Child Abuse: Neglect

Description/Etiology
Child neglect is a form of child abuse, or child maltreatment, in which a parent or other caregiver fails to provide for a child’s basic physical, emotional, educational, or medical needs, or fails to protect a child from harm or potential harm. Child neglect encompasses the failure to supervise, which includes inadequate supervision for children who are less than 12 years of age. Inadequate supervision can include leaving a child alone for extended periods or with an inappropriate person, and allowing a child to be exposed to a violent or otherwise unsafe environment. In the short term, child neglect is associated with increased risk of disease, infection, mental retardation, failure to thrive, and even death. Potential long-term complications of child neglect include depression, anxiety, post-traumatic stress disorder (PTSD), substance abuse, aggressive behavior, criminal behavior, borderline personality disorder, cognitive disorders (e.g., developmental delays and learning disabilities), poor academic achievement, and an inability to socialize and develop or maintain significant relationships.

Neglected children are at risk for death from neglect and suicide.

Factors that reduce risk of child neglect include having a supportive family environment and social network, nurturing parenting skills, stable family relationships, clear household rules and expectations, parental employment, and access to health care and social services.

Treatment depends on the child’s physical and mental status, and variably involves an interdisciplinary collaborative approach that includes healthcare specialists in emergency medicine, surgery, pediatrics, child life/development, child psychotherapy, social work, public health, and child protective services (CPS). Police might be involved as a result of mandated reporting of criminal activity. Interventions in cases of child neglect can include medical care, removal of the child from the family or other caregivers, court-ordered parenting classes, substance abuse treatment, counseling, and/or judiciary actions against the parent/other caregivers.

Facts and Figures
Neglect is the most common type of child maltreatment and is associated with the highest mortality. In 2014 an estimated 702,000 cases of child maltreatment were substantiated by CPS agencies in the United States; 75.0% of these cases involved child neglect. An estimated 1,580 children died from maltreatment in 2014; 72.3% of these fatalities involved child neglect. Incidence of child maltreatment is highest in children under 1 year of age and rate of abuse and neglect decreases as child age increases.

Risk Factors
Risk factors for neglect in children include being younger than 4 years of age and having a physical or mental disability or chronic physical illness that increases caregiver burden. Caregiver risk factors for child neglect include inadequate understanding of a child’s needs and development; poor parenting skills; a history of being a victim of child abuse; substance use disorder, mental health conditions (e.g., depression), or both; younger age; low educational level; single parenthood; having a large number of dependent children; low income; having nonbiologic, transient caregivers in the home (e.g., the mother’s male partner); and caregiver ideation that supports or justifies maltreatment and neglect. Family and community risk factors include social isolation; family disorganization, break ups, or violence; angry or hostile parent-child interactions; lack of access to child care; living in a...
community where there are high levels of violence, poverty, transience, and unemployment; and living in a community with a high density of liquor stores.

**Signs and Symptoms/Clinical Presentation**
A neglected child might appear dirty and/or malnourished, have poor hygiene, and/or wear clothing that is torn, soiled, too small, or inadequate for the weather. Nonorganic failure to thrive (i.e., lack of normal growth and failure to reach developmental milestones that is not explained by an apparent medical reason) can manifest with signs that include an absence or lack of subcutaneous fat in the cheeks, buttocks, and extremities; short stature in older children; and a depressed demeanor. Other signs and symptoms of physical neglect in a child can include constant hunger and begging for or stealing food or money. Signs of medical neglect can be present, including poor dental hygiene, dental caries, lack of immunizations, and lack of glasses in children with impaired vision. The child might have frequent absences from school or a parent might ignore recommendations from a teacher. The home might have unsafe conditions (e.g., fire hazards, no heating or plumbing); the nutritional quality of the food might be inadequate, meals might not be provided, or there might be spoiled food in the cupboards and refrigerator. The child might be inadequately supervised (e.g., left at home or alone in a car). Other types of child abuse (e.g., physical and sexual abuse) can coexist with neglect. (For information on other types of child abuse, see the series of related *Quick Lessons*).

**Assessment**

› **Physical Findings of Particular Interest**
  • Physical findings in cases of child neglect can include head lice, scabies, malnourishment, anemia, frequent colds and respiratory infections, growth failure, poor dental hygiene, poor general appearance, feeding disorders, abdominal distention, life-threatening injuries, dehydration, and fatigue

› **Laboratory Tests**
  • CBC, UA, and a serum chemistry panel can be ordered to evaluate for infection, anemia, dehydration, and nutritional deficiencies
  • Liver function tests can be ordered if abdominal injury is suspected; hepatic transaminase level > 80 IU/L can indicate abdominal injury

› **Other Diagnostic Tests/Studies**
  • A validated instrument (e.g., the Childhood Trauma Questionnaire) for assessing children who are suspected of being neglected and otherwise abused can be administered
  • If physical abuse is suspected, bone and skull X-rays can be performed

**Treatment Goals**

› **Promote Resolution of Neglect-Related Manifestations and Emotional Well-Being of the Child**
  • Assess for injury and administer prescribed treatment, which will vary depending on type of injury; if in the outpatient setting, assess the need for hospital admission
    – Establish rapport and trust with the child by using direct eye contact and providing reassurance regarding safety; remain in the child’s presence whenever possible. Communicate with the child using developmentally appropriate language
    – Request referral to appropriate specialists to form an interdisciplinary team for a collaborative treatment approach based on the child’s needs
  • Follow facility protocols for evaluating and documenting patient history and physical findings and assess if findings are consistent with child neglect and/or other abuse
    – Complete a psychosocial assessment that includes birth history, number of siblings or other children in the home, history of hospitalizations and injuries, family history of mental illness, nutritional and developmental history, and risk factors (e.g., adolescent and/or single parent, poverty) for child neglect. **Observe parents or other caregivers for signs of domestic violence or substance abuse, which are often associated with child neglect**
      - Use a validated instrument (e.g., the Childhood Trauma Questionnaire) for neglect and other abuse, if available
    – Observe interactions between the child and parents/other caregivers. Assess if the child appears afraid or withdrawn, if the parent or other caregiver seems indifferent, and if the child, parent, or other caregiver seem depressed, apathetic, or behave in an irrational or inappropriate manner
  • Follow facility protocols and legal requirements for filing a report of suspected child abuse, if appropriate; request referral to a social worker and other facility resources for assistance
    – Typically, CPS must be notified within 24 hours after completion of the report for suspected child abuse
    – **Do not let the parent/other caregiver leave with the child.** Wait for a CPS representative to arrive
Police notification might be indicated, depending on the recommendation of CPS. CPS will investigate and evaluate the home environment (e.g., interrelationships, physical environment) to determine its safety.

**Food for Thought**
- In many states, a legally mandated reporter can be charged with a misdemeanor if he or she fails to report neglect or other abuse or reports abuse falsely.
  - Care providers must be familiar with the definitions of terms related to child neglect for the local area because legal definitions can vary among jurisdictions.
  - Most states have “good faith” laws that protect individuals who report suspected child neglect or other abuse from being sued; if there is reasonable suspicion, evidence of abuse does not need to be present for a report to be made.
  - Common barriers to reporting or intervening in cases of suspected child neglect or other abuse by healthcare professionals include limited knowledge of issues related to child neglect and other abuse, lack of practical experience regarding how to intervene, lack of information about the referral process, and fear of litigation.
- According to the U.S. Preventive Services Task Force, there is insufficient evidence to evaluate the benefits and risks of primary care intervention to prevent child maltreatment in children who do not exhibit signs or symptoms of neglect or other abuse.
- Victims of childhood neglect, particularly during early childhood, are at risk for cognitive deficits. Researchers studied 25 adolescents who experienced early neglect and 38 control adolescents who had not experienced neglect, and found that adolescents who had experienced neglect had white matter alterations in the prefrontal cortex that were related to neurocognitive deficits (Hanson et al., 2013).

**Red Flags**
- Common causes of death in neglected children include drowning, fire, choking, gunshot wound, injury from an unsafe crib, and drug or alcohol poisoning. Death by starvation is a rare result of child neglect.

**What Do I Need to Tell the Patient/Patient’s Family?**
- Notify the parent/other caregiver that a suspected child abuse report has been filed with a CPS agency, if appropriate; explain that a CPS representative might remove the child from the home and a hospital social worker can assist with placing the child in foster care.
- Encourage the use of resources identified by the social worker, including local and Internet sources of written and verbal information on child development, nutrition, immunization schedules, and safety; parenting classes; support groups; financial resources; and a substance abuse treatment program, if appropriate.

**References**