lead to severe, chronic and irreversible damage. The recent tragic examples of severe neglect and deprivation in many Eastern European orphanages add to our understanding of the crucial role of adequate emotional, physical and cognitive stimulation during childhood.

Physical and psychological health, at any stage of development, is influenced by the circumstances experienced during earlier stages. When neglect occurs, development is disrupted. Unless there are remedial interventions, this deficit follows the child into the next stages of development and adversely influences subsequent development. A cascade of problems can result. The foundation for later healthy growth and development can be disrupted.

The specific problems resulting from neglect can vary. The problems are more pervasive and severe if the neglect is more pervasive and severe. The problems are most difficult if the neglect occurs early in life when the child – and the brain – is most rapidly developing. The specific outcomes depend upon the timing, nature, duration of the neglect and the timing, nature and duration of the remedial and enrichment experiences provided after the neglect occurs. The impact of neglect on individuals, families and community are discussed below.

**Individual:** Physical: Physical consequences of neglect arise because neglect detracts from an individual’s ability to establish and maintain a proper internal state of normal physiological regulation. Lack of nutrition and lack of emotional stimulation can alter the release of important growth regulating hormones and influence the physical development of the body, including the brain. Even with adequate caloric intake, young children require appropriate emotional and physical stimulation (e.g., touch, rocking, eye-contact) to have normal patterns of neuroendocrine activity and growth. In some cases emotional neglect can result in “failure to thrive”- meaning that a person is not developing at a healthy level despite the presence of adequate nutritional resources.

Emotional/behavioral: Children from neglectful backgrounds may experience an array of emotional and behavioral difficulties. When consistent emotional neglect occurs before the age of three, victims may have difficulty in forming close and enduring relationships throughout life. Children from neglectful environments often are noted to be more passive, more withdrawn and indiscriminate in their social interactions. These children also show less affection toward mother, engage in more active exploratory behavior (a precursor to hyperactivity), and may be more aggressive and have more discipline problems in school. Cumulatively, this increased likelihood for hyperactivity, aggression, and disciplinary problems places neglected children at a much greater risk for criminal behavior later in life. These children are more likely to come into contact with juvenile authorities and more likely to continue to engage in criminal behavior throughout their lifespan, than are other children.
Thus, society eventually pays the debt for child neglect through increased crime and incarceration, and decreased stability of families and communities.

**Family:** One of the possible causes and consequences of neglect is impaired attachment between children and caregivers. Attachment is the capacity to form and maintain healthy emotional relationships. A primary attachment relationship between a caregiver and child provides the healthy emotional matrix for development. Absent this, a child may have a host of emotional problems. Many neglected children have mothers with attachment problems themselves. The majority of neglectful mothers reported feeling unwanted as a child, and a substantial proportion experienced long-term removal from their parents. However, contrary to what one might expect, only about 15% of neglectful mothers reported living in neglectful environments as children, though a significantly higher proportion experienced some form of child maltreatment. It appears that close relationships with caregivers and early feelings of esteem enhance one’s ability as a caregiver later in life. Therefore it is necessary to provide enriching and nurturing early experiences to help those who are currently neglected and to reduce the likelihood of neglect in future generations.

**Community and Society:** Although neglect is highly correlated with poverty, there is a distinction to be made between a caregiver’s ability to provide the needed care due to the lack of financial resources, illness, or cultural norms, and a caregiver’s knowing reluctance and/or refusal to provide care. Either way, children may be found to be in neglectful situations and in need of services even though the parent may not be intentionally neglectful. Poverty may limit a parent’s capacity to adequately provide necessities for the child. In these cases economic policy and practice clearly intersects with child welfare and children’s mental health policy and practice.

In the United States, one child in five lives below the poverty level. A significant proportion of our next generation is allowed to exist in conditions that fail to provide adequate physical, emotional, and educational resources. As a result, their psychological, educational, and vocational achievement may be hampered, limiting their ability to fully contribute to the interdependent web of society. In the end, we all suffer the consequences of neglect through its strain on public safety and resources.

**Intervention**

Early identification is the most important element of intervention. Unfortunately, several factors hinder detection of neglect. In our current social structure many families are physically or socially isolated. This means that the neglected infant, toddler and young child may not be seen by any other responsible adult. When a child does come to the attention of other adults in school or other settings, there are no overt bruises or marks left behind, to serve as indicators. Neglect frequently accompanies other forms of maltreatment and it is often the case that identification and intervention is focused on the other more overt form of maltreatment.

Physicians, nurses, day-care personnel, relatives, and neighbors are frequently the ones to suspect and report neglected infants, toddlers, and preschool-aged children. Once children are in school, school personnel often notice indicators of child neglect such as poor hygiene, poor weight gain, inadequate medical care, or frequent absences from school. The difficulty with this poorly organized surveillance model is that many neglected children never come to the attention of responsible adults and when they do it is often later in life – long after significant developmental damage has been done.
Services and interventions for neglect must be multi-dimensional. There are often contributing social, economic, psychological or medical factors which can hinder a caregiver’s ability to meet a child’s basic needs; conditions that are not always under the control of caregiver. Neglect must be viewed in an ecological context, arising from the characteristics of the individual, family, community, and society. From this model, assessments and interventions can be developed that target: (1) the individual child, e.g., current functioning, developmental status, and future physical, medical, or psychological needs; (2) the family system in which the neglect occurs, e.g., parenting practices and styles, interactions among family members, domestic violence, or familial substance abuse; (3) community areas of concern, e.g., the neighborhood, educational and vocational opportunities, social support network, income, and availability of social programs and resources; and (4) the societal system entails the overarching beliefs of the culture, e.g., accepted parenting practices, and beliefs associated with the utilization of government programs or mental health care.

An effective intervention strategy should address multiple threads in the ecological web of neglect. For example, a neglected child may need therapy to improve psychological health, educational services to improve cognitive ability and academic performance, and medical attention to improve and maintain physical health. At the same time, the parents may require drug and alcohol counseling, parenting classes, and couples or family therapy to improve the relationships among the family members. Families may also require education regarding community resources to assist the family in maintaining adequate substitute child care and nutritional programs. Finally, cultural beliefs that hinder the seeking of psychological services or of governmental programs that aid in nutrition and health care must be combated so that adequate programs will be provided and sought, no stigma will be associated with participating in these programs.

Intervention must be a comprehensive and collaborative undertaking that potentially involves family, community, treatment providers, and necessary social programs. A thorough family assessment must be conducted to identify what type(s) of neglect have occurred, and the factors contributing to that neglect. There are several key components to an effective system for intervention. First, clinicians should utilize standard assessment instruments and practices to determine the nature and severity of the neglect, as well as the most appropriate intervention strategies. Many times, families who are unable to meet the basic needs of their children are impoverished and socially isolated, and need to be woven into the fabric of the community. It is crucial that the family develops an alliance with service providers, rather than become more alienated and cut-off. These providers must then work with the family by using the strengths of the family as assets. They must also be aware of the resources available in their community. If the family receiving services is from a different cultural background than the service provider, the providers must be competent with not only the beliefs and customs of the recipient’s culture, but must also be aware of community resources specific to that culture.

Interventions must balance an optimistic approach that focuses on the resilience of the child, with a realistic appraisal of the neglected child’s current and future abilities. Specific and concrete recommendations and resources should be provided for children and families. Depending on the needs of the individual, these may include economic assistance, social support, therapies that facilitate development for neglected children, behavioral training and the provision of specific coping skills to children and families. Interventions must be tailored to needs of the child and his family. Ultimately, the family must be given the skills, resources, and confidence needed to address current patterns of neglect and prevent future episodes. Any intervention strategy that narrowly focuses on only one aspect of this complex relationship is likely to lead to less than optimal results.
Prevention

Prevention strategies can be classified into three major categories, based upon the number of people targeted by each strategy. *Universal* prevention strategies broadly address behaviors that can lead to neglect. These include social programs that provide economic and nutritional enrichment services, e.g., free school lunches, welfare programs, food stamps, Women, Infants, and Children centers, and low-income housing. Also included are public health programs such as Medicaid, and initiatives that provide immunizations, reduce community violence, or teach mothers and families optimal parenting practices and appropriate conflict resolution. *Selected* prevention efforts focus on so called "high-risk" groups in order to minimize the effects of situations likely to lead to neglect. These can be exemplified by programs and training for teen mothers, or substance abuse treatment programs for parents with alcohol and drug problems. *Indicated* interventions are treatment strategies used to minimize or repair the effects of specific cases of neglect.

Many professionals refer to a "neglect of neglect" among policy-makers and professionals. In other words, neglect, possibly the most detrimental form of child maltreatment, receives less attention from the government and media than do physical or sexual abuse. Prevention efforts are fraught with difficulties surrounding their development, implementation, and funding. For example, universal strategies are the most promising for the prevention of neglect. However, these programs are costly, and are often not foremost among various political agendas. Similarly, selected and indicated prevention efforts, which rely upon the identification of high-risk groups, or of neglected children, can be costly and time-consuming. Identification requires that the conditions of children and families are brought to the attention of professionals. Often, neglectful conditions exist outside of public view, and the nature/severity/duration of the neglect is uncertain. Unfortunately, a clear-cut line does not exist to separate neglectful from non-neglectful conditions. Health care professionals can easily identify harmful parenting practices and teach alternatives. However, the freedom of parents to engage in the practices of their choice is a valued and protected aspect of our society, i.e., less than optimal parenting is not a crime. Therefore, selected or indicated prevention efforts are often withheld until triggered by conditions that violate, or threaten to violate, statutory requirements related to minimum acceptable practices. In many cases, prevention efforts may be too little, and too late.

Future Research

The effects of child neglect can impact every area of a child’s functioning, and can result in a multitude of adverse consequences for the child, family, community, and society. Neglect may actually have a more significant effect than other forms of maltreatment, affecting basic physical and psychological structures necessary for later development and adjustment. Because of its insidious nature, neglect can often go unchecked for a longer duration than other types of abuse. While difficult to isolate, future empirical research on the long-term effects of neglect in its various forms is greatly needed. Studies focusing on social, cognitive/academic, physical, emotional, and developmental implications of neglect will be necessary to better illustrate its impact, and give essential information to professionals and policy makers regarding the formulation of effective intervention and prevention strategies. Increased discussion among professionals about this pervasive influence on our nation’s children will ideally create a growing awareness, a more concrete definition, and better assessment and intervention in American families. Until then, we all continue to pay the price for our past “neglect of neglect.”
References


