Policy Brief

The Prevalence and Adverse Effects of Child Neglect

Traci Sawyers, Summer 2015

THE PROBLEM

Children's well-being can be negatively affected not only by bad things that happen to them such as physical trauma, but also by the absence of essential experiences in infancy and early childhood.[1]

Neglect is by far the most common form of child maltreatment in the United States. In 2013, nationally, four-fifths (79.0 percent) of victims were neglected, 18.0 percent were physically abused, 9.0 percent were sexually abused and 8.7 percent were psychologically maltreated.[2]

Research over many years has found that children who experience neglect often suffer from a range of adverse problems. Neglect, sometimes called deprivation, is defined by research as a lack of sufficient attention and protection to meet the needs of a child.[3]

Prolonged unresponsiveness can alter brain development and specifically lead to toxic stress which has significant and long-term negative effects on physical and mental health.[4]

Research also demonstrates the "healing power" of moving a neglected child into a nurturing environment, especially at an early age.

The unique issue of child neglect could be impacted significantly by prevention or early intervention, but is often under-addressed even though it is much more prevalent than physical and sexual abuse.[5]

BACKGROUND

Science shows that there is rapid brain development in early childhood. By 3 years of age, a child's brain reaches 90 percent of its adult size.[6]

The brain is made up of circuits wired by genetics and the environment. Children need supportive relationships and responsive environments to build sturdy brain circuits.

A key concept in healthy brain development during infancy and early childhood is the "serve and return" interaction between a child and parent or caregiver.[7] Children reach out for interaction and adults respond with words or eye contact and they go back and forth like a game of tennis.

This process is biologically essential. Therefore, if parents repeatedly miss their babies' cues, brain development can be disrupted which impacts later cognitive, mental and physical health.[8] Further, this lack of responsiveness triggers a biological threat to the child's well-being and activates the body's stress response system. This releases cortisol, often called the "stress hormone."

When a lack of responsiveness continues, prolonged stress activation, also referred to as toxic stress, has lifelong consequences for learning, behavior, and physical and mental health.[9]

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Reasons for a lack of responsiveness by parents or other caregivers can include substance abuse, poverty, depression, social isolation, post traumatic stress, chronic disease and more.

In 1993, the National Research Council (NRC) issued *Understanding Child Abuse and Neglect*, a comprehensive report which outlined a national research agenda focused on child abuse and neglect. In 2013, this report was updated and included new recommendations to address this public health challenge.[10]

The updated report found that both awareness of child abuse and neglect, and efforts to address them, have increased significantly since 1993. As a result, there has been a large reduction in rates of reported physical and sexual abuse. However, it found that reports of psychological and emotional abuse have risen and rates of child neglect show no decline, making up 75 percent of all reported cases nationally. [11]

In 2012, The Harvard University Center on the Developing Child released an important study entitled *The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Development of the Brain* which uses science to argue that neglect can cause even more harm to a young child's development than physical trauma, largely because of the significant consequences of persistent high stress.[12]

The study of neglect and its unique impact on young children began with studies of children living in state-run institutions in Eastern Europe and China but has since been studied in multiple settings. For example, a recent study of foster children in the United States found that disregulated cortisol was uniquely associated with early neglect.

However, the study also found that cortisol patterns could be changed. [13] Children who were moved to more responsive environments largely showed improvements in their cortisol levels. These researchers concluded that helping parents improve their interaction with their child can essentially have the effect of "resetting a child's stress response." [14] However, in cases of severe neglect, children need to be removed and receive therapeutic care to recover.

Evidence-based intervention programs designed to respond to the specific issues of neglect and that have demonstrated effectiveness include the Attachment and Biobehavioral Catch-Up (ABC) Intervention, Child-Parent Psychotherapy (CPP) and Multidimensional Treatment Foster Care for Preschoolers (MTFC-P). [15]

Harvard sites four general types of neglect: 1) physical neglect, which includes a lack of food or other basic needs; 2) psychological neglect, which is a failure to provide adequate social and emotional support; 3) medical neglect, which is a failure to provide appropriate medical care; and 4) educational neglect, which is a failure to provide proper support for learning.

These kinds of neglect often occur together and it can be a challenge to determine the level of severity especially related to psychological neglect. Therefore, Harvard further defines four levels of unresponsive care specifically related to healthy brain development and social and emotional health as a framework for developing strategies to protect children. These include 1) occasional inattention; 2) chronic under-stimulation; 3) severe neglect in a family context; and 4) severe neglect in an institutional setting. [16]

Occasional inattention is when parents or caregivers do not respond consistently to a child's gestures or other needs. If this only happens occasionally and the environment is otherwise responsive, the child can manage this and no lasting harm is done.

Chronic under-stimulation occurs when a caregiver regularly does not provide cognitive or social and emotional support and consistency. This is more serious. This would include infants and toddlers left in

front of a TV for several hours each day. In this case intervention is needed but the child can usually recover.

Severe neglect in a family context involves a persistent lack of serve and return interactions and failure to meet other basic needs. In this case, the child essentially receives no reliable adult care. This can disrupt brain development and lead to toxic stress, with lifelong mental and psychical health consequences.

Similarly, severe neglect in an institutional setting, where children are ignored and under stimulated for most or all of the time, also produces significant and equal brain disruption. Even if the child receives food, medical attention and shelter, the legal criteria for neglect in most states, serious and lasting harm is done.

Severe neglect causes growth problems such as a smaller head circumference and body size. These children also exhibit behavioral problems, are less likely to succeed in school and have lower IQ scores than non-neglected children. [17]

Infants and toddlers are disproportionately at risk for maltreatment.[18] Because these early years set the stage for all that follows, they hold the greatest danger for long-term damage, but also the greatest potential for successful intervention.[19]

Federal legislation provides guidance for state laws on child maltreatment by identifying a minimum set of acts or behaviors that define child abuse and neglect.

The Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended and reauthorized by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as, 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; or an act or failure to act which presents an imminent risk of serious harm." [20]

The Children's Bureau Child Welfare Information Gateway's *Definitions of Child Abuse and Neglect* provides civil definitions that further determine grounds for intervention by state child protective agencies in the different categories of child maltreatment.

The Children's Bureau Child Welfare Information Gateway's definition of child neglect is "the failure of a parent, guardian or other caregiver to provide for a child's basic needs" and includes the four types of neglect referenced above: psychical, medical, educational and emotional.[21] Like acts of physical abuse, harm to a child might not be the intended consequence.[22]

Harvard contends that children who do meet the criteria for reportable neglect may not show it, but have already experienced a significant disruption in brain development, even in developing organs and metabolic systems, that often have serious lifelong consequences.[23]

CHILD NEGLECT IN VERMONT

Vermont's definition of neglect is narrower than the majority of other states.[25] Included in Vermont's definition is physical and medical neglect only. Vermont has a category called "Risk of Harm" to assess significant danger for child maltreatment. The Family Services Division of the Department of Children and Families (DCF) is Vermont's child welfare and youth justice agency.[24]

According to DCF, what is called "Neglect" in other states has been captured largely in Vermont's "Risk of Harm" category.[26] Vermont also has a category called "Emotional Maltreatment" which is defined as a deliberate pattern of malicious behavior that impacts psychological growth and development. [27]

In DCF's most recent "2014 Child Protection in Vermont" report, it found that nearly 29.6 percent of reports that were substantiated fell within the

combined categories of "Risk of Harm" (26.7 percent) and "Neglect/Emotional Maltreatment" (2.9 percent). In this same year, 16 percent of substantiated reports were for "Physical Abuse" and 54.4 percent were for "Sexual Abuse" or "Risk of Sexual Abuse" combined.[28]

Current Vermont Child Abuse and Neglect Definitions (33.V.S.A. 49, 4912) – Risk of Harm, Neglect and Emotional Maltreatment

Vermont law defines an "abused or neglected child" as one whose physical health, psychological growth and development or welfare is harmed, or is at substantial risk of harm, by the acts or omissions of his or her parent or other person responsible for the child's welfare. An "abused or neglected child" also means a child who is sexually abused or at substantial risk of sexual abuse by any person and a child who has died as a result of abuse or neglect.

Risk of Harm: means a significant danger that a child will suffer serious harm by other than accidental means, which harm would be likely to cause physical injury, or sexual abuse, including as the result of: a single, egregious act that has caused a child to be at significant risk of serious physical injury; the production or pre-production of methamphetamines when a child is actually present; failing to provide supervision or care appropriate for the child's age or development and, as a result, the child is at significant risk of serous physical injury; failing to provide supervision or care appropriate for the child's age or development due to use of illegal substances, or misuse of prescription drugs or alcohol; failing to supervise appropriately a child in a situation in which drugs, alcohol or drug paraphernalia are accessible to the child; and a registered sex offender or person substantiated for sexually abusing a child residing with or spending unsupervised time with a child. *Prior to Act 60, Risk of Harm also included neglect and emotional maltreatment in addition to physical injury or sexual abuse*.

Emotional Maltreatment: a pattern of malicious behavior, which results in impaired psychological growth and development.

Neglect: a failure to supply a child with adequate food, clothing, shelter or health care.

The categories and definitions in Vermont make it difficult to compare to national child maltreatment statistics, which unlike Vermont, show the prevalence of neglect at much higher rates and sexual abuse at much lower rates.

DCF staff was very helpful to this author in clarifying how its statistics are formulated. In removing "Sexual abuse by Non-caregivers" data and collapsing "Neglect," "Emotional Maltreatment," "Risk of Harm," and "Risk of Harm Sexual," into a single category, DCF formulates 60-65 percent, a statistic closer to the national "Neglect" statistics.[29]

Of note, DCF staff reported this formulation does not include those "accepted reports that are assigned to alternate tracks," in its differential response model. According to DCF, "The vast majority of allegations that fall under the broad umbrella of neglect will not be assigned to the investigation track. Only cases that are assigned to the investigation track may result in substantiation…"[30]

Vermont's adoption of a non-investigative child abuse assessment track (Differential Response, or DR) for responding to some low- and moderate-risk referrals allows DCF to open a family case without a substantiation and has the potential to connect families with services sooner, while reducing the investigative burden on social workers. But as has been recommended, to be a safe and effective alternative to investigating all accepted referrals, it should be used only in appropriate cases.[31]

In addition, child safety and risk must be assessed initially and on an ongoing basis, and a clear protocol consistently followed in re-assigning assessment cases to receive a full investigation if needed.

This process relies largely on voluntary compliance. If families referred to services choose not to participate in or complete services, the child remains at risk for

continued maltreatment.[32] These referrals assume that neglect is only a low to moderate risk.

In addition, DCF's definitions seem to be far narrower than the Family Court's definition of "without proper parental care" in Children in Need of Care or Supervision (CHINS) B proceedings.[33]

CHINS includes four categories and refers to a child who may be, (A) abandoned or abused, (B) neglected, (C) beyond the parent's control, or (D) absent from school many times without a good reason.[34] These cases are referred to family court where a judge decides what is in the best interest of the child.

CHINS B, more specifically, is defined as a child "without proper parental care or subsistence, education, medical, or other care necessary for his/her well-being." In these proceedings the court can consider historical patterns of parental behavior, even though no one incident may lead to a substantiated report to DCF.

The court examines whether the conditions in the home "substantially depart from the norm." [35]

WHAT IS BEING DONE IN VERMONT

Preventing neglect in Vermont starts with good preconception health, early prenatal care and parent education for all expectant families. Other maternal and child health supports, including a Medical Home and evidence-based home visitation, are proven strategies in supporting families at risk once a child is born.

High quality early care and education programs and Head Start/Early Head Start are also important partners in preventing neglect by providing education and support to families at risk or needing assistance.

Vermont's system to guarantee high quality early care and education is called Step Ahead Recognition System (STARS).

Children's Integrated Services (CIS), is a unique model aimed at integrating early childhood health, mental health, home visiting, early intervention and specialized child care services for pregnant and postpartum women as well as for children birth to age 6.

CIS is designed to improve child and family outcomes by providing services to at-risk families that are coordinated and address gaps in services. CIS has been implemented in 11 of the 12 Vermont Agency of Human Services (AHS) districts.

CIS referrals are made for all children who have a substantiated case of maltreatment or have a need for services after an investigation or assessment. During Fiscal Year 2014 (July 2013 to June 2014), 4,000 children and families were referred to CIS. [36]

In addition, with federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) funding, Vermont has implemented Nurse Family Partnership (NFP), the gold standard in evidence-based home visitation programs.

Results from a randomized controlled trial of NFP showed a 48 percent reduction in maltreatment by mothers who were NFP participants at the 15-year follow-up.[37]

Parents as Teachers (PAT) is another mentionable evidence-based home visitation program found in Vermont, supported by other funding streams.

Another Vermont program utilized by DCF is protective services child care**.** Providers who complete specialized training receive a higher reimbursement rate of subsidy for serving children within protective services.

The child care provider is an important member of a child's treatment team, given he or she spends as much or more time with the child than anyone else. The child care provider sees the parent almost daily, and can informally provide support and education regularly.

To demonstrate, in FY14, 688 children received subsidies to access specialized protective services child care, an increase of 150 children from FY11. [38]

Intensive Family-Based Services is provided by Vermont's Community Mental Health Centers (also referred to as Designated Agencies). This is a short-term home-based service aimed at families who would benefit from coordinated services that meet their family's specific needs to restore positive functioning.

The target population for services includes children who suffered the effects of past abuse and/or neglect. Specific support services for parents with developmental disabilities are also available, and are especially important when looking at risk for neglect. Peer navigation and support is also an important component to family-based services.

Vermont has 15 Parent Child Centers (PCCs) throughout the state. PCCs serve as clearinghouses for general information about child and family issues, provide home visits to families with young children who request home-based support, conduct playgroups, provide parent education and advocate for family-centered services and supports in the community.

The Vermont Children's Alliance (VCA) is Vermont's state chapter of Children's Advocacy Centers (CACs). Regional and community-based CACs exist nationally and throughout Vermont and are accredited by the Children's Alliance, a nationwide not-for-profit organization whose mission is to assist communities seeking to improve their response to child abuse.

CACs are child-focused programs in which representatives from law enforcement, child protection, prosecution, health, mental health, victim advocacy and child advocacy, work together to conduct interviews and make team decisions about investigation, treatment, management and prosecution of child abuse cases.

Many of Vermont's CACs are also Special Investigative Units (SIUs) and use the same multidisciplinary approach as sexual violence against adults.

In addition, the KidSafe Collaborative convenes three different multi-disciplinary teams that provide case planning for children and their families.

The Child Protection Teams are established in Vermont law, Title 33VSA4917. These teams bring together representatives from social services agencies, community-based service providers, pediatric and other medical providers and schools to help families care for their children safely. The three specific teams that KidSafe facilitates are as follows:

1) The community-based Chittenden County Child Protection and Family Support Team (CPFST) provides service coordination and case planning to support the safety and well-being of children and families. Participating agencies include: Burlington Housing Authority, Committee on Temporary Shelter (COTS), HowardCenter, Lund, Visiting Nurses Association (VNA), Vermont Department of Health, Vermont Department for Children and Families, and others.

2) The Children and Recovering Mothers (CHARM) Child Protection Team coordinates services specifically for opiate dependent pregnant and postpartum women and their children.

3) The Early Childhood Malnutrition project provides support related to nutrition and healthy development. This team developed an assessment tool for pediatricians and social service workers to help identify "failure to thrive" in young children. They also provide grocery vouchers for families served by the Visiting Nurses Association who have a child experiencing undernutrition.

Prevent Child Abuse Vermont (PCAV) is a statewide organization which works to increase awareness about the prevention of child abuse and neglect. For over 38 years, PCAV has been working to prevent child abuse and neglect through parent education, support and public awareness. Among other intitaives, PCAV provides statewide training on Shaken Baby syndrome.

Largely spurred by the physical abuse and resulting deaths of two toddlers within DCF custody, the 2015 Vermont legislature passed important legislation intended to increase the protection of children in the child welfare system. [39]

Act 60, as it is named, requires DCF to focus "on the best interests of the child," and place children in a safe, nurturing environment with their parents or with other caregivers if necessary. The new law also adds or amends some of Vermont's child maltreatment definitions.

At the request of DCF, this included deleting "Neglect" and "Emotional Maltreatment" previously included in Vermont's "Risk of Harm" definition. DCF reports that its Family Services Division "has never been able to operationalize what 'risk of neglect' or 'risk of emotional maltreatment' looked like."[40]

It is unclear how this will further impact Vermont's ability to track child neglect.

The new law also focuses on increasing communication between agencies and individuals working with these children and families, increasing mandatory reporting, increasing training of DCF workers and improving the timeliness and process of Children in Need of Care or Supervision (CNCS) court processes.

Act 60 directs the Agency of Human Services to identify and utilize evidence-informed models of serving families that prioritize child safety and prevention of child abuse and neglect through early interventions with high-risk families that specifically develop family strengths and reduce the impact of adverse childhood experiences.

Act 60 establishes a joint legislative child protection oversight committee that will monitor and evaluate programs in the child welfare system through 2018.

There are several other provisions to this law not discussed in this policy brief because the provisions were not specifically addressing neglect.

SPECIAL MENTION DUE TO PREVALENCE

Opiate addiction is a major factor impacting child protection services in Vermont. The number of opioid-exposed newborns followed at Fletcher-Allen Health Center increased from 12 in 2002 to 136 in 2012. [41]

Substance abuse is a leading concern identified in reports of child abuse and neglect. In 2014, reports to the child protection line cited substance abuse almost twice as often as financial stress, the next leading cause.[42]

In 2014, 70 percent of cases involving children below the age of 3 involved the use of opiates in the family.[43] In addition, according to DCF's 2014 Child Protection report, 1,326 children are in DCF custody — a 33 percent increase since the beginning of 2014. This increase is primarily driven by parental opioid use. This increase was most significant for children under the age of 6 (68 percent).[44]

Substance abuse increases family stress and negatively affects a parent's ability to keep a child safe. It can often be a key contributor to neglect. When mothers or fathers abuse substances, their ability to bond with their child may be weakened. These parents may have difficulty picking up their babies' cues because it can dull response time and alter perceptions.[45]

RECOMMENDATIONS

Despite the programs and services above, Vermont needs an immediate and coordinated strategy to understand, prevent and treat early child neglect. Specifically:

- Provide ample certified continuing education to DCF protective services staff so they better understand the science of neglect and how the absence of essential experiences can have lasting and negative impacts on young children.

- Align Vermont's child maltreatment categories and definitions to federal standards. The differing definitions confuse and restrict Vermont's ability to compare its numbers to national data and understand the full impact of child neglect trends in this state.

- Broaden the statutory definition of "Neglect" to ensure Vermont's child protection laws encompass all forms of neglect: physical, psychological, medical and educational.

- Expand Vermont's definition of "Emotional Maltreatment" to include both "Malicious" and "Grossly Negligent" behavior and

- Put "Neglect" and "Emotional Maltreatment" back in the definition of Vermont's "Risk of Harm."

- Document and report the family assessment track in Vermont's differential response model in the specific context of neglect and the significant risk it poses to children's brain development and well-being and its long-term negative effect on physical and mental health.

- View neglect as a higher risk to children than the current view, which is low to moderate.

- Ensure a continuum of prenatal, child and family services and supports that integrate health, human services and education systems.

- Ensure families have greater access to Medical and Dental Homes, evidence-based home visitation, proper nutrition, and mental health/social and emotional health services.

- Significantly increase funding to Vermont's Child Care Financial Assistance Program (CCFAP) to the extent that subsidy reimbursements are adequate and match current child care market rates. At-risk children in particular demonstrate higher and long-term gains as a result of high quality child care.

- Significantly increase financial incentives of Vermont's STep Ahead Recognition System (STARS) to adequately reward programs of high quality.

- Provide universal parent education so parents understand the importance of a nurturing environment prenatally, through birth and beyond.

- Partner with local community collaboratives, to increase public education about the effects of neglect and how to build a safety-net for young children and families, especially vulnerable families.

- Incorporate evidence-based assessments of parent/caregiver-child attachment in all DCF case planning.

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About These Policy Briefs:

This is one in a series of policy briefs designed to focus our collective attention on issues that affect our young children and families. These briefs, as well as an annual *How Are Vermont's Young Children and Families?* report are part of an initiative by Building Bright Futures State Advisory Council, connected to the Vermont Early Childhood Framework recently unveiled at Governor Shumlin's Early Childhood Summit in 2013. For more information, call Building Bright Futures at 802-876-5010 or find out more on line: www.buildingbrightfutures.org

About Project LAUNCH:

Project LAUNCH (Linking Actions for Unmet Needs in Children's Heath) is a federal initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Vermont Department of Health (VDH) received a five-year SAMHSA Project LAUNCH grant in 2012. Project LAUNCH is being piloted in Chittenden County and is grounded in a comprehensive view of health that addresses the physical, emotional, social, cognitive and behavioral aspects of well-being. Building Bright Futures State Advisory Council, Inc. serves as the grantee of VDH for Project LAUNCH implementation.

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Traci Sawyers holds a M.A. in public policy from Tufts University and has 25 years experience in child and family policy, maternal/child health and behavioral health. In these areas, she has been a writer, lobbyist, researcher, planner, program administrator, consultant, facilitator, grant writer/administrator, elected official, and organizational director. She is currently the Early Childhood Health Policy Expert for Building Bright Futures and Vermont's Project LAUNCH initiative.