



Child Neglect

Child neglect is the most prevalent form of child maltreatment in the United States. According to the National Child Abuse and Neglect Data System (NCANDS), of the approximately 899,000 children in the United States who were victims of abuse and neglect in 2005, 62.8 percent (564,765 children) suffered from neglect alone, including medical neglect (USDHHS, 2007). According to NCANDS, 42.2 percent of child maltreatment fatalities in the United States in 2005 occurred as a result of neglect only, 24.1 percent as a result of physical abuse and neglect, and 27.3 percent as a result of multiple maltreatment types (USDHHS, 2007). In an independent study, Prevent Child Abuse America estimated that 1,291 children in the United States died in 2000 as a result of maltreatment, and that 45 percent of these child maltreatment fatalities were attributable to neglect (Peddle et al., 2002). NCANDS reported an increase of approximately 20,000 victims between 2004 and 2005. This is largely due to the inclusion of data from Alaska and Puerto Rico in the 2005 dataset (USDHHS, 2007).

What Is Neglect?

NCANDS defines neglect as “a type of maltreatment that refers to the failure by the caregiver to provide needed, age-appropriate care although financially able to do so or offered financial or other means to do so” (USDHHS, 2007). Neglect is usually typified by an ongoing pattern of inadequate care and is readily observed by individuals in close contact with the child. Physicians, nurses, day care personnel, relatives and neighbors are frequently the ones to suspect and report neglect in infants, toddlers and preschool-aged children. Once children are in school, school personnel often notice indicators of child neglect such as poor hygiene, poor weight gain, inadequate medical care or frequent absences from school.

Types of Neglect

Professionals define four types of neglect – physical, educational, emotional and medical.

Physical neglect accounts for the majority of cases of maltreatment. Physical neglect generally involves the parent or caregiver not providing the child with basic necessities (e.g., adequate food, clothing and shelter). Failure or refusal to provide these necessities endangers the child’s physical health, well-being, psychological growth and development. Physical neglect also includes child abandonment, inadequate supervision, rejection of a child leading to expulsion

from the home and failure to adequately provide for the child’s safety and physical and emotional needs. Physical neglect can severely impact a child’s development by causing failure to thrive; malnutrition; serious illness; physical harm in the form of cuts, bruises, burns or other injuries due to the lack of supervision; and a lifetime of low self-esteem.

Educational neglect involves the failure of a parent or caregiver to enroll a child of mandatory school age in school or provide appropriate home schooling or needed special educational training, thus allowing the child or youth to engage in chronic truancy. Educational neglect can lead to the child failing to acquire basic life skills, dropping out of school or continually displaying disruptive behavior. Educational neglect can pose a serious threat to the child’s emotional well-being, physical health or normal psychological growth and development, particularly when the child has special educational needs that are not met.

Emotional/Psychological neglect includes actions such as engaging in chronic or extreme spousal abuse in the child’s presence, allowing a child to use drugs or alcohol, refusing or failing to provide needed psychological care, constantly belittling the child and withholding affection. Parental behaviors considered to be emotional child maltreatment include:

- Ignoring (consistent failure to respond to the child’s need for stimulation, nurturance, encouragement and protection or failure to acknowledge the child’s presence);
- Rejecting (actively refusing to respond to the child’s needs — e.g., refusing to show affection);
- Verbally assaulting (constant belittling, name calling or threatening);
- Isolating (preventing the child from having normal social contacts with other children and adults);
- Terrorizing (threatening the child with extreme punishment or creating a climate of terror by playing on childhood fears); and
- Corrupting or exploiting (encouraging the child to engage in destructive, illegal or antisocial behavior).

A pattern of this parental behavior can lead to the child’s poor self-image, alcohol or drug abuse, destructive behavior and even suicide.



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Severe neglect of an infant's need for stimulation and nurturance can result in the infant failing to thrive and even infant death. Emotional neglect is often the most difficult situation to substantiate in a legal context and is often reported secondary to other abuse or neglect concerns.

Medical neglect is the failure to provide appropriate health care for a child (although financially able to do so), thus placing the child at risk of being seriously disabled or disfigured or dying. According to NCANDS, in 2005, 2 percent of children (17,637 children) in the United States were victims of medical neglect (USDHHS, 2007). Concern is warranted not only when a parent refuses medical care for a child in an emergency or for an acute illness, but also when a parent ignores medical recommendations for a child with a treatable chronic disease or disability, resulting in frequent hospitalizations or significant deterioration.

Even in non-emergency situations, medical neglect can result in poor overall health and compounded medical problems.

Parents may refuse medical care for their children for different reasons – religious beliefs, fear or anxiety about a medical condition or treatment, or financial issues. Child protective services agencies generally will intervene when:

- Medical treatment is needed in an acute emergency (e.g., a child needs a blood transfusion to treat shock);
- A child with a life-threatening chronic disease is not receiving needed medical treatment (e.g., a child with diabetes is not receiving medication); or
- A child has a chronic disease that can cause disability or disfigurement if left untreated (e.g., a child with congenital cataracts needs surgery to prevent blindness).

In these cases, child protection services agencies may seek a court order for medical treatment to save the child's life or prevent life-threatening injury, disability or disfigurement.

Although medical neglect is highly correlated with poverty, there is a distinction between a caregiver's inability to provide the needed care based on cultural norms or the lack of financial resources

and a caregiver's knowing reluctance or refusal to provide care. Children and their families may be in need of services even though the parent may not be intentionally neglectful. When poverty limits a parent's resources to adequately provide necessities for the child, services may be offered to help families provide for their children.

What Can You Do?

If you suspect child neglect is occurring, first report it to the local child protective services agency (often called "social services" or "human services") in your county or state.

Professionals who work with children are required by law to report reasonable suspicion of abuse and neglect. Furthermore, in 20 states, citizens who suspect abuse or neglect are required to report it. "Reasonable suspicion" based on objective evidence, which could be firsthand observation or statements made by a parent or child, is all that is needed to report.

What Is NCANDS?

NCANDS, the National Child Abuse and Neglect Data System, is the primary source of national information on abused and neglected children known to public child protective services agencies. American Humane has provided technical assistance to this project since its beginning in 1990. NCANDS reports that *Child Maltreatment 2005* appears to have a large increase in overall data due to the fact that this edition is the first to include Alaska and Puerto Rico. For a copy of this report, contact the Child Welfare Information Gateway at (800) 394-3366 or <http://www.childwelfare.gov>. The publication is also available at <http://www.acf.hhs.gov/programs/cb>.



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