



# Supervisory Neglect in Arizona:

## Facts, Issues, Opportunities

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Physical and sexual abuse often capture public and media attention, but child neglect is the leading cause for the removal of a child from the home. According to 2015 national child welfare data, 23,359 children in Arizona were removed from the home due to neglect.<sup>1</sup> Neglect occurs more often than either physical or sexual abuse. It consistently accounts for about 70 percent of all reports made to the Arizona Department of Child Safety (DCS).<sup>2</sup> However, like most state child welfare agencies, DCS does not have a way to quickly differentiate between the types of neglect reported.

Having a deeper understanding of the types of neglect can inform policy and program delivery because not all neglect is the same and cannot be prevented or addressed in the same way. For example, withholding medical treatment (a form of medical neglect) is very different from a situation in which a parent disregards the safety of his/her child and engages in dangerous activities such as drug dealing (a form of supervisory neglect). By knowing the types of neglect that occur most often, and how to prevent or address that neglect, the community has an opportunity to help a family before it becomes involved with DCS.

Morrison Institute for Public Policy released *Child Neglect in Arizona*, a study in October 2017 that identified different types of child neglect and how often those types of neglect occurred. For the study, Morrison Institute reviewed a sample of 800 neglect reports made to DCS between 2013 and 2015. A list of neglect types and subtypes was developed to guide researchers' review of DCS reports. There were five main types of neglect identified in the literature:

- supervisory neglect,
- physical neglect,
- medical neglect,
- emotional neglect, and
- substance-exposed newborns.

Four of these broad types of neglect (all except substance-exposed newborns) contained so many differences in neglect experiences that they were further categorized into subtypes to allow a more detailed analysis. With these neglect types and subtypes in mind, researchers reviewed each neglect report and noted which types and subtypes of neglect occurred in each report, and then combined the data from all 800 reports to identify trends. See Morrison Institute's *Child Neglect in Arizona*, 2017 for further methodological details.

The data revealed that supervisory neglect was present in 85 percent of the reports in which a child was removed from the home.

## Spotlight on Arizona's Kids

This is the fourth in a series of briefs in which Morrison Institute for Public Policy will report on selected aspects of Arizona's child welfare system.

Morrison Institute's first white paper discussed the less visible but more common side of child maltreatment: neglect. The second white paper examined family conditions that can influence a family's subtle "drift" towards unsafe situations that often correlate with neglect, as well as how different types of prevention might help interrupt the "drift into failure." The third paper analyzed Arizona Department of Child Safety data to identify the prevalence of various types of neglect in Arizona reports.

This paper highlights some key conclusions from the neglect analysis and identifies future areas for study and analysis as part of the Spotlight on Arizona's Kids project

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

These collective efforts are intended to help state leaders, child advocates and others discuss and identify the most-effective child abuse and neglect prevention strategies.

Spotlight on Arizona's Kids is funded by the Arizona Community Foundation.

Child neglect is the most common reason children are removed from the home and supervisory neglect is by far the most common form of neglect. An understanding of supervisory neglect is essential to any discussion of child welfare in Arizona.

## Defining supervisory neglect

Supervisory neglect occurs when a caregiver's decision, behavior or failure to act leads to or has the potential to lead to harm to the child.<sup>3,4,5</sup> It can occur in many different ways. In fact, based on a review of the literature, discussions with DCS and expert feedback, Morrison Institute identified 12 different subtypes or ways that supervisory neglect could occur. Those subtypes and definitions are listed here:

- Abandonment: The desertion of a child without arranging for his/her reasonable care or supervision.
- Dangerous exposure: Caregiver does not take adequate precautions to ensure a child's safety in and out of the home; reckless disregard for the child's safety and welfare; exposure to safety hazards.
- Dangerous exposure related to domestic violence: Domestic violence that involves a minor who is a victim or in imminent danger during the domestic violence; or caregiver engages in violent behavior that imminently or seriously endangers child's physical or mental health.
- Deliberate exposure of a sexual nature: Based on Arizona neglect statutes A.R.S. §8-201, exposure by a parent, guardian or custodian to sexual conduct, sexual contact, oral sexual contact, sexual intercourse or explicit sexual materials. It also encompasses acts committed by the parent, guardian or custodian (sexual contact, oral sexual contact, sexual intercourse, bestiality) with reckless disregard as to whether the child is physically present.
- Expulsion: The permanent or indefinite expulsion of a child from the home, without adequately arranging for his/her care by others or the refusal to accept custody of a returned runaway.
- Failure to prevent risky behavior/encouraging maladaptive behavior: Permitting or not keeping the child from engaging in risky, illegal, or harmful behaviors.
- Inability to supervise due to incarceration: Caregiver is taken into custody by law enforcement and cannot supervise child.
- Inability to supervise due to other circumstances: Caregiver is not able to provide supervision due to extenuating circumstances such as temporary hospitalization or residence at an in-patient substance abuse rehabilitation program.
- Inappropriate caregiver: Leaving a child in the care of someone who is either unable or should not be trusted to provide care for a child, or does not have the legal authority sufficient to meet child's needs, and the primary caregiver is aware of the alternative caregiver's status.
- Lack of supervision: The child is left completely alone for a time inappropriate to child's age or developmental level with no provisions for supervision or physical needs.
- Permit drug and alcohol use: The encouragement or permission by the caregiver of drug or alcohol use by the child.
- Shuttling: Child is repeatedly left in the custody of others for days or weeks at a time, possibly due to the unwillingness of the parent or caregiver to maintain custody.

The data showed that when a child was removed from the home and supervisory neglect occurred, the neglect subtypes that occurred most often were dangerous exposure and dangerous exposure related to domestic violence. The above definitions for these neglect subtypes give a general idea of what may have occurred, but

examples can provide a more complete picture. Some examples of dangerous exposure include:

- Parent left drug paraphernalia, such as used syringes, on the coffee table where a child could reach them.
- Parent was under the influence of alcohol or drugs while driving a child in a car.
- Parent was aware that his/her child was being physically or sexually abused and did not take action to stop it.

Dangerous exposure related to domestic violence could be a situation in which there was domestic violence in the family and a caseworker determined that the domestic violence threatened the safety of the child.

Although Morrison Institute's analysis did not attempt to uncover the underlying issues that led to supervisory neglect, there have been other research efforts to uncover reasons it occurs. *Rethinking Neglect Intervention*, by Thomas D. Morton, identified challenges that neglectful caregivers experience, such as perceiving that they are surrounded by unsupportive people and reporting a lack of social supports.<sup>6</sup> The article also stated that these caregivers experience alienation, struggle with maintaining interpersonal relationships and sometimes avoid stressful tasks, which could mean inadequate supervision of their children.<sup>7</sup> Another study, published by the Child Welfare League of America, asked for caseworkers' perspectives after reading case records. Caseworkers identified the two major reasons for supervisory neglect as (1) a lack of caregiver knowledge or judgment regarding the abilities or needs of children of a given age, and (2) physical or mental impairment of the caregiver including alcohol or drug abuse.<sup>8</sup> Regardless of the reasons for child neglect, the fact remains that it is a social ill that affects children of many ages and ethnicities. For more information about the demographics of children removed due to neglect in 2015, please see the text box on page 5.

## **Co-occurring issues in families**

Domestic violence and child neglect frequently occur together in the same family. Research reports that if either domestic violence or child abuse/neglect is identified in a family, these families will likely be experiencing both domestic violence and child abuse/neglect.<sup>9</sup>

Similarly, substance abuse and child neglect often co-occur. Substance abuse is consistently found to be a risk factor for child neglect and abuse as well as domestic violence.<sup>10,11</sup> The data show that this holds true for Arizona as well. More than half of all reviewed neglect reports that involved a removal of a child also contained evidence of substance abuse.

To add another layer of complexity, the DCS neglect reports showed that there was a high prevalence of substance abuse issues when certain subtypes of supervisory neglect were found. While these findings are not generalizable and are limited to the sample, the Morrison study revealed that in about 70 percent of the reports in which a child was removed and there was domestic violence present, substance abuse issues also were present. Similarly, about 70 percent of the reports in which a child was removed and there was dangerous exposure, substance abuse issues also were present.

## ***Demographics of Children Removed from the Home Due to Neglect***

According to 2015 national child welfare data, 23,359 children in Arizona that were removed from their homes due to neglect. Among the children that were removed, 43 percent were 5 or younger.

- 35.7 percent of all children removed were White
- 40 percent of all children removed were Latino
- 10 percent of all children removed were Black
- 4.5 percent of all children removed were Native American
- 0.2 percent of all children removed were Asian
- 9.6 percent of all children removed were multi-racial or their race was unable to be identified

***Arizona Children Removed Due to Neglect, 2015***

Age Categories,	Race and Ethnicity, count						
	White	Latino	Black	Native American	Asian	Other	Total
0-2	2,056	2,022	541	258	7	819	5,703
3-5	1,606	1,713	410	209	7	459	4,404
6-8	1,442	1,681	347	188	11	320	3,989
9-11	1,048	1,369	304	149	9	228	3,107
12-14	849	1,055	254	103	13	173	2,447
15+	1,348	1,498	482	135	10	236	3,709
<b>Total</b>	<b>8,349</b>	<b>9,338</b>	<b>2,338</b>	<b>1,042</b>	<b>57</b>	<b>2,235</b>	<b>23,359</b>

Source: Adoption and Foster Care Analysis and Reporting System (AFCARS) 2015 data. This data may not accurately reflect Native American children, as many of these children's cases are managed and tracked separately by sovereign tribal nations. 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.

## **Co-occurring issues are challenging to address**

There is no question that Arizona families are facing complex issues, and it is clear that service providers and state agencies need to find a way to address multiple complex needs to keep families together and kids safely at home.

Further underscoring the importance of being able to address multiple issues within a family is that research indicates the more complex a family's issues are, the worse off children are in terms of health and well-being outcomes.<sup>12</sup> The Adverse Childhood Experiences (ACE) Study is one of the largest studies to describe the long-term relationship of negative childhood experiences to future outcomes in health and well-being. The ACE study provides a glimpse into the lasting effects that child abuse, neglect or household dysfunction can have on an individual.

The study found that exposure to adverse or negative life experiences can increase the likelihood of depression and suicide attempts as adults.<sup>13</sup> Also, the more adverse life events a child experiences, the more likely that child is to engage in risky behaviors and have poor health outcomes, such as heart disease, cancer and liver disease, as an adult.<sup>14,15</sup> There was evidence of children experiencing multiple ACEs within the sample of reports reviewed.

## Obstacles to Organizational Coordination

Research states that an effective way to help families experiencing multiple issues is through a multi-pronged and collaborative approach. It's unlikely that a single organization will be able to address all the needs of families it encounters. To encourage collaboration and coordination, a publication from the U.S. Department of Health and Human Services recommends that child protective service workers and domestic violence service providers visit each other's sites and shadow employees to learn more about processes such as intake and assessment.<sup>16</sup>

There have been many recommendations over the years on how to link human service providers together. For example, a widely cited publication from a national judges association recommends that domestic violence programs, child welfare agencies and juvenile courts should develop joint service models for families experiencing domestic violence and child abuse or neglect.<sup>17</sup> This publication, commonly referred to as "The Greenbook," suggests that one way to do this is to locate domestic violence advocacy services within child protection agencies and juvenile courts.<sup>18</sup> Other recommendations from The Greenbook propose that domestic violence organizations should regularly train staff to understand, recognize and respond to child abuse or neglect and that all shelters should have written policies regarding screening for child abuse or neglect.<sup>19</sup>

Human service providers and state agencies, however, are often designed to focus on one problem or one family member at a time.<sup>20</sup> Compounding the issue, organizations often have their own systems and unique ways of doing things. For example, mental health and substance abuse providers use clinical diagnostic tools, domestic violence intake hotlines use a separate intake and screening tool from child welfare agencies and the Homeless Management Information System (HMIS) collects an entirely different set of information about clients.<sup>21,22,23</sup>

Even though "collaboration" and "service integration" have been buzzwords for decades, there are still fundamentally different approaches, assessments and data tracking methods in the different human services fields.<sup>24</sup> Moreover, even if these agencies want to work together or share information, they have to pursue complex legal agreements, such as memoranda of understanding, to protect confidentiality of shared clients while still facilitating decision-making by sharing useful client information.<sup>25</sup>

## Adverse Childhood Experiences (ACE)

- **Abuse**
  - Emotional abuse
  - Physical abuse
  - Sexual abuse
- **Household Challenges**
  - Mother treated violently
  - Household substance abuse
  - Mental illness in household
  - Parental separation or divorce
  - A household member went to prison.
- **Neglect**
  - Emotional neglect
  - Physical neglect

ACE questions refer to the respondent's first 18 years of life.

Source: <https://www.cdc.gov/violenceprevention/acestudy/about.html>

Recommendations for improving coordination between human service provider agencies include:

- Site visits for service workers to learn more about other human service providers in their community,
- Joint service models for families,
- Location of domestic violence advocacy services within child protection agencies, and
- Training and written policies for staff at service provider agencies regarding screening and assessment for child abuse or neglect

## Next Steps

In the next part of the *Spotlight on Arizona's Kids* project, Morrison Institute will delve more deeply into the multiple issues facing Arizona families, including domestic violence and substance abuse. The focus will be to identify evidence-based programs currently being offered in Arizona, whether there are potentially beneficial evidence-based programs not currently being provided, and developing options for Arizona's decision-makers.

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## Endnotes

<sup>1</sup> Adoption and Foster Care Analysis and Reporting System (AFCARS) 2015 data. This data may not accurately reflect Native American children, as many of these children's cases are managed and tracked separately by sovereign tribal nations. 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.

<sup>2</sup> 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>

<sup>3</sup> Australian Institute of Family Studies. (2012). The Role of Supervisory Neglect in Childhood Injury. Retrieved from <https://aifs.gov.au/cfca/publications/role-supervisory-neglect-childhood-injury/supervisory-neglect>

<sup>4</sup> Hymel, K.P. (2006). When is Lack of Supervision Neglect? *Journal of the American academy of Pediatrics*, 118(3), pp.1296-1298. Elk Grove Village, Illinois: American Academy of Pediatrics.

<sup>5</sup> Ruiz-Casares, M., Trocmé, N., Fallon, B. (2012). Supervisory Neglect and risk of Harm: Evidence from the Canadian Child Welfare System. *Child Abuse & Neglect*. 36(2012), pp. 471-480.

<sup>6</sup> Morton, T.D. (December, 2012). *Rethinking Neglect Intervention*. *Policy & Practice*, 70(6), pp. 24-27. Washington, DC: American Public Human Services Association.

<sup>7</sup> *Id.*

<sup>8</sup> Jones, M. A. (1987) *Parental Lack of Supervision: Nature and Consequence of a Major Child Neglect Problem* (pp. 11-37). Washington, DC: Child Welfare League of America, Inc.

<sup>9</sup> Bragg, H. L. (2003). Child Protection In Families Experiencing Domestic Violence (pp. 7-13). *Child Abuse and Neglect User Manual Series*. Washington, D.C.: National Clearinghouse on Child Abuse and Neglect Information.

<sup>10</sup> Centers for Disease Control and Prevention. *Child Abuse and Neglect: Risk and Protective Factors*. (2017, August 18). Retrieved from <https://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html>

<sup>11</sup> Centers for Disease Control and Prevention. *Intimate Partner Violence: Risk and Protective Factors*. (2017, August 22). Retrieved from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

<sup>12</sup> Balistreri, K., & Alvira-Hammond, M. (2016). Adverse Childhood Experiences, Family Functioning and Adolescent Health and Emotional Well-being. *Public Health*, 132, 72-78.

<sup>13</sup> Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., Marks, J.S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), pp.245-258.

<sup>14</sup> *Id.*

<sup>15</sup> *Id.*

<sup>16</sup> Bragg, H. L. (2003). Child Protection In Families Experiencing Domestic Violence. *Child Abuse and Neglect User Manual Series*. Washington, D.C.:

National Clearinghouse on Child Abuse and Neglect Information.

<sup>17</sup> National Council of Juvenile and Family Court Judges. (1999) *Effective Intervention in Domestic violence & Child Maltreatment Cases: Guidelines for Policy and Practice*. Reno, Nevada: National Council of Juvenile and Family Court Judges.

<sup>18</sup> *Id.*

<sup>19</sup> *Id.*

<sup>20</sup> Child Welfare Information Gateway. (2014). *Domestic Violence and the Child Welfare System*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau

<sup>21</sup> DSM-5: Frequently Asked Questions. (2018). From

<https://www.psychiatry.org/psychiatrists/practice/dsm/feedback-and-questions/frequently-asked-questions>

<sup>22</sup> Arizona Department of Child Safety. (2017). Policy and Procedure Manual Chapter 2, Section 4: Present Danger Assessment and Planning. From [https://extranet.azdcs.gov/DCSPolicy/#02\\_Investigation\\_Assessment\\_Case%20Planning/assessment/PresentDangerAssessmentPlanning.htm%3FTocPath%3DProgram%2520Policy%2520%7CChapter%25202%2520Investigation%2520%2526%2520Assessment%2520%7C\\_\\_\\_\\_\\_4](https://extranet.azdcs.gov/DCSPolicy/#02_Investigation_Assessment_Case%20Planning/assessment/PresentDangerAssessmentPlanning.htm%3FTocPath%3DProgram%2520Policy%2520%7CChapter%25202%2520Investigation%2520%2526%2520Assessment%2520%7C_____4)

<sup>23</sup> HMIS AZ. (2017). HMIS Client Intake Form. Retrieved from

[https://www.dropbox.com/sh/q7iewx1ak139rbz/AAAQ0jWGHTk9T2yczsy0Y2L2a?dl=0&preview=HMIS+Client+Intake+Form\\_10.05.2017.pdf](https://www.dropbox.com/sh/q7iewx1ak139rbz/AAAQ0jWGHTk9T2yczsy0Y2L2a?dl=0&preview=HMIS+Client+Intake+Form_10.05.2017.pdf)

<sup>24</sup> DePanfilis, D. (1999). Intervening with Families when Children are Neglected. In H. Dubowitz (Ed.), *Neglected Children: Research, Practice, and Policy* (pp211-236). Thousand Oaks, CA: SAGE Publications, Inc.

<sup>25</sup> National Council of Juvenile and Family Court Judges. (1999) *Effective Intervention in Domestic violence & Child Maltreatment Cases: Guidelines for Policy and Practice*. Reno, Nevada: National Council of Juvenile and Family Court Judges.

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