Neglecting Neglect No More:  
Increasing Awareness of Child Neglect from a Social Work Perspective  
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Learning Objectives

The reader will be able to:
1. Understand the sociocultural context of defining child neglect.
2. Recognize risk and protective factors associated with child neglect.

Preventing the Neglect of Child Neglect

Child neglect is the most common and arguably the most detrimental form of child maltreatment, yet public awareness of neglect lags far behind child abuse (Dubowitz, 2007). In 2009, an estimated 763,000 children in the United States were abused or neglected, 78% of whom experienced neglect, either alone or in combination with other forms of maltreatment. Approximately one-third (35.8%) of child maltreatment fatalities were attributed exclusively to neglect; an additional one-third (36.7%) of fatalities were caused by multiple type maltreatment, which often includes negligence by a caretaker. Most often, the perpetrators of neglect are the child’s parents (80%): two-fifths of child victims were maltreated by their mothers acting alone, one-fifth by their fathers acting alone, and just under one-fifth were maltreated by both parents (U.S. Department of Health and Human Services [USDHHS], 2010).

Certain groups of children are at elevated risk for experiencing neglect—typically those that are most vulnerable. For instance, children under the age of five have the highest rate of child abuse and neglect victimization, with infants under one year of age in the most danger of being maltreated (20.6 per 1,000 in 2009). While very young children (≤ 5 years) represented 34% of the overall child population in the U.S. in 2009, they comprised 40% of all abused and neglected children (DeVooght, McCoy-Roth, & Freundlich, 2011; USDHHS, 2010). Moreover, re-reporting is more common among younger children than older children, especially infants and toddlers (Waldfogel, 2009). Neglect is by far the most common form of maltreatment experienced by children under age five—79% were neglected, compared to 67% of older children. Perhaps most disturbing, very young children are most likely to die from abusive and neglectful parenting—just under half (46.2%) of all maltreatment related fatalities occurred in infants less than a year old (USDHHS, 2010).

Impact of Neglect

Child maltreatment often has profoundly negative effects on children’s development, and studies on the consequences of neglect suggest that multiple developmental domains are adversely affected in ways that are distinct from other forms of maltreatment (Erickson & Egeland, 2002). Neglect is associated with negative outcomes in health and physical development, social/emotional...
development, cognitive and neurological development, and even death (USDHHS, 2010). Infants and very young children are especially vulnerable to the effects of neglect because neural synapses are still forming during this “sensitive period,” and because infant neglect is more likely than any other form of maltreatment to result in a maltreatment related fatality. A study conducted by the Administration for Children and Families and the Centers for Disease Control concluded that more than three-quarters (78%) of children who died as a result of being maltreated were under four years of age (Brodowski et al., 2008).

The type, severity, chronicity, and timing of neglect, exposure to other risk factors, the presence of individual and environmental protective factors, the quality of the relationship between the child and caregiver, and a family’s experiences in the child welfare system all influence its specific impact on a child’s development (DePanfilis, 2006). Child outcomes are diverse, ranging from serious psychopathology to resilient functioning, but multiple studies have documented the deleterious effects of neglect.

### Impact on Social/Emotional Development
Researchers have recently begun to explicate the effects of neglect on the personal-social development of young children, distinguishing processes, and outcomes from the larger maltreated population. An early study by Egeland, Sroufe, and Erickson (1983) assessing the developmental consequences of different patterns of maltreatment from infancy to preschool concluded that children of psychologically unavailable mothers were avoidant of their mothers, angry, noncompliant, negativistic, highly dependent on other adults, less persistent and enthusiastic on tasks, and less creative in problem-solving than children who had been physically abused. Furthermore, neglected preschoolers have been found to demonstrate poor impulse control, extreme dependence on teachers for support and nurturance, and general adjustment problems in school (Erikson, Egeland, & Pianta, 1989).

Overall, neglected children manifest more social-emotional problems than their physically abused and non-maltreated peers. Early experiences of fear, lack of trust, and isolation may lead to psychosocial and emotional problems, including low self-esteem (Erickson & Egeland, 2002). Viewed from an attachment perspective, neglected children may develop negative “internal working models” of relationships (Bowlby, 1958), such as mistrust of others, difficulty interpreting others’ emotional states, limited empathy for others, and impaired social cognition. In turn, they may have less stable relationships and engage in more risky behaviors (e.g., drug and alcohol abuse, unsafe sexual activities) in adolescence (DePanfilis, 2006). An abundance of evidence suggests that when children are neglected early in life there may be lifelong social-emotional “costs.” Extant research also indicates that neglect may have detrimental effects on children’s cognitive development.

### Impact on Cognitive Development
Current understanding of the impact of neglect on children’s cognitive development is somewhat limited. However, there is a growing scientific consensus that neglected children display more severe cognitive deficits than their non-neglected peers. Evidence from longitudinal studies suggests that, when compared with abused children, neglected children have more serious academic difficulties and cognitive delays at a younger age (Jones & Gupta, 2003). These include marked deficits in problem-solving and work habits, an inability to work independently, and low reading skills by the time they reach kindergarten (Erickson et al., 1989). Children who have been physically neglected also have been found to have lower IQ scores, poor scores on standardized tests, and lower scores on overall school performance compared to either non-maltreated or abused children (Erickson & Egeland, 2002). Difficulties with language are also associated with neglect. One reason may be that the adult behaviors that are most critical to children’s language development (e.g., repetition of sounds, consistent engagement with infants) are not exhibited by neglectful caregivers (DePanfilis, 2006).

### Impact on Neurobiological Development
Psychobiological research on neglected children is challenging due to the wide variation in their experiences and development. In addition, co-occurrence with other adversities (e.g., poor nutrition, prenatal exposure to substances, lack of education) complicates understanding of the specific effects of neglect on individual neurobiology. Evidence recently has begun to emerge that neglect has especially damaging effects on brain functioning when compared to other forms of maltreatment, but methodologically rigorous studies on the neurodevelopmental consequences of neglect alone are scarce. This is a burgeoning area of research given major advances in brain imaging technology over the past decade.

In a recent review on the psychobiology of neglect, De Bellis (2005) found that adverse effects on the brain structure of neglected children with associated PTSD to be more profound than for children with other forms of maltreatment. In addition, studies on young children have shown that chronic stress during periods of rapid brain growth is a risk factor for pathology due to the effects of stress physiology on brain development (Cicchetti, 1994). Generally speaking, environments that fail to provide adequate nutrition, whether through neglect or poverty, may jeopardize children’s growth by undermining neuronal development and limiting overall brain development (De Bellis, 2005).

Child maltreatment also has been associated with negative effects on the sympathetic nervous system (SNS), affecting children’s “fight or flight” reactions (De Bellis, 2005). Changes within the neurotransmitter and neuroendocrine system, such as higher cortisol activity and other alterations to the hypothalamic-pituitary-adrenocortical (HPA) axis, as well as impaired immune function, have
been found in maltreated children when compared with non-maltreated children (De Bellis, 2001). However, neurobiological effects tend to vary by age of the child. For instance, increased cortisol levels (an indicator of hyperresponsiveness) occur in young maltreated children, yet the opposite is true in adolescents and adults (Cicchetti & Rogosch, 2001).

### Impact on Society

The adverse consequences of neglect extend beyond the impact on children’s development. There are societal costs associated with child neglect, both direct and indirect. In 2007, one study reported a conservative estimate of the annual cost of child maltreatment in the U.S. of $103.8 billion (Wang & Holton, 2007). This calculation included only costs related to victims and did not quantify the expenditures related to intervention or treatment services for family members or perpetrators. Less direct societal costs that are more difficult to attribute directly to neglect include juvenile delinquency, adult criminality, substance abuse, domestic violence, mental illness, and decreased productivity (Prevent Child Abuse America, 2001).

### Relevance to Social Work

Despite the potential costs to children, families, and to society, many professionals do not recognize the threat that neglect poses to children’s well-being. As a result, neglect has been infrequently studied and is not as well understood. One study by Garbarino and Collins (1999) found that, for every ten investigations of child abuse, only one had been conducted on neglect. A troubling consequence of insufficient attention is that little is known about the causes of neglect or how to prevent it from occurring. For example, social workers often lack the knowledge and skills necessary to identify families at high risk and to protect vulnerable children.

Historically, social workers have played an important role in helping to safeguard children from maltreatment and in providing services to maltreating families. Today, social workers continue to have primary responsibility in protecting children from abuse and neglect, although multiple service systems often are involved in their care. According to the most recent volume of the American Professional Society on the Abuse of Children (APSAC), “Child protection today is the domain of social work, assisted by law enforcement, mental health, medicine, nursing, law, and education” (Meyers, 2011, p.4).

While state law requires social workers to intervene when child neglect occurs, current professional education and training practices do not adequately prepare them to identity instances or patterns of neglect and to mobilize the necessary resources to protect young victims. Therefore, in this article we aim to: a) highlight the relevance of child neglect to social work, b) increase social workers’ knowledge about child neglect, including its prevalence, warning signs and symptoms, and best practice for prevention and treatment, and c) advocate that the field of social work make more substantial investments in the prevention of child neglect and in ameliorating its negative effects. Toward this end, we provide a brief history of the public response to child maltreatment in the United States, an overview of current literature on the definition, causes, and consequences of neglect, and conclude with implications for macro and clinical social work practice.

### A Brief History of Child Maltreatment

Children and youth have been exploited, abused, and disregarded for centuries. However, it was the plight of a nine-year-old girl that provoked the first organized attempt at child protection and led to the founding of the New York Society for the Prevention of Cruelty to Children in 1874. Mary Ellen Wilson was born in 1864 and lived with her parents in New York’s notorious Hell’s Kitchen. Her father died soon after her birth, leaving her mother in extreme poverty and unable to care for her daughter. Two-year-old Mary Ellen was turned over to New York’s Department of Charities. The Department placed the toddler with a man claiming to be her biological father, who died soon after the placement was made. The man’s widow took on full time care of Mary Ellen but severely abused and neglected her.

Several years later, a neighbor who had heard the young girl crying contacted a Methodist mission worker, Etta Wheeler, who worked in the neighborhood. Wheeler went to the home and found 10-year-old Mary Ellen dirty, emaciated, and covered in scars and bruises. Wheeler immediately began to explore legal options to protect Mary Ellen, but authorities refused to intervene. In her desperation to help the child, she sought help from Henry Bergh, leader of the New York Society for the Prevention of Cruelty to Animals (NYSPCA). Appearing not in his professional role but rather as a private citizen, Bergh brought the child before a judge and contacted The New York Times, hoping their reports of the story would sway public opinion and encourage the legal system to intervene on Mary Ellen’s behalf. Bergh’s strategy was successful—the judge issued an order for the court to take custody of Mary Ellen and incarcerated her guardian for felonious assault. Mary Ellen, who was raised by Wheeler’s younger sister, later married, had two daughters, and became a foster mother to a young girl. She lived to be 92 years of age (Watkins, 1990).

Despite Mary Ellen Wilson’s harrowing ordeal, public awareness of child abuse and neglect grew slowly over the first half of the 20th Century. Still, several important changes occurred during this time period. First, Jane Addams and other social workers helped form the National Child Labor Committee in 1904, which focused on child labor law reform. In 1912, the Children’s Bureau was established in recognition of the need to protect the well-being of children. Three years later the Child Welfare League of America...
Defining Child Neglect

Limited public and professional attention to child neglect is, in part, a reflection of an overall lack of clarity regarding its definition. That is, there is little consensus among psychologists, social workers, medical professionals, members of law enforcement, public health officials, researchers, and policy makers on what constitutes neglect. The U.S. Department of Health and Human Services’ manual on neglect directly links the definition of neglect with the actions that are (or are not) taken to address it, asserting that “…definitions help determine if an incident or pattern of behavior qualifies as neglect, its seriousness or duration, and, most importantly, whether or not the child is safe” (DePanfilis, 2006, p.9). Unfortunately, the ambiguity surrounding the definition of neglect has hindered the development of effective policies and practices aimed at preventing it from occurring.

Challenges in Defining Child Neglect

Defining neglect is especially difficult because determining exactly what actions or omissions comprise neglect is more vague than for other forms of maltreatment. Neglect is hard to detect since it is frequently evidenced by a lack of action rather than a conspicuous parental behavior or a visible injury to a child. Experts continue to debate key issues related to defining and identifying instances of neglect. The controversy is most pronounced with regard to the following questions:

- What are the minimum requirements of caring for a child?
- What action or lack of action constitutes neglectful parenting?
- Must the parent’s action or inaction be intentional?
- Should a case in which the child has been endangered but not harmed be considered neglect?
- How are the health, safety, and well-being of the child impacted by parental behavior or inaction?
- How is “failure to provide” food, clothing, shelter, protection, and basic care defined?
- Should “failure to protect” be included in definitions of neglect?

Another definitional issue in dispute is the role of poverty in child neglect. If a child’s basic needs are not met due to family poverty, should parents be held accountable? Poverty has a strong association with neglect—in fact, stronger than any other form of maltreatment (Charlow, 2001). Physical neglect, in particular, is clearly linked with poverty (Sedlak & Broadhurst, 1996). Although studies repeatedly show that children from families with low socioeconomic status are at higher risk for neglect than families with adequate financial resources, it is important to emphasize the point that the majority of poor families do not neglect their children. In addition, it is not always clear how to translate this evidence into policy and practice. For instance, if a family were to become homeless and could not afford to buy winter coats for their children or provide enough food, should the parents be considered neglectful? What interventions would be appropriate? Many states make legal exceptions for poverty and differentiate between a lack of access to resources and a purposeful denial of care. However, there are no uniform standards with regard to how CPS agencies address poverty.

A third obstacle to definitional consensus is the tendency of researchers, policy makers, and practitioners to conflate child abuse and neglect, as if they represent identical experiences. Not only do children’s experiences of neglect and abuse differ, but different forms of maltreatment have disparate causes and unique consequences (Egeland & Erickson, 2002). Intuitively, we know this to be true. For instance, sexual abuse and emotional neglect do not seem likely to originate from identical processes, nor would one expect each to lead to the same outcome, yet research, policy, and practice rarely make such distinctions.
Although abuse and neglect frequently co-occur in families (USDHHS, 2010), it is important to address outstanding questions regarding the specific conditions that lead to neglect and the particular impact neglect has on a child’s development. Even the same injury may affect a child differently, depending on whether the cause was an act of abuse versus a parental omission. For example, the developmental consequences may be quite different for a toddler who burns herself when improperly supervised (i.e., neglect) than for a toddler whose caregiver intentionally inflicts a burn as a form of discipline or retaliation (i.e., physical abuse). Maltreatment researchers who do not account for such heterogeneity risk obscuring findings that might inform more targeted interventions.

A fourth challenge that has led to disagreement about defining neglect is whether or not to use CPS data. Because every state is required to have a CPS system, these data are widely available, but use of these records alone does not account for the considerable number of cases that are never reported to authorities or are never investigated (Dubowitz et al., 2005). The fact that many incidents of neglect do not come to the attention of CPS may be particularly problematic with regard to protecting infants and toddlers. Young children have limited contact with adults in their communities who might observe and report neglect and are thus less likely to come to the attention of authorities (Mitchell-Herzfeld, Izzo, Greene, Lee, & Lowenfels, 2005).

A final obstacle to establishing a universal definition of neglect is that approaches to maltreatment vary widely by perspective and discipline (e.g., legal, medical, psychological, and social service). Legal definitions are the most precise. They tend to use specific descriptions of “neglectful” behaviors and conditions, such as inadequate nutrition, clothing or hygiene, inadequate medical, dental, or mental health care, unsafe environments, inadequate supervision, abandonment or expulsion from home, or denial of education. In 1974, Federal law (i.e., CAPTA) defined abuse and neglect jointly as: “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.” This definition was so broad that constituents interpreted it in very different ways. When CAPTA was reauthorized in 1996 (P.L. 104-235), the definition was narrowed to include only cases in which there has been actual harm or imminent risk of serious harm. Its reauthorization in the Keeping Children and Families Safe Act of 2003 (P.L. 108-36) provided mandatory minimum standards to be incorporated into state statutory definitions in order to receive Federal funds. Nevertheless, each state operationalizes the guidelines differently.

Every state, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands has a civil definition of neglect in a state statute, with the exception of Massachusetts, which defines maltreatment by regulation. These legal definitions provide the grounds for intervention by CPS agencies, but discrepancies remain among them. For instance, 17 states include child abandonment in their definition of neglect and 18 states, Guam, Puerto Rico, and the Virgin Islands have separate definitions for abandonment and neglect. In addition, several states make exceptions in reporting laws that exempt particular acts or omissions. For example, a caregiver’s financial inability to provide for a child to does not constitute neglect in 16 states or in the District of Columbia.

The Commonwealth of Massachusetts currently uses the definition of neglect found under DCF Regulations (110 CMR, section 2.00): Failure by a caretaker, either deliberately or through negligence or inability to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home setting).

Massachusetts regulation defines a caretaker as:

A child’s parent, stepparent, guardian, any household member and any other person entrusted with the responsibility for a child’s health or welfare, whether in the child’s home, a relative’s home, a school setting, a day-care setting (including baby-sitting), a foster home, a group-care facility, or any other comparable setting. As such, “caretaker” includes (but is not limited to) school teachers, baby-sitters, school bus drivers, camp counselors, etc. The “caretaker” definition is meant to be construed broadly and inclusively to encompass any person who is, at the time in question, entrusted with a degree of responsibility for the child. This specifically includes a caretaker who is a child (for example, a baby-sitter under age 18 years).

State definitions of maltreatment perpetration are not the only method employed to identify neglect. Child maltreatment researchers have developed their own classification systems, such as the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) (Sedlak et al., 2010) and the Maltreatment Classification System (Barnett, Manly, & Cicchetti, 1993), which address issues of chronicity, severity, and timing. Classification systems provide comprehensive and nuanced definition of neglect, but still rely primarily on CPS data, a method that is estimated to miss approximately half of all child abuse and neglect that actually occurs (Dubowitz et al., 2005). Given the limitations of such approaches, some experts advocate for more inclusive descriptions based on an ecological approach (Belsky, 1993; Bronfenbrenner & Morris, 2006).

**An Ecological Definition of Child Neglect**

An ecological definition of neglect is derived from the view that there are multiple causal individual and contextual factors. Therefore, focus on a single aspect of a problem (e.g. parental behavior) is not sufficient. Belsky (1993) proposed that four different levels contribute to maltreatment: (1) individual characteristics of the perpetrator, (2) family factors, (3) community factors, and (4) cultural
values and beliefs. In accordance with this view, Dubowitz and colleagues (1993) suggested a definition of neglect focusing on a shared responsibility: “child neglect occurs when a basic need of a child is not met, regardless of the cause” (p.23). In recognition of the complex forces that contribute to maltreatment, some investigators examine interactions among child, parental, and environmental risk factors that lead to different forms of neglect.

Forms of Child Neglect

Child neglect takes many forms and different types of neglect arise from diverse environments. Nonetheless, most research has collapsed subtypes into a monolithic phenomenon and failed to recognize children’s divergent experiences (Dubowitz, Pitts, & Black, 2004). Neglected children do not necessarily experience the same conditions, nor are they affected by neglect in the same way (Cicchetti & Barnett, 1991). Is the experience of malnourishment the same for a child living in a starving population as a child whose parents withhold food as punishment? Not surprisingly, the developmental consequences of maltreatment have been found to vary by pattern of maltreatment (Erickson & Egeland, 2002). Neglect can be a deliberate act by a caretaker, a lapse in judgment, or arise from limited knowledge about child growth and development. Alternatively, children may have inadequate food or clothing (i.e., physical neglect) or experience a lack of warmth and affection from a parent (i.e., psychological neglect). Accordingly, Dubowitz and colleagues (1993) suggest that we understand neglect as “a heterogeneous phenomenon that varies by type, severity, and chronicity” and “existing on a continuum ranging from optimal to grossly inadequate care” (p.8). Because different dimensions of neglect can be key determinants of outcomes for children, it is useful to assess neglect by subtype, severity, chronicity, as well as developmental timing (i.e., the age of the child when the maltreatment occurred) (Zuravin, 1999).

Subtypes of Neglect

There is no standardized method of categorizing similar experiences of neglect (Gaudin, 2001), but most maltreatment experts recognize at least five subtypes:

(1) **physical neglect** (e.g., abandonment, lack of food and clothing)
(2) **medical neglect** (e.g., denial of medical or mental health care)
(3) **psychological or emotional neglect** (e.g., lack of nurturing/affection, exposure to intimate partner violence)
(4) **educational neglect** (e.g., permitted truancy, inattention to special needs)
(5) **inadequate supervision** (e.g., lack of supervision, exposure to safety hazards). Although child welfare agencies generally agree on these larger categories, interpretations within each category vary (e.g., whether or not prenatal exposure to illegal drugs is physical neglect).

Severity

Assessment of the severity of neglect allows practitioners to better understand the risk of harm to a child. The Keeping Children and Families Safe Act of 2003 classifies neglect as **mild, moderate, or severe**. **Mild neglect** does not warrant intervention by CPS, but might require community-based intervention (e.g., a parent fails to put a child in a car seat and is caught by police); **moderate neglect** occurs when community interventions have failed or some moderate harm has occurred (e.g., a parent fails to provide a coat for the child all winter long); and **severe neglect** occurs when long-term or severe harm to the child has been done (e.g., a child with diabetes does not receive prescribed medications and has been admitted to the hospital).

Chronicity

Recently experts have begun to distinguish **chronic neglect** from acute forms of neglect. **Chronic neglect** refers to a pattern of serious deprivation of a child’s basic physical, developmental, and/or emotional needs by a caretaker or parent and often has lasting negative effects on the physical, emotional, and cognitive development of child victims (Kaplan, Schene, DePanfilis, & Gilmore, 2009). This distinction enables professionals to differentiate caretakers who do not provide for the basic needs of children on an ongoing basis from those who show occasional lapses in judgment. For instance, a child welfare worker, nurse, or pediatrician might assess whether a child with asthma who was hospitalized had not been given his or her medication in a single instance, or was routinely denied necessary medical care. Usually, a history or pattern of parental behavior is a better predictor of risk to a child than any single incident (DePanfilis, 2006).

Developmental Timing

The developmental timing of neglect is important because its consequences may vary as a function of a child’s capacity to negotiate age-salient tasks at particular stages of development (Manly, Kim, Rogosch, & Cicchetti, 2001). If a child experiences neglect very early in life, his or her subsequent growth and development may be seriously compromised in adolescence and adulthood because stress, trauma, and neglect within the caregiving environment in infancy (especially when frequent or prolonged) can seriously impair
later psychosocial adjustment and brain functioning (National Scientific Council on the Developing Child, 2005). Therefore, early onset of maltreatment may increase negative consequences of neglect and reduce the odds of children’s resilient functioning (Bolger & Patterson, 2003). Overall, more negative outcomes have been associated with chronic exposure to maltreatment beginning in early childhood and continuing through the school years (Bolger & Patterson, 2003).

In addition, judgments about whether a particular situation is neglectful are often based on developmental timing. For instance, leaving an infant alone in a home for several hours would be judged by most individuals to be neglectful, but what if the child were eight years old? 12 years old? 16 years old? Most states do not specify a legal age at which children can be left at home to care for themselves. The answers to such questions are highly contextual and the characteristics of a child, family, neighborhood, and culture are likely to influence decisions about what types of caregiving are necessary at any particular age.

### Sociocultural Context of Child Neglect

What level of supervision do children need at different ages? What tasks should adults expect children to participate in at age three, age ten, or age twelve? How should parents handle discipline in infancy, early childhood, middle childhood, and adolescence? The definition and identification of neglect is simply not possible without forming judgments about what constitutes “good” and “bad” parenting, or at least “adequate” parenting. And yet, as Barbara Rogoff (2003) asserts in The Cultural Nature of Human Development, “There is not likely to be one best way” (p.12). Consequently, it is important that social workers develop an awareness of culturally diverse beliefs about disciplinary practices, family relationships, autonomy and interdependence, the type of help families are most likely to accept, and their willingness to change (Fontes, 2005).

Cultural beliefs of both professionals and families help shape expectations of appropriate parenting (Elliott & Urquiza, 2006). What may appear to be a sign of neglect to one individual may seem an acceptable form of caregiving to another. Researchers have observed considerable variation in caregiving practices and beliefs about children’s safety in different parts of the world, many of which conflict with those of white, middle-class, European Americans. For instance, among the Efe people of the Democratic Republic of Congo, infants routinely use machetes in a safe manner, whereas most U.S. adults do not trust young children with knives and would likely question the safety of this practice. Moreover, in many countries infants and toddlers are cared for by five-to-ten-year old relatives, while families in the U.S. do not tend to condone the use of babysitters younger than twelve years old.

Some communities intentionally avoid close supervision of children—typically considered a prerequisite of good parenting in the U.S.—because restricting a child’s activities is believed to be more detrimental than any minor injury that he or she might incur. On the other hand, in some cultures, particular caregiving practices in the U.S. are considered unsafe. For instance, researchers discovered that East Africans believe that the U.S. custom of allowing babies to cry themselves to sleep is neglectful (Harkness & Super, 1992; Rogoff, 2003).

The cultural nature of child neglect is especially challenging in light of the fact that legal definitions tend to be broad and somewhat vague. Consequently, social workers may find themselves in the position of determining whether culturally motivated parenting behaviors constitute a “reasonable suspicion” of neglect that must be reported to authorities. For example, if a parent chooses to address a child’s illness using “non-traditional” medical practices and refuses a recommended medical procedure based on religious or cultural beliefs, should a social worker involved with the family report the incident to CPS?

In a few cases, the intersection between culture and child maltreatment has been addressed directly by the legal system. The CAPTA amendments of 1996 state that a parent or legal guardian cannot be mandated to provide a medical service or treatment that is against their religious beliefs (42 U.S.C. § 5106i). Approximately 31 States (not including Massachusetts), the District of Columbia, Guam, and Puerto Rico provide an exemption for caretakers who do not seek medical care for their children based on religious beliefs. In addition, Puerto Rico and 16 states (not including Massachusetts) give authority to the court to order medical treatment for a child when it is warranted, and five states require a report to be made when a child is not receiving needed medical care so that CPS can conduct an investigation (Child Welfare Information Gateway, 2009).

Children may need protection from harm even when a particular parenting practice is culturally acceptable. However, professionals working with parents from diverse backgrounds should seek an understanding of parents’ beliefs about whether or not a certain parenting practice is tolerable. Lisa Fontes (2005), author of Child Abuse and Culture: Working with Diverse Families, explains that “the national or ethnic roots of the behavior should be considered relevant in assessing a family and deciding which interventions are the most appropriate, but are less apt to be important in determining whether abuse has occurred” (p.81).

Although there are a myriad of challenges related to the contextual nature of child neglect and its multiple manifestations, practice and policies designed to address maltreatment would be ineffective without some universal method of identifying it. At a minimum, social workers need general guidelines and principles to support early identification of neglect in order to protect children from harm and support families in developing more adaptive approaches to childrearing. Accordingly, experts have identified particular behaviors and symptoms associated with neglect that professionals working with families and children may recognize as “red flags”.

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**Child Abuse and Culture: Working with Diverse Families**, explains that...
Prevention of maltreatment is optimal, but in reality social workers often encounter families once neglect has already occurred. Thus, social workers whose work brings them into contact with children and families should be able to recognize signs of neglect as early as possible. Instances of neglect are difficult to detect for several reasons. First, many children are victims of both abuse and neglect (USDHHS, 2010), making it challenging to discern the nature of the family’s situation even when a problem is identified. Second, as stated previously, signs of neglect typically are less obvious than signs of abuse. Third, observation of any single symptom or behavior associated with neglect does not, in and of itself, guarantee that a child has been victimized. For example, a child who looks emaciated may not have been denied food by a parent, but may instead have a medical condition or live in a family experiencing extreme poverty.

Despite ambiguity in interpreting signs of neglect, some signs and symptoms are commonly recognized by child maltreatment experts and offer basic guidelines for identifying it. The Child Welfare Information Gateway (2008), an internet based service of the Children’s Bureau (Administration for Children and Families, U.S. Department of Health and Human Services), suggests that professionals consider the idea that neglect may have occurred when a child:

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

In addition, neglect may be suspected when a caretaker:

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

Clearly, any of the “red flags” mentioned above can be symptomatic of issues that are unrelated to child neglect and any one indicator, in and of itself, does not guarantee that neglect has occurred. Since neglect is determined by the interplay of multiple factors researchers and practitioners also have identified risk factors associated with neglect that can help professionals identify vulnerable children, parents, and families.

Causes of Neglect

Risk factors for neglect are typically grouped into four categories:

1. **environmental factors** (e.g., poverty, community characteristics, social support)
2. **family factors** (e.g., quality of relationships, interaction patterns, composition, domestic violence, family stress)
3. **characteristics of parents or caretakers** (e.g., mental illness, cognitive immaturity, limited parenting skills and knowledge, young parental age, childhood history of maltreatment, substance abuse, unemployment)
4. **characteristics of the child** (e.g., age, temperament, special needs, prematurity, health). Although a thorough review of the literature on risk factors for maltreatment is beyond the scope of this article, we will highlight major findings at each level.

Environmental Risk Factors

Neglectful families often experience environmental challenges that pose a threat to healthy parenting. Some of the most widely reported ecological risk factors for child neglect are poverty, unsafe and resource-poor neighborhoods, and lack of reliable, good quality social support. Each is briefly discussed here (for review see Goldman, Salus, & Kennedy, 2003).

**Poverty.**

Studies have found that, of all forms of maltreatment, poverty is most powerfully associated with child neglect (Sedlak & Broadhurst, 1996). Rates of child neglect in the U.S. have risen during recessions and remained high for some time afterward, offering further evidence of this link (Sell, Zlotnik, Noonan, & Rubin, 2010). Although poverty is not a reliable indicator of neglect in and of itself, multiple studies have demonstrated that economic hardship contributes to neglectful parenting (Frank et al., 2010). For certain, the majority of poor families do not neglect their children, and neglect is hardly limited to families with low socioeconomic status. Therefore, experts continue to explore the complex interplay between poverty and neglect. The fact that approximately one-third of states have excluded poverty in their definitions of neglect is a direct reflection of this complexity.
**Neighborhood/Community Risk.**

Attributes of the communities in which families live contribute to the occurrence of neglect. Unsafe neighborhoods, inadequate housing, high juvenile arrest rates, and high teen birth rates are associated with higher rates of neglect than communities without these challenges (Coulton, Korbin, Su, & Chow, 1995). Difficult neighborhood living conditions may place undue stress on parents, thereby increasing their likelihood of punitive and neglectful parenting. Social isolation also is a well-established risk factor for child neglect (DePanfilis, 2006).

**Lack of Social Support.**

The quality of a parent-child relationship is strongly influenced by the level of social support available to the family. If a caregiver’s well of emotional resources are not replenished by positive and supportive connections with family and friends, a child’s risk of being neglected is heightened (Pianta, Egeland, & Erickson, 1989). The presence of social support not only offers emotional “fuel” to parents, but also can provide children an opportunity to attach to other adults when their own caregivers are unable to meet their needs (Widom, 2000).

Parents who maltreat their children generally report limited social support, small social networks, high levels of isolation and loneliness, and they perceive their communities as less friendly than non-maltreating parents (Connell-Carrick, 2003). Most parents receive social support from variety of sources and people (e.g., relatives, friends, parenting programs) in many different forms (e.g., emotional, instrumental, informational support), but it appears that all types of support are not equally beneficial. While some support systems mitigate risk and strengthen family functioning (e.g., positive relationships within kith and kin networks), others are sources of stress (e.g., abusive romantic relationships). Consequently, professionals working with vulnerable parents should not only explore the availability of support, but also the quality of the social support parents receive (Coley & Chase-Lansdale, 1998).

**Family Risk Factors**

Children who are neglected tend to grow up in families experiencing multiple adversities (Sedlak & Broadhurst, 1996). Parents experiencing cumulative or chronic stress may not have the personal resources to meet their children’s basic needs. Thus, it is not surprising that family violence, marital problems, and parental unemployment heighten a child’s risk for neglect (DePanfilis, 2006). Family composition can also be a factor in a child’s risk of experiencing neglect, such as when families are headed by a single parent. Recently, the Fourth National Incidence Study (Sedlak et al., 2010) reported that children whose single parent had a live-in partner had more than 6 times the rate of neglect than children living with married biological parents.

Overall, neglectful families have been found to express fewer positive emotions, have difficulties communicating effectively, lack emotional closeness, exhibit problematic interactional patterns and family discord, and to have a parent with a history of mental illness (Connell-Carrick, 2003). In addition, domestic violence and neglect often co-occur. Domestic violence has been identified in more than one-third of neglect cases (Bragg, 2003). Because many families experience multiple adversities simultaneously, and because cumulative adversity is associated with higher rates of child maltreatment, it is important that practitioners identify problematic family patterns in addition to neglectful behaviors.

**Parent/Caregiver Characteristics**

Certain parent/caregiver characteristics increase the odds of neglect. Parent or caregiver stress, depression, low self-esteem, low empathy, substance abuse, childhood history of maltreatment, and exposure to stressful life events are more common among neglecting families than non-maltreating families (Smith & Fong, 2004). A large number of neglect cases involve caregivers who have clinically significant mental health issues that have gone unaddressed and negatively impact parenting. Young maternal age also has been identified as a risk factor for child maltreatment, since young mothers often are not cognitively and emotionally mature enough to parent effectively, lack knowledge about child development, and are exposed to multiple environmental adversities that impede their ability to respond sensitively to the needs of their children (Lounds, Borkowski, & Whitman, 2006). On the whole, neglectful parents interact less often and in less positive ways with their children when compared with non-maltreating parents.

A parental risk factor that has garnered much attention from researchers is a childhood history of maltreatment (e.g., Kaufman & Zigler, 1989; Ertem, Leventhal, & Dobbs, 2000). Fundamental conceptions about parenting and relationships are learned from early relationships, and the quality of care received is believed to be an influential “blueprint” for parenting in the next generation (Bowlby, 1958; Winnicott, 1965). Still, an estimated two-thirds of parents with a history of maltreatment do not abuse or neglect their own children (Kaufman & Zigler, 1987). It remains unclear why some parents manage to “break the cycle” and others do not.

**Child Characteristics**

Child characteristics, such as temperament, also impact parenting and family functioning. For instance, children who are “difficult” or irritable are at higher risk for being neglected than children with an “easy” temperament (Harrington, Black, Dubowitz, & Starr, 1998). Children with special needs (i.e., children who have physical, developmental, or mental challenges) also may be at particular risk of experiencing neglect. Additional child attributes that heighten risk for neglect include premature birth, low birth weight, and exposure to toxins in utero (DePanfilis, 2006).
Taken together, transactions among children, young mothers, their families, and their broader ecologies all contribute to the quality of caregiving that children receive and determine the likelihood that neglect will occur. One interesting question in need of address is why neglect occurs in some at-risk families and not others. Investigation of protective factors that mitigate risk and increase the likelihood of positive family functioning holds particular promise for explaining such divergent family outcomes.

### Protective Factors

Particular attributes of children, caregivers, families, and their broader ecologies can buffer the effects of risk, reduce the chances that neglect occurs, and promote resilient trajectories for parents and their children. Current research indicates that interventions are most successful when they simultaneously reduce risk factors and promote protective factors—factors that increase the likelihood of positive outcomes (Masten & Powell, 2003). Prevention and intervention efforts that avoid an exclusive focus on family deficits, instead utilizing and building family strengths while addressing more problematic conditions, tend to be more readily accepted by families. Not only do such strengths-based approaches help service providers develop positive alliances with parents, but they also encourages families to develop personal, social, and community assets that can sustain resilience (USDHHS, 2011), or patterns of positive adaptation in the context of significant risk or adversity (Masten & Powell, 2003). In a recent review of the literature on protective factors for child abuse and neglect, the Center for the Study of Social Policy (Horton; 2003) affirms resilience-based intervention:

An evidence-based model built on promoting resilience would provide a new angle on prevention and move toward a widespread understanding of what all kinds of programs and providers can do—and in some cases already do—to promote healthy child development and reduce the incidence of child abuse and neglect (p.1).

Key protective factors CSSP identified were: (a) parental resilience, (b) social connections, (c) knowledge of parenting and child development, (d) support in times of need, (e) access to needed services (e.g., mental health), and (f) social and emotional competence in children. Accordingly, these areas offer specific foci for policies and practices designed to reduce child neglect. Moreover, the evidence base for child neglect prevention and intervention has been expanding rapidly over the last decade.

### Prevention and Intervention

#### Mandated Reporting

Social workers are required to intervene when a child’s basic needs are not being met. If a social worker has any suspicion that a child has been exposed to a neglectful situation (the above list provides some warning signs that might generate suspicion), he or she is required to make a report to the local CPS agency because social workers are mandated reporters. Social workers therefore must familiarize themselves with state regulations on mandated reporting. All 50 states, the District of Columbia, and the U.S. Territories have mandatory reporting laws requiring professionals and institutions that come into contact with children to report suspected instances of child abuse and neglect to a CPS agency. The majority of reports made each year are from teachers (16.5%), law enforcement/legal personnel (16.4%), and social services staff (11.4%). Common nonprofessional reporters include relatives (7.0%), parents (6.8%), and friends and neighbors (4.9%). Although reporters have the option to remain anonymous, few actually do (8.9%) (USDHHS, 2010).

As we mentioned, social workers are mandated reporters and therefore Massachusetts law requires social workers to notify the Department of Children and Families (DCF) if they suspect that a child is being abused and/or neglected. DCF is the state agency responsible for receiving and responding to reports of abuse and neglect of any child under the age of 18 living in the Commonwealth.

According to Massachusetts law, the following professionals are mandated reporters:

- Physicians, medical interns, hospital personnel engaged in the examination, care or treatment of persons, medical examiners
- Emergency medical technicians, dentists, nurses, chiropractors, podiatrists, optometrists, osteopaths
- Public or private school teachers, educational administrators, guidance or family counselors
- Early education, preschool, child care or after school program staff, including any person paid to care for, or work with, a child in any public or private facility, home or program funded or licensed by the Commonwealth, which provides child care or residential services. This includes child care resource and referral agencies, as well as voucher management agencies, family child care and child care food programs
- Child care licensors, such as staff from the Department of Early Education and Care
- Social workers, foster parents, probation officers, clerks magistrate of the district courts, and parole officers
- Firefighters and police officers
• School attendance officers, allied mental health and licensed human services professionals
• Psychiatrists, psychologists and clinical social workers, drug and alcoholism counselors
• Clergy members, including ordained or licensed leaders of any church or religious body, persons performing official duties on behalf of a church or religious body, or persons employed by a religious body to supervise, educate, coach, train or counsel a child on a regular basis
• The Child Advocate (independent investigator appointed by the governor).

Any mandated reporter who does not make an oral and written report when that individual suspects child maltreatment may be punished by a fine of up to $1,000. As of July 1, 2010, any mandated reporter who willfully fails to report child abuse or neglect that resulted in serious bodily injury or death also can be punished by a fine of up to $5,000, up to 2 1/2 years in jail, and may be reported to the person’s professional licensing authority. These consequences are an important reminder that the effectiveness of child protection agencies depends, in large part, on cooperation from professionals. In other words, social workers play an integral role in child welfare, not only when they work in CPS agencies, but also when they work with families outside of the child welfare system who would benefit from intervention.

Responsibilities of mandated reporters.

When a mandated reporter has reasonable cause to believe that a child under 18 years of age in Massachusetts has been a victim of abuse and/or neglect, he or she must immediately provide either an oral or written report to DCF. The mandated reporter also may notify law enforcement or the Office of the Child Advocate of any suspected abuse and/or neglect, but is not required to do so. If the mandated reporter is a staff member of a medical or other public or private institution, school, or facility, that individual must either notify DCF directly or notify the person in charge of the institution, school or facility (or a designee). Upon notification, the person in charge must take responsibility for filing the report, typically referred to as “51A” (Ch. 119, § 51A).

Mandated reporters (or designee) also must follow-up with a written report (by mail or fax) within 48 hours of making the oral report. To make an oral report, any individual may telephone the DCF Area Office serving the child’s residence and ask for the Protective Screening Unit. DCF offices are staffed between 9 a.m. and 5 p.m. weekdays. At any other time the Child-At-Risk Hotline at 1-800-792-5200 is available to take a call. A list of DCF Area Offices with contact information can be found at www.mass.gov/DCF. Mandated reporters are not required to inform a family directly that a 51A report will be or has been filed with DCF. However, communicating honestly about ongoing concerns for a child’s safety is an important aspect of developing a constructive working relationships with families. In some cases, a reporter may choose not to inform a family because it may place the child at further risk of harm. Such decisions require thoughtful consideration and are best made in consultation with a supervisor or child maltreatment expert.

It is important for mandated reporters to be aware that they are protected under Massachusetts law from liability in any civil or criminal action and from any discriminatory or retaliatory actions by an employer. This protects employees if a person in charge decides not to file a report, but the staff member chooses to file a report with DCF directly. The mandated reporter’s guide to child abuse and neglect reporting offers detailed information on liability, as well as many other aspects of reporting, and can be found on the DCF website at www.mass.gov/Eeohhs2/docs/dss/can_mandated_reporters_guide.pdf.

All reporters are asked to provide the following information in the written report:

• The reporter’s name, address and telephone number
• All identifying information the reporter has about the child and parent or other caretaker
• The nature and extent of the suspected abuse and/or neglect, including any evidence or knowledge of prior injury, abuse, maltreatment, or neglect
• The identity of the person the reporter believes is responsible for the abuse or neglect
• The circumstances under which the reporter first became aware of the child’s injuries, abuse, maltreatment or neglect.

In addition, it may also be useful to include an accompanying letter with other relevant information (e.g., child, family, or caregiver developmental or mental health history, the nature of the reporter’s involvement with the family, other agencies involved with the family, contact information for corroborating sources). Providing such information does not constitute a violation of a family’s right
to privacy if a child’s safety is believed to be in jeopardy. However, mandated reporters are not legally required to provide additional information to DCF or to contact any other agency and services provider (e.g., law enforcement).

**The role of law enforcement.**

In some cases of neglect, law enforcement will play a role in the response to child maltreatment. The degree of law enforcement involvement depends upon local protocols and state criminal statutes, but may include: collaboration with a CPS agency, initiation of an investigation, and interviewing the parties involved. Law enforcement officials may provide evidence in cases of physical neglect by documenting a child’s state or hazards in a residence, or collecting and processing physical evidence—information that can be very important in court proceedings to determine whether or not a crime has been committed. The majority of states have criminal statutes that address some types of child neglect (e.g., children left alone in extremely hot or cold cars, children who drown in pools). In most states, if criminal charges are warranted, the prosecutor will either issue a criminal charge and proceed through the court system in cooperation with CPS or defer prosecution and require the defendant to cooperate with CPS. Given that the causes of neglect are complex, mitigating factors (e.g., poverty, mental illness of a caretaker, lack of understanding of the impact of neglectful behavior on a child’s development) may be considered even in criminal cases (American Professional Society on the Abuse of Children [APSAC], 2008). In sum, law enforcement is only involved in a small proportion of child maltreatment cases, typically intervening once neglect has already occurred. Neglect prevention is typically the responsibility of other agencies, programs, and organizations.

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<th>Current Efforts to Prevent Neglect</th>
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| Optimally, child neglect is prevented before it occurs, and longitudinal evaluation research has begun to offer empirical evidence on efficacious prevention policies and practices. Programs such as Healthy Families America (Harding, Galano, Martin, Huntington, & Schellenbach, 2007), Nurse-Family Partnership (Olds, Eckenrode, & Henderson, 2009), Steps Toward Effective, Enjoyable Parenting (Egeland & Erickson, 2004), and Triple P–Positive Parenting Program (Prinz, Sanders, Shapiro, Whitaker & Lutzker, 2009) have shown some success in preventing and/or reducing child maltreatment, although their results have been inconsistent. Family Connections in Baltimore, Maryland is one of the only prevention programs explicitly targeting child neglect. Empirical testing of the intervention revealed promising initial results, but without the use of a comparison group, positive outcomes could not be directly attributed to the program (DePanfilis & Dubowitz, 2005).

Mixed findings from evaluations of maltreatment prevention programs indicate that efforts have substantial room for improvement, and also that some interventions may be more appropriate for specific populations than others. In a recent issue on preventing maltreatment published by The Future of Children, Paxon and Haskins (2009) noted that prevention efforts tend to be most effective when targeting families with infants living in poor communities, especially when caregivers are simultaneously coping with substance abuse issues. Other research has shown that first-time young mothers are especially amenable to intervention (Howard & Brooks-Gunn, 2009).

Contemporary approaches to the prevention of child maltreatment include an array of child-centered and family-centered interventions, individualized community supports, home visiting services, family-centered services, community building, parent education and support. Some target all levels of the social ecology using a universal public health approach and others focus on high-risk families. Whatever the type of intervention, and whether targeting a single risk factor or cumulative risk, preventive based interventions are most effective when they seek to protect children while empowering families, increasing family strengths, and respecting cultural diversity (DePanfilis, 2006).

According to DePanfilis (2006), this approach necessitates:

- Use of an ecological framework
- Understanding the importance of outreach and community
- Conducting comprehensive family assessment
- Establishing a positive alliance with the family
- Utilizing empowerment-based practice
- Emphasizing family strengths
- Developing cultural competence
- Ensuring developmental appropriateness

Similarly, a recent report on key trends in the prevention of child maltreatment commissioned by the Quality Improvement Center on Early Childhood (QIC-EC) asserted that optimal prevention programs impact the bi-directional interaction between individuals and their families, provide services to children, parents, and the family as a cohesive unit, and utilize a multi-tiered program structure that adjusts services to the level of need, thereby contributing to increased program efficacy, efficiency, and cost-effectiveness (Daro, Barringer, & English, 2009). Furthermore, many child maltreatment experts agree that services must be well integrated into community-based systems of care with the goal of improving both community context and individual parenting. Finally, because the risk for child neglect is highest when children are very young and early experiences provide the foundation for lifelong health and development, it is essential that prevention efforts focus on the prenatal period through the first few years of life (National Scientific Council on the Developing Child, 2007; USDHHS, 2010).
Because it is not always possible to prevent neglect from occurring, both small and large scale interventions are needed to reduce its harmful effects while promoting resilience among child victims and their families. A multitude of approaches have been employed with maltreating families, including parent education, dyadic and family systems interventions, play therapy and other child-focused interventions, and multiple-component interventions. Some interventions use behavioral or cognitive strategies aimed at addressing specific issues and others take a more holistic view of treatment (for review see Lyons & Lyons, 2005). Most of the interventions highlighted above are directed toward individual families and, unfortunately, have received limited empirical scrutiny (Dodge & Coleman, 2009); those that have been well-evaluated frequently do not report outcomes specific to child neglect.

Relationship-based interventions, in particular, may hold promise for working with neglectful families. For example, Parent-Child Interaction Therapy (PCIT), includes both parent and child within the treatment session, using therapist coaching to modify parent-child interaction. PCIT was originally designed for children two to seven years old who have externalizing disorders (Eyberg & Robinson, 1983), with the goal of reducing child behavior problems and, in turn, promoting positive parenting and reducing future abuse reports (Chaffin et al., 2004). PCIT has shown improvements in child behavior and parent stress for offending and non-offending parents (Timmer, Urquiza, Zebell, & McGrath, 2005), but neglectful families have not been included in study samples.

In general, program outcomes for neglectful families have been less positive than for abusive families or omitted from study results. Perhaps, because the causes and consequences of neglect differ from abuse, successful intervention with neglectful families necessitates unique approaches that are not yet well established. Additional research is needed to determine how to best protect children from becoming victims of neglect as well as what types of intervention are most successful with neglectful families.

Social workers who interact with children and families have an ethical responsibility to develop an awareness of the causes, signs, and symptoms of child neglect, and the optimal methods of intervening to protect children and support families. Given that social workers are mandated reporters, they also have a legal obligation to do so. However, social workers have innumerable roles in child maltreatment. Lyons and Lyons (2005) recommend “empirically derived interventions to help child victims and their families achieve their optimum level of psychosocial functioning, including: psychological, emotional, behavioral, educational, developmental, and relational functioning” (p.7). Thus, it is imperative that social workers: (a) understand the phenomenon of child neglect, (b) recognize early warning signs in the children and families with whom they work, and (c) develop an awareness of evidence-based interventions that have proven effective. However, social workers are not likely to develop such expertise on their own. Professional education and training opportunities are needed to provide social workers with the knowledge and skills they need to fulfill this legal and ethical obligation.

Given the multifactorial nature of child neglect (Belsky, 1993), approaches to prevention, assessment, and intervention are best viewed through an ecological framework, acknowledging the shared influence of children, their families, and the broader contexts in which they live, including culture and religion (Bronfenbrenner & Morris, 2006). Fortunately, an ecological framework allows for numerous avenues of intervention by avoiding an exclusive focus on maladaptive parenting. Moreover, focusing on both risk and protective factors concurrently reduces the likelihood that neglect will occur and improves the odds of children and families following resilient trajectories. Particularly challenging to this approach is the need to coordinate multiple systems of care (e.g. child welfare, health and mental health, financial and housing assistance, law enforcement) with the goal of developing a service continuum that ensures child safety.

In accordance with many of these recommendations, NASW (2006) developed a policy statement on child abuse and neglect and offered guidelines specific to social workers:

1. Children have the right to be treated with respect as individuals and to receive culturally sensitive services. Children have a right to express their opinions about their lives and have those opinions considered in all placement and judicial proceedings.
2. Immigrant children should have the same rights and protections as children who are citizens of this country.
3. Systems in place to protect children should be adequately staffed and fully funded, and they should provide service that reflects evidence-based or current best practices to address the problem of child abuse and neglect.
4. Communities, including extended family members, kinship networks, and neighborhoods must be involved in supporting children and caregivers to ensure a safe, secure, and consistently stable living environment.
5. All states must create and enforce laws that protect child witnesses of domestic violence and provide appropriate care for nonoffending parents and their children.
6. Authorities should leave nonoffending parents or guardians and their children in their own homes and remove the batterers to preserve the stability of children’s caregiving and residence in domestic violence cases.
7. Child abuse and neglect investigations and substantiations are best conducted using a specially trained, multidisciplinary team,
including social workers, law enforcement, and health and mental health professionals.

8. Policies and procedures should be developed in human service organizations to address and ensure the safety of social workers and other professionals working with abuse and neglect.

9. Staff with social work degrees should be employed in schools, mental health programs, hospitals, and other human service organizations that deal with children and their families. All comprehensive medical assessments should address abuse and neglect issues.

10. A bachelor’s degree in social work is preferred for staff in child protective services. At the supervisory level, a master’s degree in social work is recommended.

11. Child maltreatment issues should be part of the curricula of all programs that train health professionals.

12. Systematic changes are needed in child abuse reporting systems to ensure more standardized and effective intake assessments.

13. Standardized definitions of child abuse and neglect must include identification of emotional and psychological abuse and risks and harm to children exposed to violence, and they must state the responsibility to provide intervention for such conditions no matter the etiology.

14. Family-centered residential treatment programs for substance-abusing parents should be available to facilitate opportunities to help parents and children maintain the parent-child bond.

15. Public awareness, media, and educational campaigns are needed to highlight the significance of child abuse issues and the related legal requirements of reporting systems.

16. Sexual abuse and physical abuse prevention programs should be mandated in all schools from kindergarten to high school.

17. The United States should ratify the United Nations on the Rights of the Child.

18. Funding should be dramatically increased for research, prevention, and services in all areas of child maltreatment.

19. To truly help protect children by preventing child maltreatment, social workers and other professionals must also help families by identifying and addressing the individual, familial, and community challenges they encounter.

20. Child maltreatment issues and concerns do not operate in isolation. To improve the service delivery in the area of child abuse and neglect, those systems that run parallel—mental health, substance abuse, domestic abuse, homelessness, and health care—need to be enhanced to effectively develop a service continuum directed at safety for children.

While the NASW policy statement provides broad standards on child maltreatment, it does not specifically address child neglect. Indeed, given the pervasive “neglect of neglect,” when compared to abuse (Dubowitz, 2007), it would be challenging to develop professional standards at this time because the evidence base does not yet exist. Thus, social workers are needed to conduct methodologically rigorous research (i.e., longitudinal, experimentally designed studies and evaluations utilizing diverse samples, exploring interactions among risk and protective factors, and grounded in an ecological framework) for the purpose of:

(a) clarifying the causes of neglect

(b) elucidating the underlying mechanisms of risk and protection that result in different family trajectories and levels of risk

(c) highlighting avenues of resilience among children and families at risk for neglect to inform efforts to intervene effectively in the future

(d) identifying what interventions under what conditions with what populations are most effective in preventing neglect and ameliorating its negative effects.

Community-based, home-visiting, and relationship-based interventions appear to be especially promising approaches to prevention (Daro et al., 2009). In general, initiatives that utilize an ecological approach, focusing on the unmet needs of a child rather than parental wrongdoing, are most effective because they are most likely to address the contextual nature of neglect (Dubowitz, 1999). Daro (2009) notes that “Then, as now, poor families and families of color were overrepresented in child welfare caseloads, underscoring the reality that children were often not intended victims of dysfunctional parenting but, rather, the collateral damage resulting from a chaotic and poorly resourced environment” (p.12). Erickson and Egeland (2011) propose a professional stance that incorporates “empathy and compassion for the parents’ experience, even as we hold parents accountable for how they treat their children” (p.117).
In addition, Fontes (2005) advocates for improving cultural competency of individuals, agencies, and organizations working in child maltreatment. Increasing awareness of the ethnic and religious communities in which children and families are embedded, recognizing the existing links between child neglect and socioeconomic status, and conveying respect for diverse families better positions social workers to “build the kind of working relationship that will allow us to do our best work: keeping children safe while respecting families and their cultures” (p.29).

Although no single prevention model is likely to eradicate child neglect, comprehensive, multi-level approaches that target the complex conditions associated with particular forms of maltreatment have the potential to be highly effective. Additional research can help clarify what types of interventions work best for which populations.

**Conclusion**

Neglect can have a toxic effect on a child’s development that can lead to lifelong difficulties with learning and behavior, as well as impairments in physical and mental health (Center on the Developing Child at Harvard University, 2007). Social workers, who have historically played a central role in the care and protection of children in the U.S., are often unaware of the considerable danger neglect poses to children. Many social workers receive little or no training on child neglect and lack the knowledge and skills necessary to identify families at risk. The current dearth of research elucidating optimal preventive interventions and effective methods presents a significant obstacle to effective practice. Nevertheless, promising approaches have begun to emerge.

A number of interventions appear to have demonstrated some success in reducing the negative impact of neglect, helping families to “beat the odds” and move along pathways of positive adaptation. However, these efforts alone are not sufficient to address the problem of child neglect. Expanding primary prevention is essential to promoting the well-being of children and families. Accordingly, a focus on identifying families at risk (e.g., young parents, parents with a childhood history of maltreatment, families experiencing domestic violence, families living in impoverished communities) and providing the necessary supports during the prenatal and postnatal periods offers the possibility of considerable returns on our investments (Daro, 2009).

While the prevention field now recognizes that there are multiple individual and environmental causes of child neglect, many interventions continue to focus on a single risk factor, resulting in a disjointed assortment of under-funded prevention services (Stagner & Lansing, 2009). The creation of comprehensive, prevention-focused policies on child maltreatment is a particularly vital step in addressing the scope of neglect and creating an efficient intervention system. This past year, Congress passed several important pieces of legislation to protect children and support vulnerable families, including new federal home visiting grants (as part of the Affordable Care Act of 2010) and the reauthorization of the Child Abuse Prevention and Treatment Act, which made new provisions to require CPS referral by health care providers when a newborn is diagnosed with fetal alcohol spectrum syndrome and offers local funding to support prevention services.

There is reason for both optimism and caution regarding the potential of current child maltreatment policies and practices to effectively address the problem of neglect. Our knowledge about how to stop neglect remains limited and existing interventions have produced mixed results, but one theme that cuts across successful programs and policies is a framework that deemphasizes family deficits and underscores the importance of strengthening individual protective factors, building family and community assets, and supporting parents in caring for their children (Stagner & Lansing, 2009). With a strengths perspective at its core, the field of social work is well situated to make a significant contribution to the prevention of child maltreatment.

**References**


Complete the Post Test and Evaluation on pages 21-22 and mail to the Chapter office with your check. Score 80% or better and NASW will mail you a certificate for 2 CEs.
1. What influences the impact of neglect on child development?
   a. A family’s experiences in the child welfare system
   b. The quality of the relationship between child and caregiver
   c. Family’s criminal history
   d. A and B

2. Environments that fail to provide adequate nutrition may jeopardize children’s growth by undermining __________ and limiting overall brain development.
   a. sensory perception
   b. distress tolerance
   c. neuronal development
   d. auditory processing

3. Neglect is associated with negative outcomes in __________.
   a. health and physical development
   b. social and emotional development
   c. cognitive development
   d. all of the above

4. Which of the following statements is NOT an obstacle to defining child neglect?
   a. It is difficult to determine what actions or omissions exactly comprise neglect.
   b. Use of CPS data does not account for the number of cases never reported to authorities nor investigated.
   c. Researchers, policy makers and practitioners do not make distinctions between the causes, consequences and outcomes of abuse and neglect.
   d. The Keeping Children & Families Safe Act of 2003 mandates all states to follow strict federal guidelines when defining neglect.

5. There are no uniform standards with regard to how CPS agencies address poverty.
   True or False

6. If a child is routinely denied a basic physical, developmental and/or emotional need, that is an example of __________.
   a. chronic neglect
   b. acute neglect
   c. occasional neglect
   d. mild neglect

7. Prolonged neglect beginning in the early stages of a child’s development is likely to result in mild impairments in psychological adjustment and brain functioning.
   True or False

8. Which of the following represents a practice considered neglectful in East African culture as supported by research cited in this article?
   a. Avoiding close supervision of children
   b. Allowing a baby to cry him/herself to sleep
   c. Using a five-year old as a babysitter
   d. Permitting infants to use a machete

9. Identify the false statement.
   a. Vague legal definitions have made it difficult to identify specific aspects of cultural context in assessing reasonable suspicion of neglect.
   b. Parents/guardians can refuse medical treatment for their children if it is against their religious beliefs.
   c. Children are typically not offered protection when the parenting practice is acceptable within the family’s culture.
   d. Providing clinicians with general parameters on early identification of neglect is important.

10. Which of the following is associated with signs of neglect?
    a. Signs of abuse as well
    b. Refusal of/diminished drug and alcohol use
    c. Frequent school absence
    d. Both A and C

11. Finish this statement: “One recognized risk factor for neglect is…
    a. “…intrusively involved family members.”
    b. “…absence of violence towards children in spite of domestic violence between adults.”
    c. “…families with overly positive emotional presentations.”
    d. “…parental mental health problems unaddressed by therapy, medication, or other treatments.

12. Which of the following is NOT a protective factor for child abuse and neglect?
    a. Knowledge of parenting and child development
    b. Parental resilience
    c. Lack of social connections
    d. Social connections

13. Per MA law, what are the consequences for a mandatory reporter who willfully chooses not to report maltreatment that results in child injury or death?
    a. Up to 2.5 year jail sentence
    b. Reported to licensing board
    c. Fine of up to $5,000
    d. All of the above

14. Which of the following types of intervention may be particularly well-suited to child neglect?
    a. Relationship-based interventions
    b. Dyadic interventions
    c. Peer support groups
    d. Web-based curriculum

15. Which mitigating factors may be considered in criminal cases?
    a. Caregivers’ mental health challenges
    b. Poverty
    c. Lack of prior convictions
    d. A and B
    e. A, B and C
FOCUS CE Course Evaluation

Circle the most appropriate number below to indicate the extent to which the course’s learning objectives were achieved.  
(5 = Achieved in full / 1 = Not Achieved)

1. Understand the sociocultural context of defining child neglect.  
(Achieved in full)  5  4  3  2  1 (Not Achieved)

2. Recognize risk and protective factors associated with child neglect.  
(Achieved in full)  5  4  3  2  1 (Not Achieved)

(Achieved in full)  5  4  3  2  1 (Not Achieved)

Please provide comments on current course and suggestions for future courses:
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