



Acts of Omission: An Overview of Child Neglect

Neglect accounts for over three-quarters of confirmed cases of child maltreatment in the United States—far more than physical or sexual abuse (U.S. Department of Health and Human Services [HHS], Administration for Children and Families [ACF], Children’s Bureau [CB], 2017c). It continues, however, to receive less attention from practitioners, researchers, and the media. Some reasons may be that neglect is not well understood and is difficult to identify, prevent, and treat effectively.

This bulletin for professionals addresses the scope of the problem of child neglect, its consequences, and the importance of prevention. It provides definitions and strategies for assessing neglect, presents an overview of prevention and intervention, and suggests sources of training and informational support.

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Scope of the Problem

According to the latest Children's Bureau *Child Maltreatment* report, more than 514,000 children were neglected in 2015, accounting for 75.3 percent of all unique victims of child maltreatment (HHS, ACF, CB, 2017c). In addition, neglect was either the sole cause or one of the contributors to nearly 73 percent of the 1,670 deaths related to child maltreatment in 2015.

These statistics include only children who came to the attention of State child protective services (CPS) agencies. The National Incidence Study (NIS) of Child Abuse and Neglect, which generates broader estimates by gathering data from sources beyond CPS agencies, generally shows higher numbers of maltreatment than those shown in the *Child Maltreatment* reports. The most recent version, NIS-4, uses data from 2005 to 2006 to show that more than 2.2 million children were neglected, accounting for about 77 percent of all children harmed or endangered by maltreatment (Sedlak et al., 2010). Although the rates of all types of maltreatment have declined in recent years, rates of neglect have decreased much less than the other types (Child Trends, 2016). The persistently high rates of neglect and its serious consequences point to the need for more effective prevention and for early intervention in cases of neglect.

Defining Child Neglect

Both Federal and State laws provide basic definitions of child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. §5106g), as amended by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as the following, at 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
- An act or failure to act which presents an imminent risk of serious harm

The Justice for Victims of Trafficking Act of 2015 (P.L. 114-22) expanded the Federal definition of "child abuse and neglect" and "sexual abuse" to include a child who is identified as a victim of sex trafficking or severe forms of trafficking in persons (HHS, ACF, CB, 2017b).

Neglect is commonly defined in State law as the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm (Child Welfare Information Gateway, 2016b). Some States specifically mention types of neglect in their statutes, such as educational neglect, medical neglect, and abandonment; in addition, some States include exceptions for determining neglect, such as religious exemptions for medical neglect and financial considerations for physical neglect.

State Statutes and Publications

To see how your State addresses neglect definitions in law, see Information Gateway's State Statute publication *Definitions of Child Abuse and Neglect*, available at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/define/>.

Most States publish policy or procedure manuals to help professionals apply legal definitions of child abuse and neglect in practice. Use Information Gateway's State Guides and Manuals Search to find your State's resources online, available at <https://www.childwelfare.gov/topics/systemwide/sgm/>.

Child neglect is generally thought of as the inability of a parent or caregiver to meet a child's basic needs, potentially placing the child at risk of serious harm. For definitions, many State laws focus on omission in care by parents or caregivers, but holding parents or caregivers accountable for harm that results from failing to care for their children is challenging for child welfare workers who may feel uncomfortable labeling failure to provide necessary care as "neglect." Definitions and accountability are complicated by multiple and interacting factors, such as the following (Dubowitz, 2013):

- Whether care is adequate to meet a child's needs
- If harm is actual or potential
- Variety in the types of neglect
- Whether the neglect was intentional

These factors create difficulties in developing standard definitions of neglect, and the varied definitions contribute to a lack of consistency in research on neglect and responses to that research.

Types of Neglect

Although State laws vary regarding the types of neglect included in definitions, summarized below are the most commonly recognized categories of neglect:

- **Physical neglect:** Abandoning the child or refusing to accept custody; not providing for basic needs like nutrition, hygiene, or appropriate clothing
- **Medical neglect:** Delaying or denying recommended health care for the child
- **Inadequate supervision:** Leaving the child unsupervised (depending on length of time and child's age/maturity), not protecting the child from safety hazards, not providing adequate caregivers, or engaging in harmful behavior
- **Emotional neglect:** Isolating the child, not providing affection or emotional support, or exposing the child to domestic violence or substance use
- **Educational neglect:** Failing to enroll the child in school or homeschool, ignoring special education needs, or permitting chronic absenteeism from school

For more information on types of neglect, visit Information Gateway's webpage on the Identification of Neglect at <https://www.childwelfare.gov/topics/can/identifying/neglect>.

Chronic Neglect

Although some individual incidents of neglect may not appear harmful, multiple incidents occurring over time can have a severely negative impact on a child. Chronic neglect occurs when the following three conditions exist and result in cumulative harm or serious risk of harm to a child's safety, health, or well-being (Child Welfare Information Gateway, 2013a):

- At least one need basic to a child's healthy development is not met
- The neglect is perpetrated by the child's parent or caregiver
- The neglect occurs on a recurring or enduring basis

Chronic neglect can be hard to identify and treat; affected families face complex problems that often require long-term assistance and community support. Specialized interventions and tools are required to address these needs, the unusual nature of neglect, and its detrimental effects (Corwin et al., 2014). For more on strategies to address chronic neglect, see Information Gateway's bulletin *Chronic Child Neglect* at <https://www.childwelfare.gov/pubs/chronic-neglect/>.

The model on page 4, from the National Alliance for Children's Trust and Prevention Funds, provides a more comprehensive framework for understanding the family context and the broader environment in which child neglect occurs.

Understanding Neglect within an Ecological System and the Role of Protective and Risk Factors

(As highlighted by Key Informants)

Protective Factors

CONCRETE SUPPORTS

(Selected Federal Income Supports to Vulnerable Families)

Family Policies that Provide Supports that Families' Need

Research and Advancement in Neuroscience/ Brain Architecture and Understanding of ACES (Adverse Childhood Experiences)

Adequate Resources to Meet Community Needs

Community Norming of Acceptable Parenting Behaviors

SOCIAL CONNECTIONS and Cohesion

Quality Public Transportation
High Quality Pre- and Post-Natal Programs
Quality Child Care
Communities of Faith and Interest Groups for Belonging

KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT

(Early Childhood Education)

Capacity/Willingness to Nurture and Attach to Child

PARENTAL RESILIENCE *(Hope)*

Physical, Emotional and Economic Well-Being

Faith and Spirituality

Healthy Partner Relationship

Nurturing and Attachment

SOCIAL AND EMOTIONAL COMPETENCE

Resilience

"Easy Child" Temperament

Society

**Community
Neighborhood**

**Family
Parents**

**Child
Individual**

Risk Factors

- ✘ Poverty and deprivation of basic needs
- ✘ Lack of collective (shared) responsibility for children
- ✘ Low level of importance to politicians/ lack of political will
- ✘ Culture of individualism and individual responsibility; punitive system for those who need support and assistance
- ✘ Lack of standards/clarity on adequate parenting and parental behaviors
- ✘ Impoverished neighborhood
- ✘ Environmental problems
 - ↳ Neighborhood violence
 - ↳ High crime
 - ↳ Unemployment
 - ↳ Inadequate housing and homelessness
 - ↳ Social isolation
 - ↳ Poor schools
 - ↳ High mobility
 - ↳ No safe place for child play
- ✘ Inadequate/non-existent social support and cohesion
- ✘ Material hardship/economic insufficiency
 - ↳ Housing instability
 - ↳ Under-or unemployment
 - ↳ Food insufficiency
- ✘ Situational or enduring problems
 - ↳ Mental health/maternal depression
 - ↳ Substance abuse
 - ↳ Interpersonal family violence
- ✘ Caregiver history of adversity or trauma
- ✘ Apathy/hopelessness
- ✘ Child vulnerability
 - ↳ Young age
 - ↳ Poor health
 - ↳ Physical or mental health disabilities
 - ↳ Behavioral challenges
 - ↳ Developmental demands
 - ↳ Poor or challenging attachment
 - ↳ Difficult temperament/ temperamental mismatch with caregiver
- ✘ Many children/closely spaced together
- ✘ Unmet basic needs

NATIONAL ALLIANCE of CHILDREN'S TRUST & PREVENTION FUNDS

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Reasons for Neglect

To fully understand the reasons for neglect, it is important to move beyond considerations of child neglect only as a function of parent or caregiver characteristics (National Alliance of Children's Trust & Prevention Funds [Alliance], 2014). Considerations should include the following four levels of the socioecological model (Alliance, 2013):

1. Child/Individual
2. Family/Parents
3. Community/Neighborhood
4. Society

To better understand the influences on individual families, it is important to explore the context for these different areas in the lives of families.

Examples of factors in each of the levels of the socioecological model that contribute to and protect against child neglect include the following:

- Child/Individual—Physical, emotional, intellectual, and other personal characteristics of the parent or child; current or past trauma; nurturing and attachment capacity of the parent and child; resilience
- Family/Parents—Healthy partner relationship; physical, emotional, and economic well-being; parent-child interactions
- Community/Neighborhood—Adequate resources to meet community needs (e.g., safe playgrounds, libraries, access to healthy foods); networks for support and assistance; neighborhood violence
- Society—Family policies that provide supports for families, lack of clarity on adequate parenting standards, concrete supports available to all families

Understanding reasons for neglect that extend beyond parents and caregivers may lead child welfare professionals to use strengths-based approaches and preventive strategies with parents who need support.

For more information on the Alliance, visit <http://www.ctfalliance.org/>

Consequences of Neglect

Although the initial impact may not be as obvious as physical or sexual abuse, the consequences of child neglect are just as serious. The effects of neglect are cumulative, and long-term research like that being performed by the Longitudinal Studies of Child Abuse and Neglect (<http://www.unc.edu/depts/sph/longscan/>), funded by the Children's Bureau, helps child welfare professionals better understand outcomes for children affected by neglect.

Neglect can have a negative effect on children in the following areas (Center on the Developing Child at Harvard University, 2012):

- Health and physical development—Malnourishment, impaired brain development, delays in growth or failure to thrive
- Intellectual and cognitive development—Poor academic performance, delayed or impaired language development
- Emotional and psychological development—Deficiencies in self-esteem, attachment, or trust
- Social and behavioral development—Interpersonal relationship problems, social withdrawal, poor impulse control

The impacts in these areas are interrelated; problems in one developmental area may influence growth in another area. In addition, research has established a clear link between child maltreatment, including neglect, with health and well-being issues (Metzler, Merrick, Klevens, Ports, & Ford, 2017).

The effects of neglect can vary, however, based on the following factors:

- The child's age
- The presence and strength of protective factors
- The frequency, duration, and severity of the neglect
- The relationship between the child and caregiver

Trauma and Neglect

While trauma—an emotional response to an intense event that threatens or causes harm—is often discussed in terms of witnessing or being harmed by an intensely threatening event, one or multiple experiences of neglect can also have a traumatic effect, especially in severe cases. Child neglect is one common type of childhood trauma that results in distress, posttraumatic stress disorder, and posttraumatic stress symptoms (De Bellis & Zisk, 2014). Children’s experiences with neglect can negatively affect brain development by changing how they respond to intense events, thereby disrupting their ability to cope with adversity (Child Welfare Information Gateway, 2015; National Scientific Council on the Developing Child, 2012). A recent literature review addressing the traumatic nature of child neglect emphasizes the need for trauma-informed interventions and provides the following intervention guidelines when working with children who have been neglected and their families (Milot, St-Laurent, & Éthier, 2016):

1. Assess trauma experiences
2. Provide a safe environment
3. Build a feeling of emotional security
4. Improve parental sensitivity
5. Develop child emotional self-regulation
6. Offer parents emotional therapeutic support

More information on addressing trauma in children who have experienced neglect and their families is available in the National Child Traumatic Stress Network’s Child Welfare Trauma Training Toolkit (<http://www.nctsn.org/products/child-welfare-trauma-training-toolkit-2008>) and Information Gateway’s bulletin for professionals, *Supporting Brain Development in Traumatized Children and Youth* (<https://www.childwelfare.gov/pubs/braindevtrauma>).

Trauma Adapted Family Connections (TA-FC) is based on the principles of Family Connections (FC), an in-home, evidence-based neglect prevention intervention that began in 1996 as a demonstration project funded by the Children’s Bureau. The intervention began at the University of Maryland School of Social Work (UM SSW) Ruth H. Young Center for Families and Children and aimed to prevent neglect in at-risk families. TA-FC is part of the Family Informed Trauma Treatment Center at UM SSW, as well as the National Child Traumatic Stress Network. It is a manualized, trauma-focused practice designed to last up to 6 months and incorporates (1) trauma-focused family assessment and engagement, (2) education for families on trauma causes and symptoms, (3) safety capacity building within the community and immediate environment, (4) trauma-informed parenting practices, and (5) trauma-informed approaches to working with families. TA-FC is replicated across the social services. In child welfare, one program in Cleveland, OH, uses TA-FC to strengthen families reuniting after child removal due to homelessness, and one program in Washington, DC, assists grieving teens with difficulties at school and at home. TA-FC is also used in a county and a State site as an alternate response to unsubstantiated cases. Successes include, but are not limited to, reductions in posttraumatic stress symptoms and depression in both caregivers and children; reductions in caregiver anxiety; improvements in child behaviors; and improved outcomes in caregiver, child, and family well-being and safety (Collins et al., 2015).

Find more information about FC at <http://www.family.umaryland.edu/fc-replication> or contact Diane DePanfilis at 917.453.2296.

For more information about TA-FC, go to <http://www.family.umaryland.edu/fc-trauma/> or contact Kathryn Collins at 410.706.0814.

Fatal Neglect

A child's death is the most tragic consequence of neglect, and neglect caused or contributed to nearly three-quarters of all child maltreatment-related deaths in 2015 (HHS, ACF, CB, 2017c). A study of child fatalities in Oklahoma due solely to neglect found that fatalities due to lack of supervision and a dangerous environment were much more common than those caused by deprivation of needs or medical neglect (Welch & Bonner, 2013). Neglect fatalities can be difficult to identify due to lack of definitive medical evidence, limited resources for testing, varying levels of expertise and training for relevant personnel, and differing interpretations of child maltreatment definitions (U.S. Government Accountability Office, 2011).

For more information, visit the website of the National Center for Fatality Review and Prevention at <https://www.ncfrp.org>.

Risk Factors

While the presence of a risk factor does not mean that a child will be neglected, multiple risk factors are a cause for concern. Research indicates that many familial and societal factors, such as the following, place children at greater risk of being harmed or endangered by neglect:

- Poverty
- Single-parent status
- Dysfunctional family structure
- Lack of adequate support systems
- Lack of adequate family resources
- Mental health concerns
- Substance use disorders
- Domestic violence
- Parental childhood abuse (Hamilton & Bundy-Fazioli, 2013)

For more information on risk factors, see Information Gateway's Factors That Contribute to Child Abuse and Neglect webpage at <https://www.childwelfare.gov/topics/can/factors/contribute>.

Protective Factors

Although several factors place children at greater risk of neglect, families with one or more of the following protective factors may be less likely to experience abuse or neglect (Center for the Study of Social Policy, 2016; Child Welfare Information Gateway, 2014b):

- Knowledge of parenting and child development
- Parental resilience
- Social connections of parents
- Concrete supports
- Social and emotional competence of children
- Nurturing and attachment¹

For more information on protective factors for child abuse and neglect, see the following resources:

- Information Gateway's Protective Factors to Promote Well-Being webpage at <https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/>
- Information Gateway's issue brief *Protective Factors Approaches in Child Welfare* at <https://www.childwelfare.gov/pubs/issue-briefs/protective-factors/>
- The Centers for Disease Control and Prevention's webpage Child Abuse and Neglect: Risk and Protective Factors at <https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html>

¹ The Children's Bureau incorporated nurturing and attachment, the sixth protective factor, for prevention efforts and has integrated key elements of the Strengthening Families' protective factors framework (the first five protective factors listed) into its ongoing prevention work through the Office on Child Abuse and Neglect.

Children's Bureau Grant Projects

In 2014, the Children's Bureau awarded five 3-year projects in its Grants in Child Maltreatment Research Using Innovative Approaches cluster. The purpose of the funding was to encourage and support child maltreatment research that used innovative research designs to address knowledge gaps in the field. Four of the five projects supported efforts to determine the efficacy or effectiveness of interventions that focus on child neglect. The grantees and their projects included the following:

1. An Ecological Systems Approach to the Investigation of Child Neglect: Early Head Start/Child Welfare Study III (Grantee: Children's Hospital Corporation)
2. Housing Services in Child Welfare: Economic Evaluation of Systems Coordination (Grantee: Washington University in St. Louis)
3. Addressing the Needs of Families Referred for Neglect and Substance Abuse: The FAIR Efficacy Trial (Grantee: OSLC Developments, Inc.)
4. Intervening in Child Neglect: A Microsimulation Evaluation Model of Usual Care (Grantee: Washington University in St. Louis)
5. MPSY Rhode Island Child and Family Well-Being: Wraparound Services for CPS-Identified Families (Grantee: Yale University)

For more on the FAIR Efficacy Trial, see page 11 of this bulletin or visit <http://www.oslcdevelopments.org/fair/>; to learn more about Early Head Start/Child Welfare Study III, see page 17 of this bulletin.

For brief descriptions of each of the projects funded, visit the Children's Bureau's Discretionary Grant Library at https://library.childwelfare.gov/cbgrants/ws/library/docs/cb_grants/GrantHome.

Special Considerations

Neglect rarely occurs in isolation; commonly related issues include poverty, substance use, and domestic violence. There are special considerations for addressing these issues with children who are at-risk or neglected and their families.

Poverty

Poverty is frequently linked to child neglect, but child welfare professionals should understand that most poor families do not neglect their children. NIS-4 data indicate that children from low socioeconomic status households (annual incomes below \$15,000, family member participation in a poverty program, and/or parent education less than high school) were about seven times more likely to be neglected than children in higher socioeconomic households (Sedlak et al., 2010). While poverty is clearly linked with maltreatment, the relationship is not simple. Poverty increases the risk of neglect by interacting with and worsening related risks like family stress, access to necessary resources (e.g., healthy food and medical care), and the inability to provide appropriate care for children (Eckenrode, Smith, McCarthy, & Dineen, 2014). Because chronic neglect is commonly associated with co-occurring issues like cognitive development, mental health, or substance use disorder concerns (Child Welfare Information Gateway, 2013c), families living with neglect in poverty are likely to struggle with an array of risk factors. Lack of housing and transportation, in addition to lack of access to substance use disorder treatment, are common themes in child neglect cases.

Caseworkers must differentiate between neglectful situations and poverty; in many States, definitions of neglect include considerations for a family's financial means. For example, if a family living in poverty was not providing adequate food for their children, it would be considered neglect only if the parents were aware of but chose not to use food assistance programs. Taking poverty into consideration can prevent unnecessary removals and place the focus on providing concrete services for families to protect and provide for their children.

Substance Use

Parental substance use. According to Adoption and Foster Care Analysis and Reporting System data for fiscal year 2016, parental substance use is frequently reported as a reason for removal (34 percent) (HHS, 2017a), particularly in combination with neglect (Correia, 2013). Family life for children with one or both parents who misuse drugs or alcohol often can be chaotic and unpredictable. Children's basic needs—including nutrition, supervision, and nurturing—may go unmet, which can result in neglect (Child Welfare Information Gateway, 2014a). These parents may also have difficulty conforming to expected parenting roles (Parolin & Simonelli, 2016) and providing healthy parent-child attachment (Lander, Howsare, & Byrne, 2013). While treating the parent's substance use is a priority, treatment must be combined with services to address the child's needs and improve overall family functioning.

To learn how to help parents dealing with substance use, child welfare workers may refer to *Supporting Recovery in Parents With Co-Occurring Disorders in Child Welfare*, a three-part video series created by the Center for Advanced Studies in Child Welfare in partnership with the Minnesota Center for Chemical and Mental Health (<https://www.cascw.org/portfolio-items/supporting-recovery-in-parents-with-co-occurring-disorders-in-child-welfare-training-videos>).

More information is available in Information Gateway's bulletin *Parental Substance Use and the Child Welfare System* at <https://www.childwelfare.gov/pubs/factsheets/parentalsubabuse>.

Substance-exposed newborns. The rates of opioid misuse and dependence is increasing in many communities, including among pregnant and parenting women (HHS, ACF, CB, 2016). Child welfare systems report increased caseloads, primarily among infants and young children entering the foster care system, and hospitals report increased rates of infants experiencing neonatal abstinence syndrome associated with opioid use during pregnancy. The Comprehensive Addiction and Recovery Act of 2016 (CARA) requires State CPS agencies to develop and monitor safe-care plans for infants affected by prenatal substance exposure (HHS, ACF, CB, 2016), which may require CPS intervention to place these infants in out-of-home care. The ACF memorandum on the CARA amendments provides guidance to States on implementing CARA in relation to infants affected by substance use (<https://www.acf.hhs.gov/sites/default/files/cb/pi1702.pdf>).

For additional information on substance-exposed newborns, watch "A Framework for Intervention for Infants with Prenatal Exposure and Their Families," a web presentation by the Children's Bureau's Office on Child Abuse and Neglect and the Substance Abuse and Mental Health Services Administration (SAMHSA), in partnership with the National Center on Substance Abuse and Child Welfare (NCSACW), at <https://youtu.be/nEaTjxydGp4>.

For other resources, visit the NCSACW website, which is cosponsored by the Children's Bureau and SAMHSA at <https://www.ncsacw.samhsa.gov>, and browse the website of the Child Welfare League of America at <https://www.cwla.org/details-on-cara-act-drug-legislation>.

CHILDREN’S BUREAU GRANT PROJECT: Families Actively Improving Relationships (FAIR) is a behavioral intervention that addresses substance use and psychosocial needs of parents involved in the child welfare system due to neglect. The FAIR program (also discussed on p. 9 of this bulletin) targets parents and families, many of whom are homeless or living in isolated, rural communities struggling particularly with methamphetamine and/or opiate use. Currently, FAIR is being provided throughout Lane County, OR. Core components span four integrated treatment targets, including parenting, substance use, mental health, and ancillary needs. Specific strategies include a family-based program with a parent-focused approach; 3-week, high-intensity, daily treatments followed by approximately 8 months of weekly sessions; strong relationships with family-focused corporations that donate toys and household items for incentives, budgeting, and shopping practice; and service coordination.

The FAIR team includes counselors, skills coaches, a resource builder, and a clinical supervisor who travel regularly to clients’ homes or other convenient locations, combining help with daily activities while providing support for trauma, depression, parental stress, poverty, and other determinants of substance use. An efficacy study of the model, funded by the Children’s Bureau, uses a dynamic wait-list design to evaluate how parents who receive FAIR improve on measures including substance use, parenting skills, emotional regulation, child supervision, and appropriate discipline. Support from the Children’s Bureau grant enabled the team to examine the impact of the FAIR model on neglectful parenting, mental health, child welfare system outcomes, and other needs, including housing, employment, and support with court and school attendance. As of the date of this publication, results from the study indicate that 62 percent of children remain either at home or return home within 8 months of the start of the program. Of the 23 percent of parents engaging in opiate use at the beginning of the study, none were using opiates at 16 months. Outcomes from this study replicate findings from a randomized clinical pilot trial of mothers who were randomly assigned to FAIR or to usual services. For more information about the model, visit the FAIR website at <http://www.oslcdevelopments.org/fair> or contact Lisa Saldana, project director, at 541.485.2711 or lisas@oslc.org.

Domestic Violence

Most States do not include exposure to domestic violence in their legal definitions of child abuse or neglect (Child Welfare Information Gateway, 2013b). Children may witness domestic violence in their homes or be neglected by parents who are unresponsive to their children due to their own fears (Child Welfare Information Gateway, 2016a). However, nonviolent parents who are victims of domestic violence are sometimes charged with “failure to protect” for not preventing the child from witnessing domestic violence (California Partnership to End Domestic Violence, 2015). In collaboration with domestic violence professionals, child welfare caseworkers should consider the victim’s access to resources or services outside the home, as well as the victim’s reasonable efforts to ensure the child has basic necessities and lives in the least detrimental environment possible.

A strong relationship with the victim parent is a protective factor that can increase a child’s resilience, and keeping the victim safe is a critical step toward protecting the child (Listenbee et. al, 2012; Russell, 2015). To address domestic violence cases involving children, workers should keep the victim parent and child together whenever possible; enhance the safety, stability, and well-being of all victims; and hold perpetrators of violence accountable through mechanisms such as batterer intervention programs. For more information, see the following resources:

- Information Gateway’s *Domestic Violence and the Child Welfare System* at <https://www.childwelfare.gov/pubs/factsheets/domestic-violence>
- Information Gateway’s *What Is Child Welfare? A Guide for Domestic Violence Services Advocates* at <https://www.childwelfare.gov/pubs/cw-domestic-violence>
- The Greenbook Initiative at <http://www.thegreenbook.info>
- The National Council of Juvenile and Family Court Judges: Family Violence and Domestic Relations at <http://www.ncjfcj.org/our-work/domestic-violence>

- The National Center on Domestic Violence, Trauma & Mental Health’s *Tips for Supporting Children and Youth Exposed to Domestic Violence: What You Might See and What You Can Do* at http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/05/Tipsheet_Children-Exposed_NCDVTMH_May2012.pdf

Assessment

Identifying child neglect may seem more difficult than identifying other forms of maltreatment because neglect usually involves the absence of a certain behavior, rather than the presence. A thorough strengths-based assessment of the child’s safety, risk, and protective factors, in collaboration with the parent, can help determine what kinds of services and supports the family may need and want. As in any assessment, it is important to talk with the parents to identify community and societal factors that may be presenting challenges that seem insurmountable to them. Often, the parent is seeking help to make changes and meet family needs and is not finding the assistance they need. Identifying these concerns is part of any comprehensive assessment.

Consider the possibility of neglect when the child:

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Uses alcohol or other drugs
- States that there is no one at home to provide care

Consider the possibility of neglect when the parent or other adult caregiver:

- Indicates that lack of necessary supports is impacting the ability to meet the child’s needs
- Feels overwhelmed addressing a range of challenges
- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner

Find more information about these and other indicators in Information Gateway's *What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms* at <https://www.childwelfare.gov/pubs/factsheets/whatiscan>.

The initial assessment should determine if neglect occurred and examine the child's safety and risk. Two of the most crucial factors that child welfare workers should consider are: (1) whether the child has any unmet cognitive, physical, or emotional needs; and (2) whether the child receives adequate supervision (DePanfilis, 2006). For assessment tools to gauge children's safety and risk, see *Child Neglect: A Guide for Prevention, Assessment, and Intervention* at <https://www.childwelfare.gov/pubPDFs/neglect.pdf>.

Because neglect is so difficult to define and to recognize in a clinical setting, the need to train social work graduate students and caseworkers is critical, as missing opportunities to address child neglect can prolong serious maltreatment (Hamilton & Bundy-Fazioli, 2013; Tufford, Bogo, & Asakura, 2015). The following suggestions address the differing values of workers and parents and the role of personal and cultural frames of reference that caseworkers should consider when assessing parents for neglect:

- Balance the challenges facing the client with the ethical and legal responsibilities as mandated reporters.
- Demonstrate empathy while screening for potential maltreatment (demonstrate compassion for the person and accountability for the behavior).
- Take time to understand clients' behaviors, thoughts, and feelings, particularly with clients from different ethnic and cultural backgrounds (Tufford et al., 2015).
- Assess the co-occurring problems within the family.
- Engage the family and other service providers in collaborative relationships to alleviate neglect within the family.

- Rely on knowledge and competence of the six core values of the National Association of Social Workers Code of Ethics: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (DeLong Hamilton & Bundy-Fazioli, 2013; National Association of Social Workers, 2008).

Interviewing. One of the main activities of child neglect investigations involves interviewing children, parents, and others who may have knowledge to assist in the assessment. Caseworkers should understand that children who have been neglected may be traumatized by their experiences. They should also be careful to not retraumatize them and avoid asking leading or suggestive questions. Consider these guidelines when interviewing children who may have been neglected (Faller, 2013):

- Set ground rules and expectations about the interview and inform the child of your role.
- Build rapport with the child by engaging her or him in brief conversations about interests and activities.
- Ask more open-ended questions before asking closed-ended questions; closed-ended questions that provide more information should be followed by more open-ended questions.
- Recap what the child has shared during the interview in the child's own words and ask if there is anything else he or she would like to share or ask before ending the interview.

In situations of child neglect, caseworkers will likely need to explore several domains, such as substance use or domestic violence, related to the child's experiences. The types of questions asked will vary depending on the child and her or his capacity to provide a narrative about the neglect and the type(s) of neglect experienced. Following are example questions to consider when determining whether children have experienced neglect (Faller, 2013):

- Who are the people important to you?
- Who takes care of you?
- Who helps you get dressed?
- Who cooks for you?
- Who takes care of you when you're sick?
- Where do you sleep?
- Who cleans at your house?
- Who does the laundry?
- Does anyone at your house drink alcohol, such as beer, wine, or hard liquor?
- Are there any drugs at your house?

For more information about interviewing children who have been neglected, refer to Faller's "Gathering Information from Children about Child Neglect" at <http://ow.ly/dKoc30dY9cK>, or Information Gateway's factsheet *Forensic Interviewing: A Primer for Child Welfare Professionals* at <https://www.childwelfare.gov/pubs/factsheets/forensicinterviewing>.

Safety. Determining the child's safety is as critical in the decision-making process in cases of possible neglect as it is in cases of physical or sexual abuse. The determination should consider threats of danger in the family, the child's vulnerability, and the family's protective capacity, including any risks, needs, and complicating factors. Caseworkers may want to consider using an assessment that includes four areas of inquiry for parents, children, and other stakeholders (Turnell & Murphy, 2014):

1. What are family and stakeholders worried about? (Past harm, future danger and factors that could jeopardize safety)
2. What is working well? (Current safety)
3. What needs to happen? (Future safety)
4. Where is the family on a safety scale of 0 to 10? (Family and caseworker judgment)

The results of the assessment will inform whether the family requires additional assessment and intervention. A low-risk family may be referred for differential response (see box below), while the most severe cases may require placement in out-of-home care, preferably with relatives, to ensure the child's immediate safety while the family is assessed and a safety and service plan is developed.

For assessment tools and resources, see Information Gateway's webpage Screening & Assessment in Child Protection at <https://www.childwelfare.gov/topics/responding/ia>.

The Children's Bureau's Capacity Building Center for States is developing a suite of products focused on quality contacts among caseworkers and children, youth, and families. Building quality contacts can improve assessment of children's risk of harm. For more information on the evolving suite, which will promote collective impact through a variety of publications and learning tools with definitions, program guidance, and supervisory and practice tips, visit <https://capacity.childwelfare.gov/states/focus-areas/foster-care-permanency/quality-matters>.

Differential Response

Using family-centered and partnership-based approaches, differential response lets child welfare agencies focus on the family and the child's environment to meet the needs of families (Casey Family Programs, 2012). To address this need, several States use differential response, also referred to as "dual-track," "multiple-track," or "alternative-response" systems in which families with low risk are redirected to voluntary, often community-based, services to receive the supports they need. This approach allows CPS to respond in multiple ways to allegations of neglect or abuse. For low- or moderate-risk situations with no immediate safety concerns, CPS conducts a family assessment to determine the family's needs and strengths.

For more information see the following resources:

- Information Gateway's *Differential Response to Reports of Child Abuse and Neglect* at https://www.childwelfare.gov/pubs/issue_briefs/differential_response
- Children's Bureau's National Quality Improvement Center on Differential Response in Child Protective Services (no longer updated but housed on the Kempe Center website) at <http://www.differentialresponseqic.org>
- Child welfare jurisdictions interested in implementing differential response should access *The Differential Response (DR) Implementation Resource Kit: A Resource for Jurisdictions Considering or Planning for DR* at <http://www.ucdenver.edu/academics/colleges/medicalschoo/departments/pediatrics/subs/can/DR/Documents/Differential%20Response%20%28DR%29%20Implementation%20Resource%20Kit--May%202014%5B1%5D.pdf>

Prevention and Intervention

The services and supports that children who are at risk for neglect or who have been neglected and their families vary greatly depending on the type of neglect they experienced; the severity of their situation; and underlying risks, strengths, and many other factors. Analyzing the information gathered during the assessment is essential to developing an effective case plan in collaboration with the family, its support network, and related service providers.

Begin early. Research on the developing brain stresses the need for babies and young children to participate responsively in reciprocal ("serve and return") and dynamic interactions with people who care for them (Center on the Developing Child at Harvard University, 2012). Without sufficient attention and security, the circuitry of the developing brain, as well as other developing organs and metabolic systems, can be disrupted. Although it can be difficult to prevent neglect and identify it in its early stages, caseworkers can have a greater impact on families the earlier they intervene. At this stage, practitioners should assess the parent's readiness to enhance their parenting abilities and help the family focus on meeting the child's developmental needs. Caseworkers should assume that parents want to improve the quality of their children's care but need support to identify and build on their strengths and to potentially address any underlying trauma from previous life experiences.

For more on early intervention with families, read Information Gateway's *Addressing the Needs of Young Children in Child Welfare: Part C—Early Intervention Services* at <https://www.childwelfare.gov/pubs/partc>.

Children’s Bureau Grant Project: Investigation of Child Neglect of Child Neglect in Early Head Start

The Ecological Systems Approach to the Investigation of Child Neglect in Early Head Start (EHS) (discussed briefly on p. 9 of this bulletin) builds on the rigorous research of three previous EHS studies: two previous and ongoing EHS Child Welfare Studies and the EHS Research and Evaluation Project (EHSRE). EHS is a two-generational program that serves infants and toddlers under the age of 3, pregnant women, and their families to provide a safe and enriching environment that promotes physical, mental, social, and emotional development and well-being. This project examines the impact of EHS on children’s resilience to neglect by using secondary data from the EHSRE, which included a sample subset of 2,794 children and their families who participated in 16 EHS programs across the country. It also investigates outcomes of children from birth to the 5th grade and focuses on identifying specific characteristics of the neglect experiences of their target population and how such characteristics influence both child outcomes and program impact. For more information about this project, visit the website at <https://www.brazeltontouchpoints.org/promising-evidence-that-early-head-start-can-prevent-child-maltreatment/> or contact Catherine C. Ayoub, Ed.D., project director, at 857.218.4374.

Provide concrete services first. Most parents cannot focus on interventions like parenting classes when they are still addressing crises in their families. In the early stages of working with a family, caseworkers should ensure that basic needs are met before expecting parents to fulfill other aspects of their case plan. Some concrete supports to address include the following:

- Housing and utilities
- Food and clothing
- Safety for domestic violence victims and their pets
- Transportation
- Child care
- Health care and public benefits
- Attention to past trauma affecting the parent’s life

Engage partners. Because child neglect is often associated with other needs, such as mental health services, having partners in place is often important. Child welfare professionals should develop relationships with community partners who can provide necessary services for children experiencing neglect.

Focus on strengths. Child welfare workers and other related professionals can form better relationships with families by encouraging them to focus on positive parenting strategies and supports they already have in place. The six protective factors described earlier can serve as a framework for assessing families’ strengths and helping them identify ways to build on those strengths to protect their children from harm. The National Child Abuse Prevention Month website provides the most recent Prevention Resource Guide for child abuse prevention. It offers numerous tools and strategies for talking with families about their strengths and incorporating them into service systems (<https://www.childwelfare.gov/topics/preventing/preventionmonth>).

New Jersey's Strengthening Families Initiative

offers an approach to child abuse and neglect prevention by emphasizing child and family strengths as essential components of prevention efforts statewide. Using Strengthening Families through the Early Care and Education Framework developed by the Center for the Study of Social Policy, programs incorporate protective factors—parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children—into their services, and professionals are trained to identify and build upon strengths in at-risk families. Early child care and education centers play a significant role in helping build these protective factors among the children and families they serve. Using the following seven strategies, centers are well positioned to help families strengthen protective factors that have been proven effective in preventing child abuse and neglect: (1) observe and respond to early warning signs of child abuse or neglect, (2) facilitate the social and emotional development of children, (3) value and support parents, (4) strengthen parenting, (5) link families to services and opportunities, (6) respond to family crises, and (7) facilitate friendships and mutual support. Learn more about the New Jersey Department of Children and Families at <http://www.nj.gov/dcf/families/early/strengthening>.

Encourage incremental change. Most changes don't happen overnight. In families that are stressed by the demands of caring for their child, parents may feel overwhelmed if child welfare workers expect them to accomplish too many goals too quickly (Corwin et al., 2014). In collaboration with the family, caseworkers can establish a contract with parents to affirm their commitment to make required changes to keep their children safe and able to develop normally (Farmer & Lutman, 2014).

It is important to start with the most basic needs (e.g., food, housing, safety), then address critical underlying issues (e.g., substance use, mental health). Once those supports are in place, there will be fewer obstacles to achieving higher family functioning. Many programs that work with families affected by neglect require intensive, long-term services to help them achieve changes over time.

Provide Intensive Family Preservation Services. Short-term crisis support to high-risk families can prevent unnecessary child placement in out-of-home care. Children and families experiencing severe neglect may benefit from these kinds of services to address urgent issues, like housing or financial assistance, followed by ongoing family preservation and support to target underlying risk factors.

The National Family Preservation Network offers a continuous quality improvement intensive family preservation tool for use with Intensive Family Preservation Services (<http://www.nfpn.org/assessment-tools/cqi-ifps-instrument>).

Engage the family's social support network. Because caseworker time with the family is limited, a strong social support network for the family can reinforce lessons learned and address needs as they arise. Caseworkers should seek out relatives, friends, community members, and other service providers who will help the family practice and build new skills over time. Positive relationships with other caring adults can help support the child's healthy development and serve as a source of respite for parents if they face future crises.

Help the family find a local parent support group through Circle of Parents® (<http://www.circleofparents.org>) or Parents Anonymous® (<http://www.parentsanonymous.org>), or connect them to a respite program using the ARCH National Respite Network and Resource Center's locator service (<http://archrespite.org/respitelocator>).

Cultural competence and neglect. As with all child protection practice, cultural issues must be taken into consideration when assessing and intervening with families at risk of neglect. For example, parents from a culture in which shared caregiving is the norm may see no problem with allowing young children to care for their siblings, perhaps in a way that does not conform to cultural norms in the United States (Sawrikar, 2016).

When working with diverse families, child welfare workers should focus on ensuring that children's needs are met and that they are not harmed or endangered. Consult with knowledgeable staff or community members on how best to intervene in a way that is consistent with families' cultural practices. Visit the Cultural Competence section of the Information Gateway website for more information at <https://www.childwelfare.gov/topics/systemwide/cultural>.

Other information on cultural competence includes the *Standards and Indicators for Cultural Competence in Social Work Practice* by the National Association of Social Workers at <https://www.socialworkers.org/LinkClick.aspx?fileticket=7dVckZAYUmk%3D&portalid=0>.

The National Family Preservation Network offers an evidence-based cultural competence training at <http://www.nfpn.org/assessment-tools/cultural-competence>.

A comprehensive, evidence-based, community-based service program, **Grandparent Family Connections (GFC)**, grew from the Family Connections program designed to help families who have entered the child welfare system. The GFC program, which began with a 2003–2008 grant award from the Children's Bureau, offers a family-strengths perspective, assisting grandparent-headed households across the city of Baltimore, MD. GFC focuses on families living in urban poverty. It has sustained funding from State and community partners to strengthen family connections and enhance the future of grandchildren involved in the program. Core components include using a trauma-informed lens to support the emergency, concrete needs of families, such as foodbanks and housing, parenting groups, legal services, respite services, and aging programs. The University of Maryland provides training and support to the Baltimore Health and Human Services staff to deliver comprehensive home-based services that promote stress management, parent education and advocacy, and parenting practice models.

Find more information about GFC at <http://www.family.umaryland.edu/fc-gfc> or contact Frederick Strieder at 410.706.5521.

Promising Practices for Neglect

The following interventions for neglect were retrieved from the California Evidence-Based Clearinghouse for Child Welfare and are available at <http://www.cebc4cw.org/topic/interventions-for-neglect>. Both received a scientific rating of 2, which indicates they are supported by research evidence.

- **Childhaven Childhood Trauma Treatment.** Provides therapeutic child care to children ages 1 month through 5 years who are at risk for or have experienced abuse and neglect and their families. Services are provided daily (5.5 hours a day for 5 days a week) in a licensed child care setting. Programs are individualized to the child and family need. (<http://www.childhaven.org>)
- **Homebuilders®.** Designed to prevent unnecessary placement of children outside the home. The program delivers family preservation services that are home and community based. The services aim to enlist parents as partners in assessment, treatment planning, and goal setting. (<http://www.institutefamily.org>)
- **Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT):** A short-term evidence-based therapy program for children ages 3–17 and their parents (or caregivers) to improve the parent-child relationship and reduce children’s issues resulting from maltreatment. (http://www.caresinstitute.org/services_parent-child.php)
- **Nurturing Parenting Program for Parents and Their School Age Children 5 to 11 Years:** A 15-session, family-centered evidence-based program where one of the goals for parents is to gain parental empathy toward meeting the needs of their children. (<http://nurturingparenting.com/ecommerce/category/1:3:2>)
- **Maternal, Infant, and Early Childhood Home Visiting (MIECHV):** A Federal program that provides pregnant women and families, particularly those at risk for child maltreatment, with in-home services that teach caregivers basic parenting skills, support healthy child development, and show promise in reducing child abuse and neglect. (<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>)

Training

Effective training is important for caseworkers addressing the often complex issues faced by children at risk of being neglected and their families. Because neglect is still misunderstood by many professionals serving children and families, many trainings address neglect under the umbrella of child maltreatment. Ongoing training can help caseworkers remain aware of the latest research and refresh their skills over time.

Child welfare practitioners can learn more about training in child neglect by visiting the websites of the National Child Abuse and Neglect Technical Assistance and Strategic Dissemination Center at <http://www.cantasd.org> and the National Child Welfare Workforce Institute at <http://ncwwi.org/index.php/teams-services/university-partnerships>.

The National Family Preservation Network (<http://www.nfpn.org/SearchResults/tabid/83/Default.aspx?Search=training>) provides training guides and tools for a variety of training needs, including the following:

- Trauma Training (<http://www.nfpn.org/articles/trauma-training>)
- Assessment Training (<http://www.nfpn.org/products/training-packages>)

The New York Society for the Prevention of Cruelty to Children provides the correspondence course and onsite lecture Identifying and Reporting Child Abuse and Neglect Training (<http://www.nyspcc.org/training-institute/identifying-reporting-child-abuse-neglect-training>).

Conclusion

Child neglect is the most prevalent type of child maltreatment but has historically received the least attention from researchers and others. Child neglect continues to be a complex problem that is difficult to define, prevent, identify, and treat.

Assessing neglect involves a thorough examination of the child's safety and risk as well as the larger family and community context. To understand neglect, caseworkers should know how to address related problems such as poverty, substance use, and domestic violence. Interventions for children and families affected by neglect require customized and coordinated services. Defining, preventing, identifying, and treating child neglect is a significant challenge but one that researchers, professionals, communities, and families must face together if they are to protect children from its harmful consequences.

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