Identifying and Responding to Child Neglect in Parental and Group Care

by Ginger Welch, Laura Wilhelm, and Heather Johnson

In the field of child maltreatment research, child neglect is often considered the 'neglected' threat to a child's well-being (Dubowitz, 2007). Child sexual and physical abuse tend to garner more media attention, yet child neglect in its many forms is the most common type of child maltreatment. In addition, child neglect alone constitutes nearly one-third of all child maltreatment fatalities (USDHHS, 2010). Because of the intimate settings in which we work with families, early care providers and administrators are perfectly positioned to recognize the signs of child neglect and make a life-saving difference.

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Defining Neglect

According to the Federal Child Abuse Prevention and Treatment Act (CAPTA), the term 'child abuse and neglect' is defined as "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; or an act or failure to act which presents an imminent risk of serious harm." Within these minimum standards set by CAPTA, each state is responsible for providing its own definition of child abuse and neglect. In other words, state and community standards of care become a critical interpretive factor. Generally, however, it is important for child care professionals across the United States to understand several key elements of child neglect. These include: subtypes of neglect, acute vs. chronic neglect, and neglect intent.

Subtypes

While neglect can be classified in different ways, we recommend these six categories as the most descriptive: Supervisory, Environmental, Educational, Medical, Emotional, and Deprivation of Needs (Welch, Wilhelm, & Johnson, 2013).

Supervisory neglect: The failure to provide developmentally appropriate supervision or care. Examples include failing to supervise a young child around dangerous circumstances or leaving a child with an impaired caregiver; supervising a child while impaired; leaving unsupervised a child who cannot be expected to handle a crisis adequately.

Environmental neglect: The failure to maintain a reasonably safe environment in which to care for a child. Examples include keeping a child in a place with dangerous substances, weapons, or any other harmful surroundings.

Educational neglect: The failure to provide a child with compulsory educational experiences. Examples include not taking a school-age child to school; not taking a child to school in order to hide abuse or illicit family activities; not taking a child to school because of lack of resources or proof of residence.

Medical neglect: The withholding of care or failure to secure necessary medical attention for an injured or sick child.

Emotional neglect: Humiliating a child; rejecting a child in any way; blaming a child for the family's problems (scapegoating).

Deprivation of needs: Withholding food or water; abandoning a child; failing to protect a child from the elements because of inadequate shelter, clothing, and so on.

The initial letters of the six categories spell out SEEMED. One way to remember the categories of neglect is with this simple mnemonic: "If it SEEMED like neglect, report it" (Welch, Wilhelm, & Johnson, 2013). The use of the term 'seemed' is doubly important given that the universal standard for reporting child neglect is *suspicion* of neglect, but not proof.

Acute vs. Chronic

Within these six categories, each type of neglect risk can be either acute (occurring one time) or chronic (occurring repeatedly). For instance, a child could be killed after just one instance of inappropriate supervision, making that form of neglect both acute and fatal. Likewise, a child could be left with a dangerous caregiver repeatedly without an injury to date. In the latter, the neglect would be reported as chronic. Some forms (supervisory, medical, and environmental neglect) can be fatal after a single instance. Other forms, such as deprivation of needs, educational, or emotional neglect, tend to be most damaging in the chronic form. For instance, a child who misses one day of school or misses one breakfast is not considered neglected; however, when children are repeatedly denied these items, chronic neglect may be present.

Intent to Neglect

Another issue in reporting neglect is that of intent; many well-trained professionals hesitate to report neglect if the reason for the neglect is out of the parents' control. For instance, a family who has no money to buy food and therefore does not feed their newborn may not be reported; however, the risk to the infant (death or delayed growth) remains the same and neglect should be reported in the best interest of the infant and family. Neglect may also be purposefully committed, as in the case of a child who is starved as a punishment, refused appropriate affection, or denied reasonable medical care. Remember that reporting neglect does not have to be punitive; instead, the purpose of reporting is to protect the victim of neglect.

Identifying Neglect

There are several critical factors that contribute to a teacher's ability to recognize potential neglect. These include an understanding of child development, of the multiple forms of neglect and fatal neglect, and of the contexts in which children live. Perhaps the most powerful thing a child care provider can do to identify neglect, however, is to truly get to know the families with whom we work.

In order to identify neglect, or the risk for neglect, teachers should be familiar with families' alternate caregiving plans and the presence of non-standard work schedules, which could lead to gaps in supervision. Additionally, barriers to safe and appropriate housing, food supplies, transportation, and utility assistance programs can put families at risk for not being able to meet the basic educational, environmental, medical, and nutritional needs of their children. Finally, hallmarks of emotional neglect are best identified by becoming very familiar with the interaction patterns of the parent and child, as well as getting to know not only the parent but other caregivers.

Home visits can play a critical role in identifying harmful patterns of interaction and supervision, as can family visits to the center or school. Teachers may want to offer a choice of settings for an introductory meeting like the home, the school, or even a neighborhood park or restaurant where the family is comfortable. Teachers might drop off a welcome gift such as a school t-shirt, or create and drop off a welcome kit to introduce the family to the school. When an educator gets to know a family in their home, she will be better equipped to notice unusual behavior or changes in routine as well as other threats to children's well-being.

Reporting Neglect

In the context of neglect-aware teachers, ongoing training, and close teacher-family relationships, the burden of noticing neglect and choosing to protect a child is increased. Once neglect is suspected, taking the action to refer a family for potential services can be emotionally difficult for a teacher. Often teachers find themselves having to take action with little time to reflect beforehand. This approach has been described as "Ready . . . Fire . . . Aim." The overwhelming feelings that accompany the need to make a referral to child protection can be allayed through adequate preparation before neglect is noticed, and by written policies and procedures to help guide teachers through the referral process.

Suspicion of any form of child maltreatment must be reported to the appropriate authorities as dictated by state law, and preparation for such a report is key. When training staff and faculty to recognize and report, there are three important factors:

- how to establish suspicion
- how to legally make the report
- how to follow up.

First, most states include an 'any person' clause in child maltreatment reporting. This means that any person, regardless of professional role or training, is legally obligated to report suspicion of child abuse or neglect. The failure to report can result in legal charges, the loss of professional licensure, or other consequences. It is expected, however, that trained teachers will be better at recognizing potential maltreatment than a person who lacks such training. The 'should have known' standard may be used to identify teachers who failed to report potential maltreatment, but are believed to have suspected. For example, if a teacher failed to report a grossly underweight and listless infant (with no known medical condition) and declared that she did not suspect neglect, legal authorities may choose to bring in other teachers with similar experience and training to establish that the teacher 'should have known' the infant's condition was suspicious and life-threatening, and that similarly experienced teachers would have reported. Additionally, any documentation that the teacher suspected neglect but failed to report can be used against her. Caution should be exercised in creating written documentation in lieu of reporting. Teachers should not spend time gathering evidence to prove maltreatment; on the contrary, early suspicions must be reported.

Determining that one is suspicious is, however, different than simply observing. Teachers should receive training to help them identify their own personal values, beliefs, and biases that could lead to over- or under-reporting neglect based on characteristics such as race, gender, ethnic identity, parents' occupation, marital status, or income. There is a difference between an 'ideal' setting for a child, one that is sufficiently safe and nurturing, and one that is lacking. When observing a condition, such as dirty clothes or hair, ask "How is it affecting the child?" If the child is functioning well, securely attached, nurtured and nourished, but simply likes to get dirty at school, that doesn't seem to rise to the level of suspicion of neglect. However, if the child is experiencing peer rejection because of his or her condition, if teachers are avoiding the child because of odor, and/or if the dirt includes feces, then the child is paying a price for the condition and a referral should be made. Reporting neglect is rarely simple.

In order to make a legal report in most states, which means both that the reporter is legally protected under a Good Samaritan-type clause and that anonymity can be protected, the report must be made through the appropriate channel. In some cases, there will be a hotline that reports directly to Child Protective Services. In other cases, reporting to the police may be acceptable.

Each center should include the legal instructions for reporting in its staff training. Many centers have internal policies that require teachers to report first to a supervisor; it is important to know that this type of secondary reporting is based only on workplace policy and does not meet the legal standard for reporting. For example, if a teacher observes a three-month-old infant smeared in feces at morning drop-off and being fed soda in a bottle, her obligation is to report the incident in the manner dictated by the state. Reporting to a supervisor or any other person will not protect her from legal action should something happen to that baby. Directors may ask that staff keep them informed of child maltreatment reports, and may ask to be in the room when the phone call to report is made. However, the person who suspects is responsible for ensuring that the report is made.

Finally, once a referral to the child protection agency is made, that agency will determine an appropriate response: no response is necessary, investigation, and/or follow-up. The reporter may be given an option to receive a case number in order to call back and track the progress of the case; this is a beneficial practice to prevent reports from getting 'lost' in the system, and putting children at further risk. Remember, too, that a referral is often the only way for families to access needed resources or get help. In this way, reporting can be viewed as a positive step for children and their families. For a list of state statutes related to reporting child maltreatment or to review a summary of reporting laws for each state, visit the State Statutes Search section of Child Welfare Information Gateway's website at www.childwelfare.gov/systemwide/laws_policies/state/.

Neglect in a Child Care Setting

Neglect does not only happen at home. Although it may seem surprising, neglect can happen in the child care setting, and educators can create neglectful situations. For example, it is a natural human tendency to talk when congregating, such as on a playground. However, children require supervision by both sight and sound. Teachers must be able to see and hear young children at all times. Teachers can split supervision by areas of the classroom or playground, or each take responsibility for specific children. Directors can help by reviewing and discussing supervision plans, bringing in additional staff for breaks and busier times, and being available in the classrooms and on the playground. Policies should be developed for the use of phones and other electronic devices to ensure the focus stays on the children. Best practice includes tummy time/floor time for young infants. Teachers and directors should be extra vigilant in supervision to ensure that pre-mobile infants are safe while on the floor, and that nothing is blocking the child's airway. Frequent adult interaction is necessary for young

infants' healthy development and safety at all times.

Directors are not alone when it comes to identifying, reporting, and preventing neglect. There are resources available for staff training, which can facilitate making the topic of neglect a key point of discussion. Early childhood professionals should be willing to get to know families and to take a closer look at any situation concerning the safety of a child. Education, training, and natural abilities to nurture, protect, and educate are among our greatest assets in fighting child neglect.

Resources

National Child-Abuse Hotline:
(800) 422–4453
www.childhelp.org

National Child Traumatic Stress Network: Provides resources, training, and services to educators, families, and children to improve access to help for children who are experiencing traumatic stress.
(310) 235–2633
www.nctsn.org

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