

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.

In this issue of the *Classroom Management Series* the topic of Neglect.

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) juvenile 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).

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.

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. Table 1 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).

TABLE 1		
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

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		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]). 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 definitions. The Working Group is continuing to pursue this effort.

In 1994, the Federal Interagency Task Force on Child Abuse and Neglect 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 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 England (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.

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 "for 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 care giving 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 "too 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).

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