



Acts of Omission: An Overview of Child Neglect

Neglect accounts for over three-quarters of confirmed cases of child maltreatment in the United States—far more than physical or sexual abuse—but it continues to receive less attention from practitioners, researchers, and the media. Some reasons may be that neglect is not well understood and is difficult to identify, prevent, and treat effectively.

This bulletin for professionals addresses the scope of the problem of child neglect as well as its consequences, reviews definitions and strategies for assessing neglect, presents lessons learned about prevention and intervention, and suggests sources of training and informational support.

What's Inside:

- Scope of the problem
- Definitions
- Types
- Consequences
- Risk factors
- Special considerations
- Investigation and assessment
- Prevention and intervention
- Training



Use your smartphone to
access this bulletin online.



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

Scope of the Problem

Neglect is by far the most common form of maltreatment. More than 538,000 children were neglected in 2010, accounting for about 78 percent of all unique victims of child maltreatment. In addition, neglect was either the sole cause or one of the contributors to over 68 percent of the 1,560 child maltreatment-related deaths in 2010 (U.S. Department of Health and Human Services, 2011).

These statistics include only children who came to the attention of State child protective services (CPS) agencies. The National Incidence Study (NIS) of Child Abuse and Neglect, which generates broader estimates by gathering data from multiple sources, generally shows higher numbers of maltreatment. The NIS-4, which is the most recent version, uses data from 2005–2006 to show that more than 770,000 children were neglected, accounting for about 77 percent of all children harmed or endangered by maltreatment (Sedlak et al., 2010). While the incidence of other maltreatment types has declined in recent years, the persistently high rates of neglect point to the need for more effective prevention and intervention in cases of neglect.

Defining Child Neglect

Both Federal and State laws provide basic definitions of child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. §5106g), as amended by the CAPTA Reauthorization

Act of 2010, defines child abuse and neglect as, at 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.

Neglect is commonly defined in State law as the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm. Some States specifically mention types of neglect in their statutes, such as educational neglect, medical neglect, and abandonment; in addition, some States include exceptions for determining neglect, such as religious exemptions for medical neglect and financial considerations for physical neglect (Child Welfare Information Gateway, 2011b).

To see how your State addresses neglect definitions in law, see Information Gateway's State statute publication *Definitions of Child Abuse and Neglect*: http://www.childwelfare.gov/systemwide/laws_policies/statutes/define.cfm

Most States publish policy or procedure manuals to help professionals apply legal definitions of child abuse and neglect in practice. Use Information Gateway's State Guides and Manuals Search to find your State's resources online:

<http://www.childwelfare.gov/systemwide/sgm>

Neglect definitions are impacted by the accepted standards of care for children and the role of communities in families' lives. Some issues that are taken into account when defining neglect and standards of care include:

- Harm to the child
- Parent's ability or intent
- Family's concrete resources
- Community norms
- Availability of community resources (Grayson, 2001)

Difficulties in creating specific definitions of neglect contribute to the lack of consistency in research on neglect as well as CPS responses to neglect. The different ways children may be neglected, addressed below, also make it difficult to define such a complex issue.

Types of Neglect

Although State laws vary regarding the types of neglect included in definitions, summarized below are the most commonly recognized categories of neglect:

- **Physical neglect:** Abandoning the child or refusing to accept custody; not providing for basic needs like nutrition, hygiene, or appropriate clothing
- **Medical neglect:** Delaying or denying recommended health care for the child
- **Inadequate supervision:** Leaving the child unsupervised (depending on length of time and child's age/maturity); not protecting the child from safety hazards, providing

inadequate caregivers, or engaging in harmful behavior

- **Emotional neglect:** Isolating the child; not providing affection or emotional support; exposing the child to domestic violence or substance abuse
- **Educational neglect:** Failing to enroll the child in school or homeschool; ignoring special education needs; permitting chronic absenteeism from school

For more information on types of neglect, visit Information Gateway's webpage on the Identification of Neglect:
<http://www.childwelfare.gov/can/identifying/neglect.cfm>

Consequences of Neglect

Although the initial impact may not be as obvious as physical or sexual abuse, the consequences of child neglect are just as serious. Because the effects of neglect are cumulative, long-term research like that being performed by the Longitudinal Studies of Child Abuse and Neglect (<http://www.iprc.unc.edu/longscan>), funded by the Children's Bureau, helps us better understand outcomes for children affected by neglect.

Research shows child neglect can have a negative impact in the following areas:

- Health and physical development—malnourishment, impaired brain development, delays in growth or failure to thrive

- Intellectual and cognitive development—poor academic performance, delayed or impaired language development
- Emotional and psychological development—deficiencies in self-esteem, attachment, or trust
- Social and behavioral development—interpersonal relationship problems, aggression, conduct disorders (DePanfilis, 2006)

The impacts in these areas are interrelated; problems in one developmental area may influence growth in another area. In addition, research indicates that experiencing neglect along with other forms of maltreatment worsens the impact (Smith & Fong, 2004). However, the impact of neglect can vary based on:

- The child's age
- The presence and strength of protective factors
- The frequency, duration, and severity of the neglect
- The relationship between the child and caregiver (Chalk, Gibbons, & Scarupa, 2002)

Trauma and Neglect

While trauma is often discussed in terms of witnessing or being harmed by an intensely threatening event, one or multiple experiences of neglect can also have a traumatic effect, especially in severe cases. One recent study found that, similar to physical and sexual abuse, neglected children showed signs of posttraumatic stress disorder and other traumatic symptoms (Milot et al., 2010). Funded by the Federal Child Neglect Consortium, De Bellis (2005)

summarized the results of numerous research studies that found that neglected children experienced adverse brain development and neuropsychological and psychosocial outcomes.

For more information on addressing trauma in neglected children and their families, visit the National Child Traumatic Stress Network's Child Welfare Trauma Training Toolkit (<http://www.nctsn.org/products/child-welfare-trauma-training-toolkit-2008>) or read Information Gateway's *Supporting Brain Development in Traumatized Children and Youth* (<http://www.childwelfare.gov/pubs/braindevtrauma.cfm>)

Fatal Neglect

A child's death is the most tragic consequence of neglect, and neglect causes or contributes to roughly two-thirds of all child maltreatment-related deaths (U.S. Department of Health and Human Services, 2011). Victims of fatal neglect are more likely to be age 7 or younger (U.S. Government Accountability Office, 2011). The most common reasons for fatal neglect are supervision neglect, chronic physical neglect, and medical neglect (Grayson, 2001). Neglect fatalities can be difficult to identify due to lack of definitive evidence, limited investigative and training resources, and differing interpretations of child maltreatment definitions (U.S. Government Accountability Office, 2011).

For more information, visit the National Center for Child Death Review website: <http://www.childdeathreview.org>

The next section discusses the most common family, parent, and child factors that place children at risk for neglect as well as factors that can protect children from neglect.

Risk Factors

While the presence of a risk factor does not mean a child will be neglected, multiple risk factors are a cause for concern. Research indicates that the following factors place children at greater risk of being harmed or endangered by neglect:

Environmental Factors

- Poverty
- Lack of social support
- Neighborhood distress

Family Factors

- Single parent households
- Family stress or negative interactions
- Domestic violence

Parent Factors

- Unemployment or low socioeconomic status
- Young maternal age
- Health, mental illness, or substance use problems
- Parenting stress

Child Factors

- Age
- Developmental delays (DePanfilis, 2006)

Ultimately, as Straus and Kaufman (2005) caution, the only certain risk is that the more often a child experiences neglect, the more likely he or she will be harmed by it—which is why prevention and early identification of neglect are critical.

PROTECTIVE FACTORS

Although a number of factors place children at greater risk of neglect, research shows that families with one or more of the following protective factors are less likely to experience abuse or neglect:

- Nurturing and attachment
- Knowledge of parenting and child development
- Parental resilience
- Social connections
- Concrete supports for parents
- Social and emotional competence of children

Protective factors are a key component of the Children's Bureau's national child abuse prevention initiative. For more information, see *Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2012 Resource Guide* (<http://www.childwelfare.gov/preventing/preventionmonth/guide2012>).

Special Considerations

Neglect rarely occurs in isolation; commonly related issues include poverty, substance abuse, and domestic violence. There are special considerations for addressing these issues with at-risk or neglected children and their families.

Poverty

Poverty is frequently linked to child neglect, but it is important to note that most poor families do not neglect their children. Poverty likely increases the risk of neglect by interacting with and worsening related risks like “parental stress, inadequate housing and homelessness, lack of basic needs, inadequate supervision, substance abuse, and domestic violence” (Duva & Metzger, 2010).

Caseworkers must differentiate between neglectful situations and poverty; in many States, definitions of neglect include considerations for a family’s financial means. For example, if a family living in poverty was not providing adequate food for their children, it would be considered neglect only if the parents were aware of but chose not to use food assistance programs. Taking poverty into consideration can prevent unnecessary removals and place the focus on providing concrete services for families to protect and provide for their children.

CHRONIC NEGLECT

Although some individual incidents of neglect may not appear harmful, multiple incidents of neglect occurring over time—known as chronic neglect—can have a greater negative impact on the child. Chronic neglect is “an ongoing, serious pattern of deprivation” of a child’s basic needs that results in “accumulation of harm” (Gilmore & Kaplan, 2009).

Chronic neglect can be hard to identify and treat; affected families face complex problems that require specialized, often long-term, interventions and coordinated community support. For more on strategies to address chronic neglect, see Information Gateway’s bulletin *Chronic Neglect: The Elephant in the Room* (in press; find at <http://www.childwelfare.gov/catalog/index.cfm?event=catalog.viewSeriesDetail&series=1>).

Substance Abuse

Parental substance abuse is more closely related to child neglect than other forms of maltreatment (DePanfilis, 2006). Parents who lose control under the influence of substances may have impaired reasoning abilities, leave the child in an unsafe situation, or neglect the child’s basic needs (Children’s Bureau, 2009). These parents may also have difficulty conforming to expected parenting roles and providing the child with emotional support (Children’s Bureau). While treating the parent’s substance abuse is a priority, treatment must be combined with services to address the child’s needs and improve overall family functioning.

Substance-exposed newborns. When a woman abuses drugs or alcohol during her pregnancy, the unborn child is at greater risk for developmental delays. In addition, some substance-exposed newborns are left at the hospital by their parents; these infants, sometimes referred to as “boarder babies,” usually require CPS intervention to place them in out-of-home care. Child welfare caseworkers and health-care providers must work together to identify, assess, and develop a plan to care for affected infants and their families. For more information, visit the National Abandoned Infants Assistance Center’s website: <http://aia.berkeley.edu/>

For more information, visit the National Center on Substance Abuse and Child Welfare, which is co-sponsored by the Children’s Bureau and the Substance Abuse and Mental Health Services Administration: <http://www.ncsacw.samhsa.gov/>

Family Reclaim, a child neglect demonstration project funded by the Children’s Bureau, helped families affected by substance abuse and child neglect by involving them in the design of their service plan; key services included substance abuse treatment, intensive case management, life skills training, and respite care. Family Reclaim provided services collaboratively with the family’s support network, community leaders, and other agencies; program staff found that long-term intensive services were necessary to address the family’s multiple stressors (Chambers, 2002).

Domestic Violence

Some States include exposure to domestic violence in their legal definitions of child abuse or neglect due to its potential effects on children (Child Welfare Information Gateway, 2011c). An unintended consequence of these policies is that parents who are domestic violence victims sometimes are charged with a type of neglect termed “failure to protect,” despite circumstances that may have impacted the victim’s ability to prevent the child’s exposure to violence. Child welfare caseworkers, in collaboration with domestic violence professionals, should consider the victim’s access to resources or services outside the home as well as the victim’s reasonable efforts to ensure the child had basic necessities and lived in the least detrimental environment possible.

A strong relationship with the victim parent is a protective factor that can increase the child’s resilience, and research indicates one of the most effective ways to protect the child is to keep the victim safe (Clarke, 2006; Bandy, Andrews, & Moore, 2012; Nicholson v. Williams, 2002). To address domestic violence cases involving children, workers should keep the victim parent and child together whenever possible; enhance the safety, stability, and well-being of all victims; and hold perpetrators of violence accountable through mechanisms such as batterer intervention programs. For more information, visit the websites of the Greenbook Initiative (<http://www.thegreenbook.info>) or the National Resource Center on Domestic Violence: Child Protection and Custody (<http://www.ncjfcj.org/our-work/domestic-violence>).

Educational Neglect

Many States struggle to respond efficiently to reports of educational neglect due to overlapping responsibilities and lack of coordination between the departments of social services and education. A national review by Kelly (2010) found that nearly half of States neither define educational neglect in law nor hold one agency responsible for reporting it. There is inconsistency among the remaining States regarding which agency is responsible for enforcing neglect provisions, including the court, the school or school district, and the department of education.

Kelly (2010) recommends that the State's department of social services be primarily responsible for addressing educational neglect because it is better equipped to address the co-occurring problems families often face. He also cites promising programs in Missouri and Idaho that offer coordinated and flexible services through the department of social services to respond quickly to families in crisis and at risk of educational neglect

Investigation and Assessment

Identifying child neglect may seem more difficult than identifying other forms of maltreatment because neglect usually involves the absence of a certain behavior, rather than the presence. A thorough investigation of the child's safety and risk followed by a comprehensive family assessment can help determine what kinds of services and supports the family may need.

Consider the possibility of neglect when the 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

Consider the possibility of neglect when the parent or other adult caregiver:

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

Find these and other indicators in Child Welfare Information Gateway's *Recognizing Child Abuse and Neglect: Signs and Symptoms* (<http://www.childwelfare.gov/pubs/factsheets/signs.cfm>)

Investigation

The initial investigation should determine if neglect occurred and examine the child's safety and risk. Two of the most important factors to consider are (1) whether the child has any unmet cognitive, physical, or emotional needs and (2) whether the child receives adequate supervision (DePanfilis, 2006).

Straus and Kaufman (2005) offer the following tips to assess neglect in families:

- Gather information from multiple sources (child and parent self-reports; caseworker and neighbor observations)
- Ensure confidentiality to collect more honest and accurate reports
- Use nonjudgmental, open-ended questions that encourage diverse viewpoints on the situation
- Probe for signs of different types of neglect
- Consider contexts like the child's age, the home environment, and community resources
- Note the severity and frequency of neglect incidents and the length of time since the last incident and between multiple incidents
- Exhibits self-destructive behavior or serious emotional symptoms requiring immediate help
- Has exceptional needs that can result in severe consequences to the child
- Has serious physical injuries or symptoms from maltreatment

The results of the investigation will inform whether the family requires additional assessment and intervention. A low-risk family may be referred for differential response (see box), while the most severe cases may require placement in out-of-home care, preferably with relatives, to ensure the child's immediate safety while the family is assessed and a safety and service plan is developed.

Safety. Determining the child's safety is as critical in the decision-making process in cases of possible neglect as it is in physical or sexual abuse cases. The determination should consider threats of danger in the family, the child's vulnerability, and the family's protective capacity. Lund and Renne (2009) encourage caseworkers to investigate the following key threats of danger:

- No adult in the home routinely performs basic and essential parenting duties and responsibilities
- The parent lacks sufficient resources, such as food and shelter, or parenting knowledge, skills, and motivation to meet the child's basic needs
- Living arrangements seriously endanger the child's physical health
- The parent refuses and/or fails to meet the child's needs or arrange care when the child:

DIFFERENTIAL RESPONSE

Although one report or incident of neglect may not require CPS response, many families could still benefit from services. Particularly in cases of neglect, by the time the situation becomes serious enough for the child welfare system to respond, the family's issues are likely more complex and require intensive intervention (DePanfilis, 2006).

To address this service gap, many States use differential response systems in which families with low risk are redirected to voluntary, often community-based, services to receive the supports they need.

For more information:

- Read Information Gateway's *Differential Response to Reports of Child Abuse and Neglect*: http://www.childwelfare.gov/pubs/issue_briefs/differential_response
- Visit the Children's Bureau's National Quality Improvement Center on Differential Response in Child Protective Services at <http://www.differentialresponseqic.org/>

Assessment

A comprehensive family assessment should help uncover the potential causes of neglect and underlying factors affecting the family's ability to care for the child. Because neglected children and their families often face complex issues, it is critical to use a holistic approach that looks at the child, family, and community context to identify strengths and the most

effective ways to reduce risks and to engage the family in the assessment process.

The key purposes of assessment are:

- To **understand** the neglect and its impact on the child and family
- To **make decisions** to plan for the child's safety and connect the family to services
- To **engage** the family and its extended support network in services (Schene, 2001)

Overarching categories for assessing child neglect include:

- The child's cognitive, physical, and emotional needs and capacities
- The parent's expectations and parenting abilities
- The family's circumstances, attitudes, and behaviors
- Family members' interactions and relationships in and outside the home (DePanfilis, 2006)

To focus on strengths during the assessment process, the Children's Bureau's *Preventing Child Maltreatment and Promoting Well-Being: A Network for Action 2012 Resource Guide* (<http://www.childwelfare.gov/preventing/preventionmonth/guide2012>) emphasizes identifying and enhancing the following protective factors in at-risk families:

- Nurturing and attachment
- Knowledge of parenting and child development
- Parental resilience
- Social connections
- Concrete supports for parents

- Social and emotional competence of children

The assessment process ultimately informs the level of intervention necessary for the family. Assessment should continue throughout the family's case to ensure progress toward goals.

For assessment tools and references, see Information Gateway's webpage on Assessing Child Neglect: http://www.childwelfare.gov/systemwide/assessment/family_assess/id_can/neglect.cfm

Prevention and Intervention

The services and supports that at-risk or neglected children and their families need vary greatly depending on the type of neglect they experienced, the severity of their situation, underlying risks, strengths, and many other factors. Analyzing the information gathered during the investigation and assessment is essential to developing an effective case plan in collaboration with the family, their support network, and related service providers.

CHILDREN'S BUREAU PROJECTS

Many of the strategies discussed below are informed by the results of the child neglect demonstration projects funded by the Children's Bureau from 1996 to 2002 to address the prevention, intervention, and treatment needs of neglected children and their families. For more on these projects, see Information Gateway's *Child Neglect Demonstration Projects: Synthesis of Lessons Learned* (<http://www.childwelfare.gov/pubs/candemo>) and the companion piece, *Program Evaluation: A Synthesis of Lessons Learned by Child Neglect Demonstration Projects* (<http://www.childwelfare.gov/pubs/focus/evaldemo>).

Begin early. Children are more likely to be harmed by neglect the earlier they experience it. Although it can be difficult to prevent neglect and identify it in its early stages, you can have a greater impact on families the earlier you intervene. At this stage, assess the parent's readiness to enhance their parenting abilities and help the family focus on meeting the child's developmental needs. Assume that parents want to improve the quality of their children's care—they just need support to identify and build on their strengths.

For more on early intervention with families, read Information Gateway's *Addressing the Needs of Young Children in Child Welfare: Part C -- Early Intervention Services* (<http://www.childwelfare.gov/pubs/partc>).

CULTURAL COMPETENCE AND NEGLECT

As with all child protection practice, cultural issues must be taken into consideration both when assessing and intervening with families at risk of neglect. For example, a culture in which shared caregiving is the norm may see no problem with allowing young children to care for their siblings, perhaps in a way that does not conform to cultural norms in the United States (Smith & Fong, 2004).

When working with diverse families, maintain focus on ensuring that children's needs are met and that they are not harmed or endangered. Consult with knowledgeable staff or community members on how best to intervene in a way that is consistent with families' cultural practices. Visit the Cultural Competence section of the Information Gateway website for more information: <http://www.childwelfare.gov/systemwide/cultural>

Provide concrete services first. Most parents cannot focus on interventions like parenting classes when they are still addressing crises in their family. In the early stages of working with a family, be sure basic needs are met before expecting parents to fulfill other aspects of their case plan. Some concrete supports to address include:

- Housing and utilities
- Food and clothing
- Safety for domestic violence victims
- Transportation

- Child care
- Health care and public benefits

Focus on strengths. You can form better relationships with families when you encourage them to focus on positive parenting strategies and supports they already have in place. The six protective factors described earlier can serve as a framework for assessing families' strengths and helping them identify ways to build upon those strengths to protect their children from harm. The Children's Bureau's *2012 Resource Guide* for child abuse prevention offers numerous tools and strategies for talking with families about their strengths and incorporating them into service systems (<http://www.childwelfare.gov/preventing/preventionmonth/guide2012>).

New Jersey's Strengthening Families Initiative is making child and family strengths an essential component of prevention efforts statewide. Programs are required to demonstrate that they incorporate the protective factors framework into their services, and professionals are being trained on how to identify and build upon strengths in at-risk families. Learn more on the New Jersey Department of Children and Families website: <http://www.nj.gov/dcf/families/early/strengthening/>

Offer customized, coordinated services. Be flexible; there is no "one size fits all" solution to addressing neglect. Offer or refer families to a broad array of services and collaborate with other services providers to ensure the family's needs are met. Some of the most common services provided by the Federal

child neglect demonstration project grantees included:

- Parent education and support
- Home visits
- Referrals or links to community resources
- Mental health services
- Concrete assistance and crisis intervention (Child Welfare Information Gateway, 2004)

Home visiting programs, which provide in-home services to families with young children, show promise in engaging parents to reduce risks related to child abuse and neglect. Professional or paraprofessional home visitors can build relationships with parents and tailor their visits to address the family's needs and strengths. Some of the topics home visitors may address include:

- The mother's personal health and life choices
- Child health and development
- Environmental concerns such as income, housing, and domestic or community violence
- Family functioning, including adult and child relationships
- Access to services (Child Welfare Information Gateway, 2011a)

Supporting Evidence-Based Home Visiting is a Federal initiative to generate knowledge of home visiting practices and models; find more information on the initiative's website: <http://www.supportingebhv.org>

Encourage incremental change. Most changes don't happen overnight. Especially with families that are stressed by the demands of caring for their child, parents may feel overwhelmed if you expect them to accomplish too many goals too quickly. In collaboration with the family, establish a contract with a timeline for accomplishing specific goals as well as obligations for both you and the parents to meet (McSherry, 2007).

Remember to start with the most basic needs (e.g., food, housing, safety), then address critical underlying issues (e.g., substance abuse, mental health). Once those supports are in place, there will be fewer obstacles to improving higher family functioning. Many programs have found that working with families affected by neglect requires intensive, long-term services to help them achieve changes over time.

The Family Connections (FC) program in Baltimore, MD, began as a demonstration project, funded by the Children's Bureau, to prevent neglect in at-risk families. Core program components include emergency assistance, home-visiting family intervention, advocacy and service coordination, and multifamily supportive and recreational activities. FC results were so promising in reducing risk factors and increasing protective factors that replication demonstration grants at eight additional sites were funded by the Children's Bureau. For more information about the program and its replication, visit the Family Connections website: http://www.family.umaryland.edu/ryc_best_practice_services/family_connections.htm

Intensive family preservation services provide short-term crisis support to high-risk families to prevent unnecessary child placement in out-of-home care. Children and families experiencing severe neglect may benefit from these kinds of services to address urgent issues, like housing or financial assistance, followed by ongoing family preservation and support to target underlying risk factors. For more information, visit Information Gateway's web section on Family Preservation Services: <http://www.childwelfare.gov/supporting/preservation>

Address the social support network.

Because your time with the family is limited, a strong social support network for the family can reinforce lessons learned and address needs as they arise. Seek out relatives, friends, community members, and other service providers who will help the family practice and build new skills over time. Positive relationships with other caring adults can help support the child's healthy development and serve as a source of respite for parents if they face future crises.

Help the family find a local parent support group through Circle of Parents® (<http://www.circleofparents.org>) or Parents Anonymous® (<http://www.parentsanonymous.org>), or connect them to a respite program using the ARCH National Respite Network and Resource Center's locator service (<http://archrespite.org/respitelocator>).

Put aftercare services in place. As the family begins achieving major goals, develop a roadmap for services and supports after more intensive interventions end. An aftercare services plan will ensure opportunities for follow-up and help families maintain improvements over time.

Training

Effective training is important for caseworkers addressing the often complex issues faced by at-risk or neglected children and their families. Training on child neglect should emphasize the following strategies:

- Address **definitions** of different types of neglect as well as the importance of **cultural competence** in understanding how neglect is perceived in different cultures.
- Describe **long-term consequences** to counteract the common but inaccurate belief that neglect is not as harmful as physical or sexual abuse.
- Help caseworkers learn how to develop a **positive helping relationship** with families—a key contributor to success when providing long-term, intensive services.
- Use **case studies** to demonstrate the complex interaction of issues that can impact the effectiveness of intervention (McSherry, 2007).

Because neglect is still misunderstood by many professionals serving children and families, ongoing training can help caseworkers remain aware of the latest research and refresh skills over time.

To locate sources of training on child neglect in your State, refer to Information Gateway's related organizations list of *State Child Welfare Training Resources* (http://www.childwelfare.gov/pubs/reslist/rl_dsp_schw.cfm?typeID=144&rate_chno=19-00082)

For additional practice tips and an in-depth exploration of the topics addressed in this bulletin, read the Children's Bureau's User Manual, *Child Neglect: A Guide for Prevention, Assessment, and Intervention* (<http://www.childwelfare.gov/pubs/usermanuals/neglect>)

Conclusion

Child neglect is the most prevalent type of child maltreatment but has historically received the least attention from researchers and others. While there appears to be growing interest, child neglect continues to be a complex problem that is difficult to define, prevent, identify, and treat.

Neglect is a term used to encompass many situations, but their commonality is a lack of action—an act of omission—regarding a child's needs. Neglect most commonly involves physical, medical, educational, or emotional neglect or inadequate supervision. Neglect can range from a caregiver's momentary inattention to chronic or willful deprivation. Single incidents can have no harmful effects or, in some cases, they can result in trauma or death.

Investigating and assessing neglect involves a thorough examination of the child's safety and risk as well as the larger family and community context. To understand neglect, caseworkers should know how to address related problems such as poverty, substance abuse, and domestic violence. Interventions for children and families affected by neglect require customized and coordinated services. Defining, preventing, identifying, and treating child neglect is a significant challenge but one that researchers, professionals, communities, and families must face together if they are to protect children from its harmful consequences.

References

- Bandy, T., Andrews, K. M., & Moore, K. A. (2012). Disadvantaged families and child outcomes: The importance of emotional support for mothers. *Child Trends Research-to-Results Brief*, 2012-05. Retrieved May 2012 from http://www.childtrends.org/Files/Child_Trends-2012_03_21_RB_MaternalSupport.pdf
- Chalk, R., Gibbons, A., & Scarupa, H. J. (2002). The multiple dimensions of child abuse and neglect: New insights into an old problem. *Child Trends Research Brief*. Retrieved February 2012 from <http://www.childtrends.org/files/ChildAbuseRB.pdf>
- Chambers, P. (2002). *Family reclaim: A community-based collaborative to strengthen families with substance abuse and neglect issues*. Oakland, CA: Family Support Services of the Bay Area.

- Child Welfare Information Gateway. (2004). *Child neglect demonstration projects: Synthesis of lessons learned*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved February 2012 from <http://www.childwelfare.gov/pubs/candemo>
- Child Welfare Information Gateway. (2011a). *Child maltreatment prevention: Past, present, and future*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved February 2012 from http://www.childwelfare.gov/pubs/issue_briefs/cm_prevention.cfm
- Child Welfare Information Gateway. (2011b). *Definitions of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved February 2012 from http://www.childwelfare.gov/systemwide/laws_policies/statutes/define.cfm
- Child Welfare Information Gateway. (2011c). *Definitions of domestic violence*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved February 2012 from http://www.childwelfare.gov/systemwide/laws_policies/statutes/defdomvio.cfm
- Children's Bureau, Office on Child Abuse and Neglect. (2009). *Protecting children in families affected by substance use disorders*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect. Retrieved February 2012 from the Child Welfare Information Gateway website: <http://www.childwelfare.gov/pubs/usermanuals/substanceuse>
- Clarke, S. N. (2006). Strictly liable: Governmental use of the parent-child relationship as a basis for holding victims liable for their child's witness to domestic violence. *Family Court Review*, 44(1), 149-163.
- De Bellis, M. D. (2005). The psychobiology of neglect. *Child Maltreatment*, 10(2), 150-172.
- DePanfilis, D. (2006). *Child neglect: A guide for prevention, assessment, and intervention*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect. Retrieved February 2012 from the Child Welfare Information Gateway website: <http://www.childwelfare.gov/pubs/usermanuals/neglect>
- Duva, J., & Metzger, S. (2010). Addressing poverty as a major risk factor in child neglect: Promising policy and practice. *Protecting Children*, 25(1), 63-74. Retrieved February 2012 from http://aia.berkeley.edu/media/2011_teleconferences/poverty/Protecting%20Children%20Article%20on%20Poverty%20and%20Neglect.pdf
- Gilmore, D., & Kaplan, C. (2009). *Chronic families, chronic neglect* [PowerPoint slides]. Retrieved February 2012 from the American Humane Association website: <http://www.americanhumane.org/assets/pdfs/children/pc-chronic-families-chronic-neglect.pdf>
- Grayson, J. (2001). The state of child neglect. In T. D. Morton & B. Salovitz (Eds.), *The CPS response to child neglect: An administrator's guide to theory, policy, program design and case practice* (pp. 1-36). Retrieved February 2012 from the National Resource Center for Child Protective Services website: <http://www.nrc cps.org/PDF/CPSResponseToChildNeglect.pdf>

- Kelly, P. (2010). Where are the children?: Educational neglect across the fifty states. *The Researcher*, 23(1), 41-58. Retrieved February 2012 from <http://www.nrmera.org/PDF/Researcher/Researcherv23n1Kelly.pdf>
- Lund, T. R. & Renne, J. (2009). *Child safety: A guide for judges and attorneys*. Retrieved March 2012 from the National Resource Center for Child Protective Services website: http://nrccps.org/documents/2009/pdf/The_Guide.pdf
- McSherry, D. (2007). Understanding and addressing the "neglect of neglect": Why are we making a mole-hill out of a mountain? *Child Abuse & Neglect: The International Journal*, 31(6), 607-614.
- Milot, T., St-Laurent, D., Éthier, L. S., & Provost, M. A. (2010). Trauma-related symptoms in neglected preschoolers and affective quality of mother-child communication. *Child Maltreatment*, 15(4), 293-304.
- Nicholson v. Williams, 203 F. Supp. 2d 153, 169 (E.D.N.Y. 2002).
- Schene, P. (2001). CPS responsibility for child neglect. In T. D. Morton & B. Salovitz (Eds.), *The CPS response to child neglect: An administrator's guide to theory, policy, program design and case practice* (pp. 60-74). Retrieved February 2012 from the National Resource Center for Child Protective Services website: <http://www.nrccps.org/PDF/CPSResponsetoChildNeglect.pdf>
- Sedlak, A. J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth national incidence study of child abuse and neglect (NIS-4): Report to congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved February 2012 from http://www.acf.hhs.gov/programs/opre/abuse_neglect/natl_incid
- Smith, M. G., & Fong, R. (2004). *The children of neglect: When no one cares*. New York, NY: Brunner-Routledge.
- Straus, M. A., & Kaufman, G. K. (2005). Definition and measurement of neglectful behavior: Some principles and guidelines. *Child Abuse and Neglect: The International Journal*, 29(1), 19-29.
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2011). *Child maltreatment 2010*. Retrieved February 2012 from <http://www.acf.hhs.gov/programs/cb/pubs/cm10>
- U.S. Government Accountability Office. (2011). *Child maltreatment: Strengthening national data on child fatalities could aid in prevention*. Retrieved February 2012 from <http://www.gao.gov/assets/330/320774.pdf>

Suggested citation: Child Welfare Information Gateway. (2012). *Acts of omission: An overview of child neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

