# Defining *Child Neglect*: Principles for Practice

**Howard Dubowitz, MD, MS**

Neglect is the most frequently identified form of child maltreatment (U.S. Department of Health and Human Services, 2007), but a lack of agreement on its definition and difficulties assessing neglect have impeded clinical work and research on this problem (Zuravin, 2001). A clear definition of *neglect* is not an academic exercise. How we think about a problem influences our practice. Several issues pertaining to defining *neglect* are presented, together with suggestions for applying these ideas in practice.

## One or Several Definitions?

It is possible that there will never be a single definition of *neglect* given the multiplicity of purposes for defining *neglect*. For example, a pediatrician focused on optimizing children's health may have a low threshold for considering a situation as neglect; a child protective services (CPS) worker with safety as the priority usually has a higher threshold, guided by state law and limited agency resources. A prosecutor is likely to have the highest threshold, pursuing only the most egregious cases of neglect. Alternatively, one can imagine a single, broad definition of *neglect* that takes into account the differing purposes it may serve, while allowing for varying responses. Specific criteria could be established, for example, for subsets of cases where CPS involvement or criminal prosecution is appropriate.

## A Parent-Focused Versus a Child-Focused Definition of *Neglect*

Some have argued that neglect should be viewed as occurring when a child's basic needs are not adequately met, resulting in actual or potential harm (Dubowitz, Black, Starr, & Zuravin, 1993). This child-focused perspective is in contrast to prevailing CPS definitions of *neglect*, based on parental omissions in care (DePanfilis, 2000). There are several advantages to the child-focused approach. It fits with a primary goal of helping to ensure children's safety, health, and development. A child-focused definition is less blaming and more constructive, a key issue as practitioners try to work with families. (It helps to be able to say "This is why I'm worried about your child" rather than "Here's what you did wrong.") The child-focused definition also draws attention to other contributors to neglect that are frequently present, in addition to parents, and encourages a broader response to the underlying problems.

Clearly, not all circumstances within this broad view of children's unmet needs will meet criteria for CPS involvement; alternative interventions must be considered. For example, a child may not receive medical treatment because the pediatrician did not clearly explain the plan or the family lacked funds to buy the medicine. Again, it is possible to develop criteria for a subset of neglect circumstances where CPS involvement would be appropriate. This happens currently in direct practice. Pediatricians and other practitioners frequently address situations of inadequate care, generally referring only the most severe or persistent cases to CPS.

## How to View Parental Responsibility

Parents *are* primarily responsible for meeting their children's needs. However, an ecological framework for understanding child neglect recognizes that there are usually multiple and interacting contributors. For example, a single mother who has lost her job and health insurance and is feeling depressed and stressed may not buy the medicines for her daughter's asthma. Some situations are mostly beyond parental control, such as inadequacies in a school system that fails to meet children's educational needs. And over nine million children without health insurance can be construed as a form of societal neglect. In general, CPS personnel become involved only when the parental omission in care is a major contributor to the child's need(s) not being met.

## What Are Children's Basic Needs?

Over time and across societies, views have evolved of what are considered "basic" needs of children. However, the United Nations Convention on the Rights of the Child attests to a remarkable degree of agreement, as do a number of studies in the United States that contrast views of whites and African Americans, low- and middle-income groups (e.g., Dubowitz, Klockner, Starr, & Black, 1998). *Basic* refers to a critical need that, if not met, would likely result in significant harm (e.g., inadequate food). Basic needs are distinct from wants or luxuries. Empirical evidence supports several needs as basic, including having adequate food, health care, shelter, education, supervision/protection, and emotional support and nurturance (e.g., Asser & Swan, 1998; Grantham-McGregor & Fernald, 2002; NICHD Early Child Care Research Network, 2001; Scaramella, Conger, Simons, & Whitbeck, 1998; Stoneman, Brody, Churchill, & Winn, 1999). Other concerns may emerge from a broad societal consensus, such as concerning inadequate hygiene or sanitation and inadequate clothing. These are typically considered neglect, particularly when persistent patterns exist that have harmful consequences to children. As children develop, their needs change. Several have noted the need for different *neglect* definitions that take into consideration a child's age or developmental level (Barnett, Manly, & Cicchetti, 1991, 1993). In addition, there is normal variation among children of the same age, and their specific needs may differ substantially. For example, a child with a chronic health problem such as diabetes clearly has special needs.

It is noteworthy that with advances in knowledge, our awareness and understanding of children's needs increase. For example, there are ample data to document the benefits of using car seat restraints (Klein, 1991), and a child not so protected could be considered neglected. Similarly, not long ago, treatment for some medical conditions, such as HIV and AIDS, was experimental. Today, the benefits are well established (Thorne & Newell, 2003), and not receiving essential care could prove fatal; therefore, this should be viewed as neglect. A third example is that of exposure to second-hand smoke, especially for children with underlying respiratory disease (Nelson, 2002). Asthmatic children regularly exposed to smoke are in a situation in which their health needs are not being adequately met.

In sum, the first question for practitioners in identifying neglect is "What is known about the harm or risks associated with this condi-

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tion or circumstance?" It is also important to apply the question to the specific child, who may have special needs. This helps answer whether or not neglect is a concern. It is also a good segue to the related question in the next section.

## When Is It Neglect? The Quest for an Evidence-Based Definition

The primary goal shared by all disciplines addressing neglect is to help ensure the adequate care of children. Ideally, a definition of *neglect* would be based on empirical data demonstrating the actual or probable harm associated with certain circumstances (e.g., not receiving adequate emotional support). Although evidence-based definitions are a good goal, they can be difficult to achieve for most types of neglect.

Children's health, safety, and development occur within a complex ecology with many and interacting influences, making it difficult to study the impact of a single risk factor, such as inadequate emotional support. The context of children's experiences also influences the possible impact of a given circumstance; a mature 9-year-old, for example, may do well alone at home for a few hours, whereas an unsupervised child with a fire-setting problem is a scary proposition. In some areas, however, it is questionable whether evidence is really needed to document harm (e.g., hunger, homelessness, being abandoned). It seems very clear that these conditions impair children's safety, health, and development.

In practice, we need to apply the best available knowledge, albeit often less than we would like, to clarify whether an unmet need is contributing to actual or potential harm to a child. Situations where the likelihood of harm is equivocal are best *not* considered to be neglect, even though that does not preclude efforts to improve care—a category of *possible* neglect. Research may help elucidate whether and when these *possibly* neglectful circumstances should warrant concern.

## Neglect and a Continuum of Care

The adequacy of care a child receives exists on a continuum from optimal to grossly inadequate, without natural cut points. A crude categorization of situations as "neglect" or "no neglect" is simplistic. Seldom is a need met perfectly or not at all. Usually cut-points are quite arbitrary. This makes it difficult to determine at what point inadequate household sanitation, for example, is associated with harmful outcomes. And, with relatively few extreme situations, the gray zone is large. This often makes it difficult to assess neglect. Even a relatively concrete area such as establishing the daily requirement for key nutrients is not straightforward, and it is difficult to measure the extent to which these are met.

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Clinical practice is often based on categorical approaches, determining that a specific circumstance constitutes neglect. Practitioners need to consider the aspects of neglect covered in this article, and they should use their best judgment as to whether the term *neglect* applies. Even if it does not, it may fall into a category of *possible* neglect, and interventions other than CPS could be beneficial.

## Actual Versus Potential Harm

Most state legal definitions of *neglect* include circumstances of potential harm in addition to actual harm. However, approximately one third of states restrict their practice to circumstances involving actual harm (Zuravin, 2001). The issue of potential harm is of special concern because the impact of neglectful circumstances may be apparent only years later. In addition, the goal of prevention may be served by addressing neglect even if no harm is apparent. However, it is often difficult to predict the likelihood and nature of future harm. In some instances, epidemiological data are useful. For example, we can estimate the increased risk of a serious head injury from a fall off a bicycle when not wearing a helmet compared with while being protected (Wesson, Spence, Hu, & Parkin, 2000). By contrast, predicting the likelihood of harm when an 8-year-old is left home alone for a few hours is difficult. Such circumstances may come to light only when actual harm ensues. And, even when we can estimate the risk, opinions may vary as to how seriously to weigh the risk. For example, some might view a certain risk as unacceptable while others may regard it less seriously.

In addition to the likelihood of harm, the nature of the potential harm should be considered. Even a high likelihood of minor harm (e.g., bruising from a short fall) might be acceptable. Life is not risk free. Indeed, child and human development requires taking risks (e.g., learning to walk and falling). In contrast, even a low likelihood of severe harm (e.g., fatal drowning) is not acceptable.

The inclusion of potential harm substantially broadens the scope of child neglect, and many families may be investigated, further overwhelming CPS resources. Alternatively, specific criteria can be established for CPS involvement, and other community interventions may be more appropriate for less severe circumstances. This approach is very much in keeping with the alternative response systems being developed. In sum, *neglect* can be defined as occurring when a child's basic need is not adequately met, resulting in actual or potential harm.

## Further Refining the Definition of *Neglect*: A Heterogeneous Phenomenon

It is evident that the different types of unmet needs children may experience represent a wide range of circumstances. In addition to characterizing different types of neglect (e.g., Sedlack & Broadhurst, 1996), it is useful to describe other aspects of child neglect—the severity, the duration (or chronicity), number of

incidents (frequency), intentionality, and the context in which neglect occurs, such as the socioeconomic climate. An example is the Illinois criminal law on abandonment that considers the time of day or night, temperature in the home, duration of home alone, proximity of parent or caregiver, and whether there was food, along with several other contextual factors.

**Severity** is viewed in terms of the likelihood and seriousness of harm. Some have tried to differentiate between the severity of the act (or omission) and that of the consequences, actual or potential (Barnett et al., 1993). This appears to be an artificial distinction in that our concern about acts or omissions is inherently tied to its implications. Hence, a severe form of neglect is one in which a child's inadequate care is associated with serious harm, actual or potential. And, the greater the likelihood of such harm, the more severe is the neglect.

One effort involved rating four or five levels of severity for several types of neglect. An expert panel of professionals was asked to rate the severity of each level (Magura & Moses, 1986). A scale of 0–100 was developed for each type of neglect, with 0 representing the most severe neglect. Another example is the Maltreatment Classification System (MCS; Barnett et al., 1993), in which the severity of each type of maltreatment was rated, based on the authors' views of what appeared to be a more harmful experience. Litrownik and colleagues (2005) utilized the severity ratings in the MCS to examine four strategies for measuring severity when assessing all types of maltreatment and in multiple reports: (a) maximum severity within each of five types of maltreatment, (b) overall maximum severity across the five types, (c) total severity or the sum of the maximum severity for each of the five types, and (d) mean severity or the average severity for the types of alleged maltreatment. The first approach was most strongly related to children's later functioning at age 8. Dubowitz and colleagues (2005) counted the number of times neglect was coded from CPS reports as an admittedly crude proxy measure of severity, a similar approach to that of McGee, Wolfe, Yuen, Wilson, and Carnochan (1995).

**Chronicity**, a pattern of needs not being met over time, is challenging to measure. Some experiences of neglect are usually only worrisome when they occur repeatedly (e.g., poor hygiene or sanitation). Thus, chronicity may be important in considering *whether* a particular experience constitutes neglect. Separately, it can be a dimension of the neglect experience. English, Graham, Litrownik, Everson, and Bangdiwala (2005) found that chronicity of maltreatment was related to child outcomes.

The challenge of assessing chronicity is clear; caregivers seldom disclose socially undesirable information. Older children, however, may be helpful. A crude proxy of chronicity is the duration of CPS involvement, or the time between the first and most recent reports. The problems are obvious. A CPS report reflects only when problems were identified; it is highly speculative to assume what transpired before and between reports.

**Frequency** is similarly difficult to assess. Caregivers or older children may disclose the information. The number of CPS reports offers a very crude proxy.

**Intentionality** is a question that arises regarding neglect, albeit less often than with abuse—implicitly or explicitly. In this author's opinion, intentionality does not apply to most neglectful situations. The Merriam-Webster dictionary defines *intentional* as "done by intention or design." I think that, in the vast majority of cases, parents do not intend to neglect their children's needs. Rather, there are problems that impair their ability to fulfill these needs adequately. Even the most egregious cases, such as those where parents appear to willfully deny their children food, probably involve significant parental psychopathology, and labeling such instances *intentional* may be simplistic. In clinical practice, as we strive to strengthen families, viewing their shortcomings as intentional may be counterproductive, especially if it fosters a negative stance toward parents. Finally, as a practical matter, it is difficult to assess intentionality, short of a caregiver acknowledging that he or she intended the omission in care. In sum, I think practitioners will be most effective if they do not incorporate intentionality in their consideration of neglect.

It should be noted, however, that in criminal law there are different and nuanced variations of the word *intentional*. Some acts are done *purposefully* to bring about a particular result. Other acts might be done *knowingly*, where an outcome is not intended, but one is aware of the anticipated outcome. A variation of this is when one acts *recklessly*, despite being aware of the high degree of risk. Finally, there are *negligent* acts, where one may not be aware of the risk, although one should be. Only the first circumstance fits well with what is commonly understood by the word *intentional*, and, as suggested, this appears to be rare in neglect cases. These legal considerations should not, however, diminish efforts to protect children by involving CPS or other clinical interventions.

**Cultural context** is another area in which *neglect* is defined. For example, in many cultures, young children help care for their younger siblings. This is both a necessity and is considered important in learning to be responsible. Yet, others may view the practice as unreasonably burdensome for the child caregiver and too risky an arrangement. There is no easy resolution to such a debate, and there can be awkward clinical dilemmas concerning new immigrants to the United States. Clearly, the risks and supports here might be very different from those in the country of origin. We need to recognize the importance of cultural context and how it influences child rearing practices and the meaning and consequences of experiences for children. It is, however, also important to recognize that just because a certain practice is normative within a culture does not necessarily mean that it will not harm children (Korbin & Spilsbury, 1999). One needs to be careful to avoid glibly accepting or respecting all culturally accepted practices; some may be clearly harmful and should not be sanctioned. At the same time, good practice should always involve understanding the culture and engaging the family respectfully.

**Poverty** is strongly linked with child neglect. For example, in the Third National Incidence Study, neglect was 44 more times likely to be identified in families earning less than $15,000 a year compared with those earning over $30,000 (Sedlack & Broadhurst, 1996). There are also ample data demonstrating that poverty per se jeopardizes children's health, development, and safety (Parker, Greer, & Zuckerman, 1988). Poverty can thus be construed as a

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form of societal neglect, particularly in a country with enormous resources. The child protection system, however, focuses narrowly on parental or caregiver omissions in care (i.e., fault); 11 states and D.C. laws explicitly exclude circumstances attributable to poverty in their neglect definitions.

A suggested approach is to have not only a broad definition of *neglect* that includes conditions associated with poverty but also one that identifies a subset of circumstances appropriate for CPS involvement. Alternative strategies, other than for CPS, should be more appropriate for other types or levels of neglect (e.g., homelessness). There is a challenge in the many situations of neglect with multiple and interacting contributors. The burdens of poverty are, for example, linked to parental mental health and substance abuse problems, impeding the care children receive. Good practice attempts to clarify the circumstances underpinning the neglect, and it tailors the response to best meet the individual needs of the child and family. Good policies seek to develop ways to help ensure children's needs are adequately met. In addition to their important clinical work, practitioners can play a valuable role in the policy realm. For example, one might help improve policies both within one's agency and at the local, state, and national levels by offering specific suggestions. APSAC participates in the National Coalition Against Child Abuse, a consortium of about 25 professional associations aiming to shape federal policies. APSAC members should forward their ideas to the leadership to bring to the Coalition.

In sum, a definition focused on children's basic needs not being adequately met appears more constructive than one based on caregiver omissions in care. Potential harm is a concern; attention to such circumstances may play a valuable preventive role. A broad perspective of neglect should encourage practitioners to intervene in a spectrum of circumstances, not all requiring CPS involvement. Recognition of the continuum of care children receive means there are no simplistic cut-points or formulae for determining neglect; each circumstance needs to be viewed individually. The nature and context of neglect are also important in addressing the specific needs of a child and family. Finally, most practitioners will work primarily with families, but attention to the societal contributors to neglect is also important.

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## About the Author


Howard Dubowitz, MD, MS, is Professor of Pediatrics and Director of the Center for Child Protection at the University of Maryland School of Medicine. His special interests include failure to thrive and child abuse and neglect. He can be reached at hdubowitz@peds.umaryland.edu.