Abandoned Children

Description/Etiology
Abandonment is a legal term that refers to the willful desertion by a parent or guardian of a child. Desertion may take the form of leaving a child unattended without regard for his or her health, safety, or welfare and/or otherwise severing care and support. Abandonment may also be presumed if a parent, having left a child with an appropriate person or agency, does not contact or provide support for the child for a period of time specified by law. To meet the legal definition of child abandonment, the child must be under 18 years old, and the parent must have legal custody and leave the child with the purpose of abandonment.

The main causes of child abandonment in the United States are poverty, parental mental illness or substance use disorder (SUD), and inadequate social welfare support for families. Communities with weak social welfare systems experience higher rates of child abandonment because of the lack of financial and other support for families. In developing countries, poverty, high levels of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), insufficient support from immediate and extended family, inadequate numbers of orphanages, and restrictive adoption policies also contribute to the problem (Blackie, 2014).

An extreme form of child neglect, child abandonment is a crime in the United States. In 1999, Texas was the first U.S. state to implement a safehaven law, which enables a parent to leave an unharmed newborn baby at any site or location permitted by law without fear of prosecution. Safehaven laws, which exist in all 50 U.S. states, were implemented in an effort to prevent the unsafe abandonment or death of newborns.

When an abandoned child comes into contact with a social worker, intervention and treatment are essential for the child’s well-being. Effective treatment may include crisis intervention, individual and family therapy, formal and informal support programs, financial assistance, and medical care.

Abandoned children, particularly in countries without well-developed foster-care systems, are often placed in institutional settings where they experience deprivation. The impact of abandonment and institutionalization is measured by the Bucharest Early Intervention Project. The project consists of randomized controlled studies conducted on the development of abandoned children in Romania starting in 2000 by comparing participants of standard intervention (i.e., institutional rearing) with those placed in high-quality foster care and a control group of children reared by their families. Among the findings was the existence of sensitivity periods during which children can “catch up” from delayed development and after which, catching up is unlikely. In the children who remained institutionalized, the study found lower IQ scores, deficient attachment skills, delays in language development, higher rates of psychiatric illness by age 4 ½, delayed brain maturation and smaller brain volume, and shorter telomeres (i.e., areas on chromosomes that provide protection from the stress of cell division) (Nelson et al., 2013).

Facts and Figures
Countries with thriving social structures and liberal adoption laws usually have lower rates of abandonment. An estimated 7,000 children are abandoned annually in the United States (Encyclopedia of Children’s Health, n.d.). Approximately 100,000 children are
abandoned annually in China because of birth defects (Chui & Jordan, 2017). In South Africa, approximately 3,500 babies were abandoned in 2010 (Blackie, 2014).

**Risk Factors**
There are several factors to identify when assessing risk for abandonment. These include mental health and physical health issues in the parent or the child, previous social service involvement, history of child maltreatment, lack of medical insurance, poverty, unwanted pregnancy, intimate partner violence, parental criminality, death of one or both parents, and parental or child SUD.

**Signs and Symptoms/Clinical Presentation**
- Psychological: Abandoned children may have feelings of low self-esteem/self-worth; express feelings of shame and guilt; have few or no coping skills; be unable to experience empathy or sympathy; be anxious or depressed; have a flat affect; have cognitive or learning disabilities
- Behavioral: Abandoned children may act out violently; have a history of delinquent behavior; have poor school attendance; commit crimes; become involved with gangs; be sexually promiscuous; use drugs and/or alcohol
- Physical: General appearance may be affected as a result of the child having lived on the streets/alone; note if child exhibits poor hygiene or signs of malnourishment. The child’s clothing may be torn, soiled, ill-fitting, or inappropriate for the weather. The child may be hungry and may beg or steal food or money. Child may have medical issues, poor dental hygiene, vision difficulties, insufficient immunizations, inadequate nutrition, obesity
- Social: Abandoned children may withdraw from social relationships; be unable to trust others; show signs of isolation; have difficulty connecting with others; have trouble expressing emotions

**Social Work Assessment**
- **Client History**
  - Conduct a biopsychosocial-spiritual assessment to include information on any physical, mental, environmental, social, spiritual, or medical factors relating to the child’s care
  - Children who are abandoned should be referred for comprehensive medical examination to identify any health conditions or health-related needs
  - Initiate efforts to identify/locate parents or other family members
  - Obtain relevant school records to supplement available history
  - Obtain as much family history as possible to aid in the treatment of the abandoned child. Depending on the age of the child, family history may be unattainable
- **Relevant Diagnostic Assessments and Screening Tools**
  - A challenge of using screening and assessment tools with abandoned children is that many tools require input from parents, teachers, or other adults with knowledge of the child, and yet by definition, responsible adults are not available for abandoned children
  - Achenbach System of Empirically Based Assessments (ASEBA) includes a range of assessments that could be used depending on the social worker’s initial impression of area(s) that require further information
- **Laboratory and Diagnostic Tests of Interest to the Social Worker**
  - There are no laboratory tests specific to the identification of an abandoned child

**Social Work Treatment Summary**
When a child is abandoned, early intervention and treatment are essential for the child’s well-being. The social worker should first attempt to locate and contact a parent or guardian. If contact with a parent is made, services should be offered to help the parent reunite with the child, if deemed appropriate. These services include mental health and SUD treatment for the parent or child, family or individual counseling for the parent or child, respite care to allow the parent time to reconsider the abandonment, financial assistance, and referrals for medical insurance. Child protective service agencies often intervene if a parent or guardian cannot be located. It is important for the child to be placed in a permanent, safe environment in which he or she can develop normally.

Trauma-informed care models are often used for children who were exposed to trauma (e.g., child maltreatment, unstable home environment, exposure to violence, abandonment). This child-focused collaborative approach utilizes individualized assessment and recognizes the profound impact trauma can have on the child and family. Treatment goals include establishing a therapeutic relationship, improving immediate safety (e.g., health, relationships, environment), identifying how the trauma
impacts the child’s current functioning, and helping the child develop adaptive ways of coping (e.g., relaxation, meditation, exercise).

Social workers should be aware of their own cultural values, beliefs, and biases and develop specialized knowledge about the histories, traditions, and values of their clients. Social workers should adopt treatment methodologies that reflect their knowledge of the cultural diversity of the communities in which they practice.

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<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Intervention</th>
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<tr>
<td>Child is at risk for abandonment</td>
<td>Assist parent/guardian with needed services to prevent abandonment</td>
<td>Provide crisis intervention and assess for any other needs such as mental health counseling, substance abuse services</td>
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<tr>
<td>Child is abandoned</td>
<td>Provide the child with a safe and nurturing environment</td>
<td>Assess family history for any possible placement; refer to individual therapy; arrange mental health evaluation; ensure that medical needs are met; provide emotional support; coordinate services with school system if child is of school age</td>
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<tr>
<td>Child is exhibiting maladaptive and/or disruptive behaviors due to being abandoned</td>
<td>Reduce problem behaviors, teach and reinforce prosocial skills and behaviors</td>
<td>Individualized behavioral strategies focused on reinforcing positive behaviors, individual and group skills coaching for the child</td>
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<tr>
<td>Child has suffered multiple traumas (e.g., unstable living situation, maltreatment, abandonment) and exhibits increased levels of emotional distress</td>
<td>Provide for physical, mental, and emotional well-being</td>
<td>Trauma-focused cognitive behavioral therapy to reduce symptoms of distress; dynamic play therapy; game-based cognitive-behavioral therapy; and group therapy</td>
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**Applicable Laws and Regulations**

- The U.S. Child Abuse Prevention and Treatment Act (Public Law 93-247) provides funding to states in support of prevention, assessment, investigation, prosecution, and treatment of child maltreatment
- Local laws and requirements for reporting neglect and abuse should be known and observed
- In South Africa, the Children’s Act 38 of 2005 provides general regulations regarding children and includes legislation that governs abandonment of children. The main objectives of the Act are to provide provision for structures, services, and means for promoting and monitoring the sound physical, psychological, intellectual, emotional, and social development of children; provide care and protection for children in need; promote the protection, development, and well-being of children; recognize the special needs that children with disabilities may have; and give effect to constitutional rights of children (Blackie, 2014)
- The Children and Young Persons Act 1933 was enacted in the United Kingdom to punish cruelty to children, which includes abandonment of a child (Action for Children, 2013)
- Article 27 of the United Nations Convention on the Rights of the Child (CRC) acknowledges the right of every child to a standard of living adequate for his or her mental, physical, moral, spiritual, and social development. Abandonment denies children this right (Unicef, n.d.)
Each country has its own standards for cultural competence and diversity in social work practice. Social workers must be aware of the standards of practice set forth by their governing body (e.g., National Association of Social Workers in the United States, British Association of Social Workers in England) and practice accordingly.

Social workers should practice with awareness of, and adherence to, the social work principles of respect for human rights and human dignity, social justice, and professional conduct as described in the International Federation of Social Work (IFSW) Statement of Ethical Principles (IFSW, 2012)

Available Services and Resources

- National Safe Haven Alliance: http://www.nationalsafehavenalliance.org, 1-888-510-BABY
- Childhelp National Child Abuse Hotline: https://www.childhelp.org/hotline/, 1-800-4-A-CHILD
- International Child Resource Institute: http://www.icrichild.org

Food for Thought

- Safe haven laws are criticized as being a band-aid to cover-up and ignore underlying problems, which cause parents to resolve that child abandonment is the best course of action (Bruce, 2016)
- In July 2008, Nebraska adopted a safehaven law intended to allow parents to leave newborns safely at designated sites without fear of prosecution. The state did not specify an age limit and by November of the same year, 35 children over 5 years of age were left at safehaven sites. Nebraska has since limited its safehaven law to infants up to 30 days old (Gustavsson & MacEachron, 2011)

Red Flags

- Child abandonment can create conditions for negative patterns of social behavior in children and thus affect personality development. Children who were abandoned are more likely to engage in delinquent and criminal behavior
- For younger children, failure to establish a parent/child bond has a negative impact on self-esteem, emotional attachment, and confidence later in life
- Poverty, mental health issues, domestic and community violence, parental SUD, and lack of health care all contribute to child abandonment
- Studies indicate that children in foster care and foster care alumni are at a higher risk for one or more behavioral health disorders

Discharge Planning

- Contact local office of children and family services
- Ensure that the child has suitable placement and that his or her basic needs are met
- Provide linkage to community resources such as developmental screening, medical, financial, and educational assistance programs, and counseling services as appropriate
- Follow up with available family members

References


