

THE 'NEGLECT OF NEGLECT':

Exploring the Less-Visible Side of Child Maltreatment

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Most Arizonans likely feel all too familiar with heartbreaking stories of abused children. Few would disagree that our state's child welfare system is facing overwhelming challenges in combating such abuse. Yet most might be surprised to learn that physical and sexual abuse are much less common than a less-visible, less-examined but similarly dangerous type of child maltreatment: neglect.

Spotlight on Arizona's Kids

As part of a three-year project, this is the first in a series of briefs in which Morrison Institute for Public Policy will report on selected aspects of Arizona's child welfare system.

Future papers will research, analyze and discuss prevention services in Arizona and elsewhere, with an emphasis on best practices.

A separate report will address the federal Title IV-E Waiver, as utilized in Arizona. Also, Department of Child Safety data will be analyzed to identify the prevalence of various types of neglect in the state.

These collective efforts are intended to help state leaders, child advocates and others develop the most-effective child-welfare policies.

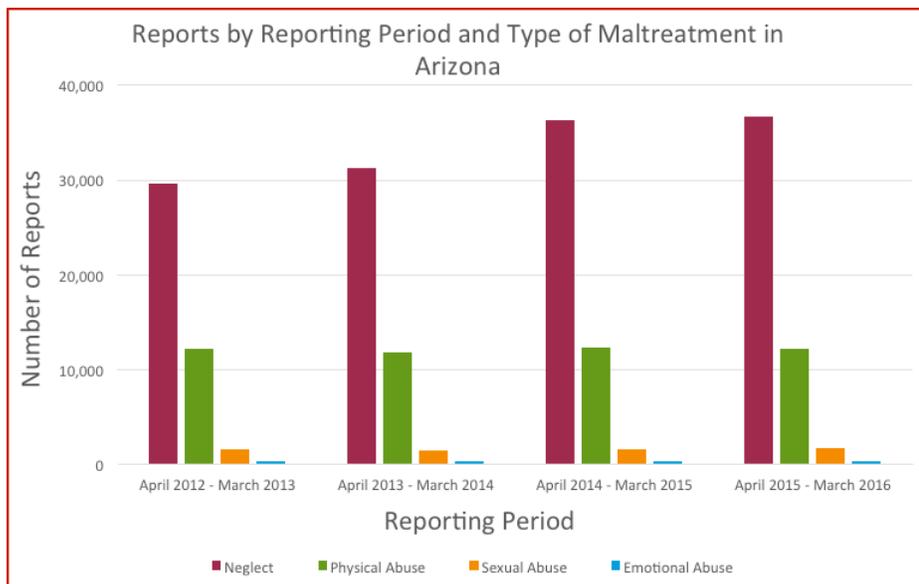
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Neglect reports to the Arizona Department of Child Safety (DCS), for example, typically account for approximately 70 percent of all abuse and neglect reports made to the agency hotline (See Figure 1). In addition, about 78 percent of the cases in which Arizona children are removed from their home cited neglect as one of the reasons for removal.¹ Figure 2 compares Arizona neglect cases with those of some neighboring states. Some variation, however, could reflect differences among states in statutory definitions and procedural matters.

Neglect also is far more common on the national level, and in many cases can have an equally detrimental impact on children. Nationally, an estimated 2,854,700 children experienced neglect that either resulted in harm or put them at risk for harm during 2005-2006, according to a federal incidence study of child abuse and neglect.² Similarly, across the nation, approximately 61.5 percent of the cases in which children were removed from their home cited neglect as one reason for removal based on 2014 data from the National Child Abuse and Neglect Data System.³

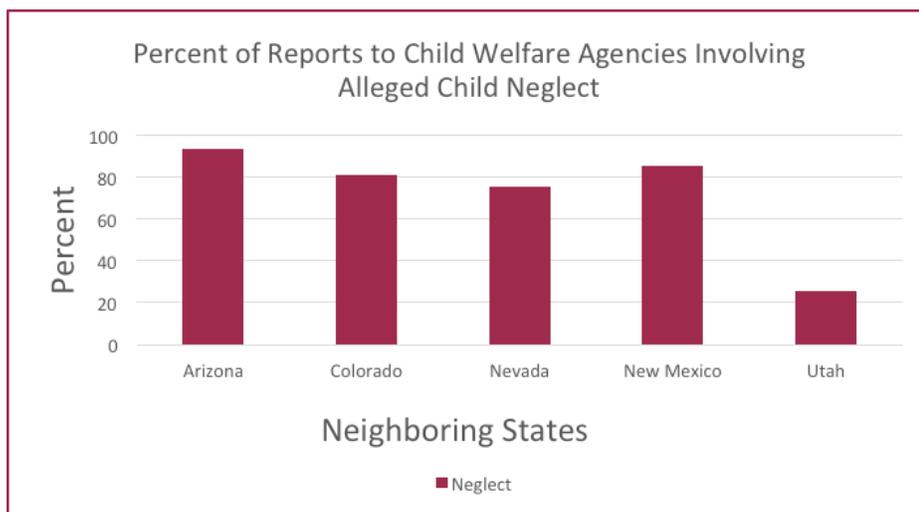
Despite its frequency, neglect historically has received markedly less attention – public or professional – than abuse. Scholars, advocates, journalists and public officials have tended to focus on physical and sexual abuse, often mentioning neglect as more of a subsidiary issue that surfaces during investigations of abuse.

Figure 1



Source: Analysis of Department of Child Safety Semi-annual Reports for periods April 1, 2012 through March 31, 2016. <https://dcs.az.gov/data/dcs-documents>

Figure 2



Source: Child Maltreatment Report 2014. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. A child may have been the victim of more than one type of maltreatment.

cognitive and socio-emotional delays at a younger age.⁵ Neglect can impact the full spectrum of childhood development— physical, intellectual, emotional, psychological, social and behavioral. And the damage to victims can be long-lasting.^{6, 7} Although somewhat rare, one example of extreme neglect is the medical condition known as “non-organic failure to thrive,” in which a child’s growth lags below the norms for children of their gender and age. In children, failure to thrive can result from inadequate nutrition or emotional neglect and can manifest itself in poor muscle tone, unhappy or minimal facial expressions, decreased vocalizations, and general unresponsiveness; it is most often observed in infants and toddlers under the age of 2.⁸

Not only does this downplay an important social ill, it also impedes efforts to devise and deploy interventions based on prevention – a promising approach that DCS and others are supporting. Indeed, some child-welfare experts have dubbed this situation the “neglect of neglect.”⁴

This imbalance of attention is not surprising. Child-welfare agencies and advocates are flooded with maltreatment cases and naturally tend to prioritize those that appear most immediately life threatening – although many neglect cases can ultimately be equally dangerous. In addition, neglect can be an elusive concept. For example, it is defined in different ways by different states. Finally, of course, physical and sexual abuse tends to leave visible evidence. Bruises, scratches, burns and other injuries are harder to conceal.

Yet neglect can have terrible impacts on children’s lives – in some cases even more detrimental to early brain development than physical abuse. For example, a U.S. Department of Health and Human Services publication states: “When compared to physically abused children, neglected children have academic difficulties that are more serious and show signs of greater

Neglected children also are more likely to have cognitive deficits and severe academic and developmental delays, when compared to non-neglected children. For example, when compared to non-maltreated children, neglected children scored lower on measures of overall school performance and tests of language, reading and math skills.⁹ Emotional neglect is difficult to identify on its own, but it also can have serious psychosocial and emotional consequences if children are unable to form secure attachments with their primary caregivers. Such emotionally neglected children may:¹⁰

- Become more mistrustful of others and be less willing to learn from adults;
- Have difficulty understanding the emotions of others, regulating their own emotions, or forming and maintaining relationships;
- Have limited ability to feel remorse or empathy, which may mean that they could hurt others without feeling their actions were wrong;
- Demonstrate a lack of confidence or social skills that could hinder them from being successful in school, work and relationships.

In order to address neglect effectively, it must first be defined. This is no simple matter, as different researchers have crafted different definitions based on adult characteristics, adult behavior, child outcome, environmental context or some combination of those.¹¹ This, in turn, is in part due to the fact that, as noted above, “neglect” can be open to multiple interpretations. It’s difficult to know where to draw the line on the continuum between a family setting that always meets a child’s needs and one that never does.¹² One parent might believe that leaving a child alone for extended periods nurtures the valuable trait of independence; another parent – or concerned neighbor – might view such actions as neglect. Varying family traditions and cultural mores might play a part, as well. Even more challenging for those seeking clear definitions and child-welfare decisions is poverty. Neglect is highly correlated with poverty. Policy makers and researchers must ask: Is a child not eating enough because the parent is negligent, or because the family doesn’t have enough money to buy food? The effort to protect children cannot include punishing families for being poor.

There is some agreement on neglect definitions. Child welfare experts generally concur that neglect can usefully be broken down into a number of categories including physical neglect, medical neglect, inadequate supervision, environmental neglect, emotional neglect, educational neglect and although not a specific neglect type, special attention is paid to newborns addicted or exposed to drugs. At the federal level, the Child Abuse Prevention and Treatment Act (CAPTA) provides basic federal definitions for abuse and neglect:

“The term ‘child abuse and neglect’ means, at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.”¹³

But while CAPTA provides this broad definition, it does not offer examples or explain specific types of neglect. Thus states retain the authority to further categorize neglect in their statutes and policies. The result is a wide variation of definitions among states. For example, 25 states include failure to educate a child in their neglect definitions, 14 states include the prenatal exposure of a child to harm because of illegal drug or substance abuse, and nine states define medical neglect as failing to provide any special medical treatment or mental health care needed by the child.¹⁴ See Appendix A for a summary of Arizona’s statutory definitions of neglect.¹⁵



Finally, there is another compelling reason why Arizona should work to develop clear, commonly accepted definitions. There currently appears to be an opportunity to ramp up the use of preventative techniques to reduce the frequency and intensity of neglect. DCS, the Legislature, the courts and child advocates have all expressed support for increasing and improving prevention efforts. It may be, in fact, that the prevention approach could work especially well in neglect-prone family settings, because prevention – like neglect – is typically a process drawn out over time, and one in which a series of relatively small adjustments to behavior can have significant positive consequences. Such efforts could also represent an important collaboration among DCS, the courts, the Department of Health Services, the Department of Economic Security, and social-service providers that could identify needy families before they come in contact with the child welfare system, as well as provide crucial in-home assistance to those already being served.

In sum, Arizona’s major barriers to a more effective campaign against child neglect include: the lack of common operational definitions of neglect and prevention; the need to identify and address the different types of neglect present in the state; the absence of a clear set of guidelines concerning which agencies — public, private, non-profit, faith-based — can best provide which services; and the need to broaden and intensify efforts at primary and secondary prevention.

These are not minor challenges. But through the Spotlight on Arizona’s Kids project, Morrison Institute will work with DCS, the Arizona Community Foundation, advocates and experts to address these and other impediments in several ways. This and subsequent white papers will serve as foundational documents for the collective effort. Morrison Institute, together with DCS, will convene a quarterly Leadership Forum to draw upon the knowledge and experience of both local and national figures, with the first session scheduled for early 2017. This forum will reach out to both public and private sectors, including the Legislature, the governor’s office, the business community, the courts, the state Attorney General’s Office, Arizona’s county attorneys, the advocacy community, Department of Economic Security, Department of Health Services, and the tribes.

This formidable alliance of expertise and passion will work to develop Arizona-specific policy options that will counter the “neglect of neglect,” and help secure a better future for the state’s children and families.

Appendix A: A Brief History of Neglect

Child Welfare Services in the U.S.

1875

The New York Society for the Prevention of Cruelty to Children is formed after the case of abused and neglected "little Mary Ellen"

1935

The Social Security Act establishes Aid to Families with Dependent Children to provide cash assistance to impoverished single mothers and their children

1978

The Indian Child Welfare Act (ICWA) establishes federal requirements related to custody proceedings involving an Indian child to protect the child's best interests and promote the stability of Indian tribes and families

2003

The Keeping Children and Families Safe Act reauthorizes CAPTA through FY2008 and directs federal officials to provide for programs to increase the number of older foster children placed in adoptive families

2011

The Child and Family Services Improvement and Innovation Act requires states to oversee coordination of health care services for children in foster care, and to describe their efforts to reduce the time children under 5 are without a permanent family; the Act also revised requirements for time-limited family reunification services and services to facilitate visitation of children by parents and siblings

1912

Congress passes an act, approved by President William Howard Taft, creating the Children's Bureau to investigate and report on matters pertaining to child welfare

1974

The Child Abuse Prevention and Treatment Act (CAPTA) creates a national center to compile and publish data, develop an information clearinghouse, issue training materials for child welfare personnel, conduct research, and other tasks. CAPTA also makes funds available to states for prevention and treatment programs

1994

Amendments to the Social Security Act authorize the federal government to review state child and family service programs to ensure conformity with the requirements with the Social Security Act

2010

The CAPTA Reauthorization Act reauthorizes the main provisions of the Child Abuse Prevention and Treatment Act and requires federal officials to complete reports on Shaken Baby Syndrome, and on efforts to coordinate agencies and organizations responsible for child abuse and neglect programs and activities; the Act also allows for grants to public or private agencies to expand collaboration between child protective services and domestic violence services

Child Welfare Services in Arizona

1865

Arizona Territorial laws include those regarding how to humanely treat, properly feed, and clothe children, as well as providing for punishment if a caregiver neglects the children

1912

Arizona becomes a state

1921

The Legislature makes the Child Welfare Board responsible for the care of all neglected and abandoned children – defined as a child who is destitute, homeless, abandoned, dependent on the public for support, who has not received proper parental care, who habitually begs or whose home is an unfit place for a child; the Act also establishes the State Child Welfare Fund, to be financed by the state from tax revenues and donations

1941

The Legislature directs the Department of Social Security and Public Welfare to cooperate with the State Board of Health to formulate standards of child care and services for children, including those in foster homes; agencies must receive a license from the Department prior to receiving a child for a placement

2009

The Great Recession prompts a \$153 million budget shortfall for DES that results in diminished services, service waitlists, benefit cuts, contract eliminations, and the termination of 800 Department employees

1887

Territorial laws outlaw carnal abuse or seduction of children, states that children should not be abandoned or neglected and states that caregivers need to provide food, shelter, clothing, and medical attention

1917

The Legislature creates the Child Welfare Board to grant welfare payments to widows for the care of their children

1937

The Legislature creates the Department of Social Security and Public Welfare, which takes over the duties of the Child Welfare Board; the Department is made responsible for the care of dependent, neglected, delinquent, or adopted children, and is responsible for licensing and supervising child care agencies

1972

The Department of Economic Security (DES) is created – including a division of Child Protective Services (CPS) – that assumes the tasks of the Department of Social Security and Public Welfare. Neglect is defined as a situation in which the child lacks proper parental care necessary for his/her health, morals, and well-being, and abuse is defined as the infliction of physical or mental injury, and includes failing to maintain reasonable care and treatment or exploiting or overworking a child to such an extent that his/her health, morals, or emotional well-being is endangered

2014

Investigators find thousands of uninvestigated child abuse and neglect reports at CPS, prompting Governor Jan Brewer to create a cabinet-level Division of Child Safety and Family Services, and the Legislature to establish the Department of Child Safety to replace the temporary cabinet level division with a permanent agency

Appendix B: Summarized Arizona Revised Statutes 8-201

(a) The inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or unwillingness causes unreasonable risk of harm to the child's health or welfare, except if the inability of a parent, guardian or custodian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.

(b) Permitting a child to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purposes of manufacturing a dangerous drug.

(c) A determination by a health professional that a newborn infant was exposed prenatally to a drug or substance and that this exposure was not the result of a medical treatment administered to the mother or the newborn infant by a health professional. The determination by the health professional shall be based on one or more of the following:

- (i) Clinical indicators in the prenatal period including maternal and newborn presentation.
- (ii) History of substance use or abuse.
- (iii) Medical history.
- (iv) Results of a toxicology or other laboratory test on the mother or the newborn infant.

(d) Diagnosis by a health professional of an infant under one year of age with clinical findings consistent with fetal alcohol syndrome or fetal alcohol effects.

(e) Deliberate exposure of a child by a parent, guardian or custodian to sexual conduct or to sexual contact, oral sexual contact or sexual intercourse, bestiality or explicit sexual materials.

(f) Any of the following acts committed by the child's parent, guardian or custodian with reckless disregard as to whether the child is physically present:

- (i) Sexual contact.
- (ii) Oral sexual contact.
- (iii) Sexual intercourse.
- (iv) Bestiality.

Endnotes

¹These cases represent situations where multiple reasons for removal were cited.

²Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and 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. This number represents 295,300 children that experienced Harm Standard physical neglect; 193,400 children that experienced Harm Standard emotional neglect; 1,192,200 children that experienced Endangerment Standard physical neglect; and 1,173,800 children that experienced Endangerment Standard emotional neglect. For the purposes of this report, we excluded both the Harm and Endangerment Standard educational neglect.

³The data used in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with permission. Data from AFCARS were originally collected by the Children's Bureau. Funding for the project was provided by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The collector of the original data, the funder, the Archive, Cornell University, and their agents or employees bear no responsibility for the analyses or interpretations presented here.

⁴Wolock, I., & Horowitz, B. (1984). Child maltreatment as a social problem: The neglect of neglect. *American Journal of Orthopsychiatry*, 54(4), 530-543.

⁵DePanfilis, D. (2006). *Child Neglect: A Guide for Prevention, Assessment, and Intervention*. U.S. Department of Health and Human Services. p. 25/102.

⁶DePanfilis, D. *Child Neglect: A Guide for Prevention, Assessment, and Intervention*. (2006). U.S. Department of Health and Human Services. p. 16/102.

⁷Ibid. pp. 23-28/102.

⁸Ibid. p. 24/102.

⁹Ibid. p. 25/102.

¹⁰Ibid. p. 26/102.

¹¹National Research Council (U.S.). (1993). *Understanding Child Abuse and Neglect*. Panel on Research on Child Abuse and Neglect, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press .

¹²Dubowitz, H. Understanding and Addressing the "neglect of neglect:" Digging into the Molehill. (2007). *Child Abuse and Neglect*, 31(6), 603-606.

¹³P.L. 111-320, § 3.

¹⁴Child Welfare Information Gateway. (2014). *Definitions of Child Abuse and Neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

¹⁵DePanfilis, D. *Child Neglect: A Guide for Prevention, Assessment, and Intervention*. (2006). U.S. Department of Health and Human Services. p. 13/102.

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