



Child Neglect I: Scope, Consequences, and Risk and Protective Factors

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Child neglect is one of the most recognizable, enduring, and prevalent forms of child maltreatment. This information sheet, Child Neglect I, examines the definition of, assessment of, etiology (causes) of, and sequelae (effects) of, and factors associated with child neglect. Child Neglect II examines prevention and intervention programs.

Definition of Neglect

The word “neglect” is associated with different connotations, denotations, causes, and consequences across disciplines as well as jurisdictions (Hearn, 2011). Neglect can be defined as caregivers’ *actions or omissions*, or it can be defined by *the effects* of the actions/omissions of the caregiver on the child (Cicchetti & Toth, 2005). Developmental psychologists define neglect as, “the absence of sufficient attention, responsiveness and protection that are appropriate to the age and needs of the child” (National Scientific Council on the Developing Child, 2012, p. 2). Social work tends to define neglect as including both “failure to provide minimum care” and “lack of supervision” that presents a risk of serious harm to a child which meets the legal standard for government intervention through child protective services (CPS) (Cicchetti & Toth, 2005, p. 410; Gilbert et al., 2009; National Scientific Council on the Developing Child, 2012). Legal thresholds for neglect also typically involve measures of severity, chronicity, and vulnerability, although the concept of “failure to provide minimum care” is rarely clearly delineated through objective standards.

The literature and legislation on child neglect may include specific reference to the four main “subtypes of neglect”: (1) physical neglect (e.g. failure to provide basic needs, or supervision in order to ensure safety), (2) emotional neglect¹ (e.g. failure to attend to a child’s psychological, emotional, or social needs), (3) medical neglect (e.g. failure to provide/seek necessary medical treatment), and (4) educational neglect (e.g. failure to ensure that a child’s formal educational needs are being met; Daniel, Taylor, & Scott, 2011; English, Thompson, Graham, & Briggs, 2005; National Scientific Council on the Developing Child, 2012). Neglect subtypes, like many maltreatment subtypes, have been found to be co-occurring as well as distinct (Jonson-Reid, Drake, Chung, & Way, 2003; Kaufman, Jones, Stieglitz, Vitulano, & Mannarino, 1994; National Scientific Council on the Developing Child, 2012; Pears, Kim, & Fisher, 2008). However, much of the research on the causes and consequences of neglect does not clearly distinguish between subtypes². For example, a study that examines the educational outcomes of children who have

been neglected may not distinguish between children who have experienced emotional or supervisory neglect, although it is generally acknowledged that the two subtypes have distinct causes and consequences.

Assessment of Child Neglect

Formal assessments of neglect typically involve an investigation that aims to determine whether or not an allegation of neglect is founded based on whether it rises to the legal, community, or agency standard that necessitates protective intervention (Trocmé, 1992). Safety and risk assessments may be conducted to determine the immediate risk to the child and to determine the exact concerns necessitating a protective response. If the report is substantiated, meaning if the allegations of neglect are founded, further protective intervention via CPS is usually required. Protective interventions aim to: improve family dynamics, reduce environmental hazards, and enhance parenting behaviours, with the corresponding goal of promoting the long-term safety, growth and development of children (DePanfilis, 2006).

The assessment of neglect by CPS workers is difficult because the harm caused by an omission in care is not always apparent (English et al., 2005). Behaviours that may indicate neglectful parenting include if a parent: appears indifferent to their child, is apathetic or depressed, behaves irrationally, abuses substances, denies a child's educational or behavioural problems, views a child in a wholly negative light, or relies on a child for satisfaction of emotional needs (DePanfilis, 2006). Given that direct observation of these behaviours is difficult for workers, neglect is often assessed by direct indicators of deprivation or a child's unmet basic needs (e.g. hunger, inappropriate clothing, untreated health problems; DePanfilis, 2006). In the absence of clear and severe evidence of deprivation or harm, assessment of neglect may often rely on a comparison between normative standards of parenting behaviour within a given context (normative "context-based parenting") and what is deemed as poor parenting within the same context (Combs-Orme, Wilson, Cain, Page, & Kirby, 2003).

Although identification of neglect involves clinical and subjective judgment, *it is possible* for caseworkers to reliably define and distinguish neglectful practices (including those that are emotionally harmful) from poor parenting (Trocmé, 1992, 1996; Wolfe & McIsaac, 2011). Furthermore, parents and children can themselves identify and distinguish neglectful behaviour from non-normative behaviour. Self-report neglect measures (the Multidimensional Neglectful Behaviour Scales or MNBS) have shown high reliability when tested among parents, children, and adults (Kantor et al., 2004; Straus, 2006). Studies reporting the validity and reliability of the MNBS measured the chronicity and severity of multiple dimensions of parental neglectful behaviour while also controlling for social desirability, socioeconomic status, cognitive ability, and physical maltreatment (Kantor et al., 2004; Straus, 2006).

Scope of Neglect

Child abuse and neglect prevalence is measured through: self-report, observation, and use of CPS administrative data or reports (Cicchetti & Toth, 2005). Most often, however, scope of neglect is measured through official CPS reports or an estimate of annual incidence of CPS reports. In the 2008 cycle of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008),

neglect was the largest primary category of substantiated child maltreatment investigations, representing an estimated 34% of substantiated investigations (Public Health Agency of Canada, 2010). Neglect was also the largest category of substantiated child maltreatment investigations in the 2003 and 1998 CIS cycles (Trocmé et al., 2001, 2005). Although neglect is defined differently in national incidence studies in the US³, it is also the most prevalent type of investigated child maltreatment (Sedlak et al., 2010). Table 1 shows that in Canada, the annual incidence of substantiated child neglect (not including maltreatment that is considered neglect in the NIS⁴)

Table 1

Primary Neglect Subtype and Neglect-like Investigated Maltreatment by Level of Substantiation[^]

	Substantiated			All Investigations		
	<i>n</i>	%	Rate per 1,000	<i>n</i>	%	Rate per 1,000
Neglect Subtype						
Failure to supervise: physical harm	12,793	15.0%	2.12	26,547	11.3%	11.26
Failure to supervise: sexual abuse	585	0.7%	0.10	2,746	1.2%	1.16
Permitting criminal behaviour	274	0.3%	0.05	722	0.3%	0.31
Physical neglect	9,113	10.7%	1.51	20,650	8.8%	8.76
Medical neglect (includes dental)	1,510	1.8%	0.25	3,574	1.5%	1.52
Failure to provide psych. tx	756	0.9%	0.13	1,501	0.6%	0.64
Abandonment	2,196	2.6%	0.36	3,980	6.4%	1.69
Educational neglect	1,712	2.0%	0.28	2,666	1.1%	1.13
Total Neglect	28,939	33.9%	4.81	62,386	26.5%	10.35
Other Maltreatment Often Considered Neglect (Neglect-like Maltreatment)						
Inadequate nurturing	1,382	1.6%	0.23	2,910	1.2%	1.23
Exposure to intimate partner violence	29,259	34.2%	4.86	41,178	17.5%	6.83
Total Neglect and Neglect-like Maltreatment	59,579	69.7%	9.89	106,476	45.1%	17.68
All Maltreatment Investigations	85,440	100.0%	14.19	235,841	100.0%	39.16

[^] Author's calculations based on the Canadian Incidence Study of Reported Child Abuse and Neglect (2008)

was 4.81 per 1,000 children in 2008. If the definition of neglect is widened from the Canadian definition in the CIS to the American definition in the NIS, the annual incidence of substantiated neglect was estimated to be 9.89 per 1,000 children in 2008. Reported child maltreatment statistics

are often referred to as “the tip of the iceberg” in terms of representing the true prevalence of child maltreatment (MacMillan, Jamieson, & Walsh, 2003; Public Health Agency of Canada, 2010). For example⁵, a recent Canadian community study estimated the prevalence of child physical and sexual abuse to be two to three times higher than the annual incidence rates reported in the CIS (MacMillan et al., 1997).

Causes and Consequences of Neglect

Etiology of Neglect⁶

There is no theory that fully explains why child neglect occurs, and existing theories of neglect overlap with each other as well as theories of child maltreatment (Schumaker, 2012). Causal models of neglect often inform intervention design (Smith & Fong, 2004). Three distinct causal models of neglect are: the parental deficit model, the environmental deficit model, and the ecological-transactional model

Aside from the need for a safe physical environment, children also need nurturing and secure emotional attachments to their caregivers in order to develop successfully (Ainsworth, 1969). In Anglo-American child protection paradigms, individuals, as opposed to communities, are considered to have primary responsibility for ensuring the well-being of their children (Cameron, Freymond, Cornfield, & Palmer, 2007). Thus, in Canada, the primary cause of child neglect is usually defined as a failure in parenting. In this causal model, dubbed the parental deficit model, parental attributes (such as psychopathology, cognitive distortions, or experiences of being inadequately cared for) are the major causal factors for child neglect (Smith & Fong, 2004). This model is supported by research that finds, after controlling for poverty and social context, neglectful parents are more likely to be depressed, emotionally immature, or have poor parenting practices (Hildyard & Wolfe, 2007; Smith & Fong, 2004). Some have argued that this causal model identifies “neglect” as a failure in mothering based on normative expectations of mothers (Cameron et al., 2007; Swift, 1995a, 1995b). The parental deficit model does not focus on social and economic circumstances that contribute to parenting, as well contribute to the recognition and substantiation of neglect.

The environmental deficit model posits that material deprivations are the primary cause of child neglect. Drawing heavily from sociological theories explaining the causes and effects of intergenerational poverty, this model posits that poverty-induced stress can render parents overwhelmed and unable to materially or emotionally provide for their children (Pelton, 1978; Schumaker, 2012). The link between poverty and child neglect is strong, and some research has shown that parenting characteristics do not mediate the link between material hardship and neglect (Slack, Holl, McDaniel, Yoo, & Bolger, 2004). However, the environmental model largely eschews the complex parental psychological and interpersonal factors often associated with neglect, including childhood trauma, substance abuse, cognitive deficits, and mental health concerns (Smith & Fong, 2004).

The third model, the ecological-transactional model of child neglect, theorizes that neglect is caused by an interaction between familial attributes and environmental factors. It focuses on the stress levels and coping strategies present in families and proposes that when stresses outweigh

coping strategies, neglect can occur (Daniel et al., 2011; Smith & Fong, 2004). The model is supported by research that finds social supports to be a protective factor for high-risk families (Smith & Fong, 2004).

Sequelae of Neglect

Early experiences of adversity shape development, and children who experience early childhood neglect are more likely to experience negative health, cognitive, emotional, and social developmental outcomes throughout their lives (DePanfilis, 2006; Hildyard & Wolfe, 2002; National Scientific Council on the Developing Child, 2012; Perry, Pollard, Blakley, Baker, & Vigilante, 1995). The effects of neglectful parenting behaviours or deprived circumstances on children are shaped by children's needs at the time of the omission (Crouch & Milner, 1993, p. 52). Children's needs are not solely based on their age; children who are disabled or who have prior histories of maltreatment may have higher needs than those who do not.

Serious and chronic deprivation disrupts brain development leading to alterations in the stress response systems of children, and may limit their ability to cope with adversity (National Scientific Council on the Developing Child, 2012). Severe and chronic neglect is associated with lower brain activity, abnormal adrenaline activity, and decreased regulation of cortisol in young children (Kertes, Gunnar, Madsen, & Long, 2008; National Scientific Council on the Developing Child, 2012). In the short-term, neglected children may have difficulties connecting to their peers or caregivers in secure and positive ways (DePanfilis, 2006). They may also struggle with poorer impulse control, greater negative emotions, and lower self-esteem. Impulse control may be connected to aggression in neglected children; children who experienced neglect (measured by substantiated neglect investigations) under the age of two, showed higher levels of aggression reported by caregivers at ages four, six, and eight (Kotch et al., 2008). These struggles may be related to the higher risk of neglected children to be diagnosed with formal learning disabilities such as executive function deficits, attention deficit hyperactivity disorder, or visual processing deficits (National Scientific Council on the Developing Child, 2012). Children who grow up in severely neglectful environments are at high risk of physical growth stunting, and may be more likely to be stricken with stress-related illnesses and diseases (National Scientific Council on the Developing Child, 2012). Non-organic failure to thrive in infants is caused by parental social, emotional, and physical neglect, and can be fatal (Crouch & Milner, 1993). Importantly, the mortality rate of children who are severely neglected are as high or higher than that of severely physically abused children (Smith & Fong, 2004). Children who die from severe deprivation succumb to drowning, smoke inhalation, suffocation, poisoning or starvation (Smith & Fong, 2004).

In the long term, neglected children face higher risks of emotional, behavioural, and interpersonal difficulties (Daniel et al., 2011). If children grow up in neglectful environments for a long period of time, they are at increased risk of mental health disorders, including depression and personality disorders (Johnson, Smailes, Cohen, Brown, & Bernstein, 2000). Neglected children also often face lifelong difficulties with learning, with lower IQ scores on average and lower levels of academic achievement (DePanfilis, 2006). Neglect is associated with increased juvenile delinquency, adult criminal activity, substance abuse, and domestic violence (DePanfilis, 2006).

Risk and Protective Factors for Neglect

Risk Factors

Many environmental, social, familial, and individual factors can influence the ability of parents to meet the physical and emotional needs of their children. Strong family and community factors that are associated with child neglect include: poverty, lone parent caregivers, maternal age, and lack of social supports. Poverty and neglect are linked, and poverty is major risk factor for neglect (Berger & Waldfogel, 2011; Cancian, Slack, & Yang, 2010; DePanfilis, 2006; Pelton, 1978; Schumaker, 2012). Chronic neighbourhood poverty is also a strong risk factor for neglect, as well as chronic life stress (DePanfilis, 2006; Jonson-Reid, Drake, & Zhou, 2013; Schumacher, Slep, & Heyman, 2001). Parental characteristics that are associated with neglect include: substance abuse, mental health concerns, low self-esteem, history of experiencing child maltreatment, lack of parenting knowledge, and cognitive concerns. (Daniel et al., 2011) By linking birth records to a CPS administrative database, Putnam-Hornstein and Needell (2011) found that the predicted probability of a child being reported to child protective services under the age of five was approximately 90% if the child was born with three or more risk factors (defined as prenatal care that began after the first trimester, missing paternity, parental education less than or equal to a high school education, three or more children in the family, maternal age under 25 years, and public health care coverage of the birth for a US-born mother).

Protective Factors

Protective factors for families at risk of neglect include social supports, specifically: emotional, tangible, decision-making, self-esteem and companionship support. These types of social supports can be powerful for families facing high stress or adverse situations. Social supports may prevent the occurrence of child neglect and also mitigate the effects of neglect on children (DePanfilis, 2006). Other protective factors include: religiosity, strong coping strategies, cultural ties, community connections, economic stability, and supportive child-parent relationships (DePanfilis, 2006).

Conclusion

Neglect is the most prevalent form of child maltreatment in Canada and in the United States. Despite this, a wide research gap exists in terms of the causes and consequences of neglect. Although there is no definitive causal model of child neglect, it is clear that individual, family, and community level factors play a role. Environmental, social, familial, and individual factors can strongly influence the ability of parents to meet the physical and emotional needs of their children. When the basic needs of children are unmet, their social, emotional, and biological development can be disrupted in ways that may have long-term negative consequences.

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References

- Ainsworth, M. D. (1969). Object relations, dependency, and attachment: A theoretical review of the infant-mother relationship. *Child Development*, 40(4), 969–1025. doi:10.2307/1127008
- Berger, L. M., & Waldfogel, J. (2011). *Economic determinants and consequences of child maltreatment* (No. 111). Paris, France: OECD. Retrieved from <http://dx.doi.org/10.1787/5kgf09zj7h9t-en>
- Cameron, G., Freymond, N., Cornfield, D., & Palmer, S. (2007). Positive possibilities for child and family welfare: Expanding the Anglo-American child protection paradigm. In G. Cameron, N. Coady, & G. R. Adams (Eds.), *Moving Toward Positive Systems of Child and Family Welfare: Current Issues and Future Directions*. Kitchner, ON: Wilfrid Laurier University Press.
- Cancian, M., Slack, K. S., & Yang, M. Y. (2010). *The effect of family income on risk of child maltreatment* (Discussion Paper No. 1385-10). Madison, WI: Institute for Research on Poverty.
- Cicchetti, D., & Toth, S. L. (2005). Child Maltreatment. *Annual Review of Clinical Psychology*, 1(1), 409–438. doi:10.1146/annurev.clinpsy.1.102803.144029
- Combs-Orme, T., Wilson, E. E., Cain, D. S., Page, T., & Kirby, L. D. (2003). Context-Based Parenting in Infancy: Background and Conceptual Issues. *Child and Adolescent Social Work Journal*, 20(6), 437–472.
- Crosson-Tower, C. (2010). The neglect of children. In *Understanding child abuse and neglect* (8th ed., pp. 67–95). Boston, MA: Allyn & Bacon.
- Crouch, J. L., & Milner, J. S. (1993). Effects of Child Neglect on Children. *Criminal Justice and Behavior*, 20(1), 49–65. doi:10.1177/0093854893020001005
- Daniel, B., Taylor, J., & Scott, J. (2011). *Recognizing and helping the neglected child: Evidence-based practice for assessment and intervention*. London, UK: Jessica Kingsley Publishers.
- DePanfilis, D. (2006). *Child neglect: A guide for prevention, assessment, and intervention*. Washington, DC: U.S. Department of Health and Human Services; Administration for Children and Families; Administration on Children, Youth and Families; Children’s Bureau; Office on Child Abuse and Neglect. Retrieved from <https://www.childwelfare.gov/pubs/usermanuals/neglect/>
- English, D. J., Thompson, R., Graham, J. C., & Briggs, E. C. (2005). Toward a Definition of Neglect in Young Children. *Child Maltreatment*, 10(2), 190–206. doi:10.1177/1077559505275178
- Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet*, 373(9657), 68–81. doi:10.1016/S0140-6736(08)61706-7
- Hearn, J. (2011). Unmet needs in addressing child neglect: Should we go back to the drawing board? *Children and Youth Services Review*, 33(5), 715–722. doi:10.1016/j.childyouth.2010.11.011
- Hildyard, K., & Wolfe, D. (2007). Cognitive processes associated with child neglect. *Child Abuse & Neglect*, 31(8), 895–907. doi:10.1016/j.chiabu.2007.02.007
- Hildyard, K., & Wolfe, D. A. (2002). Child neglect: developmental issues and outcomes☆. *Child Abuse & Neglect*, 26(6–7), 679–695. doi:10.1016/S0145-2134(02)00341-1
- Johnson, J. G., Smailes, E. M., Cohen, P., Brown, J., & Bernstein, D. P. (2000). Associations Between Four Types of Childhood Neglect and Personality Disorder Symptoms During Adolescence and Early Adulthood: Findings of a Community-Based Longitudinal Study. *Journal of Personality Disorders*, 14(2), 171–187. doi:10.1521/pedi.2000.14.2.171

- Jonson-Reid, M., Drake, B., Chung, S., & Way, I. (2003). Cross-type recidivism among child maltreatment victims and perpetrators. *Child Abuse & Neglect*, 27(8), 899–917. doi:10.1016/S0145-2134(03)00138-8
- Jonson-Reid, M., Drake, B., & Zhou, P. (2013). Neglect Subtypes, Race, and Poverty Individual, Family, and Service Characteristics. *Child Maltreatment*, 18(1), 30–41. doi:10.1177/1077559512462452
- Kantor, G. K., Holt, M. K., Mebert, C. J., Straus, M. A., Drach, K. M., Ricci, L. R., ... Brown, W. (2004). Development and Preliminary Psychometric Properties of the Multidimensional Neglectful Behavior Scale-Child Report. *Child Maltreatment*, 9(4), 409–428. doi:10.1177/1077559504269530
- Kaufman, J., Jones, B., Stieglitz, E., Vitulano, L., & Mannarino, A. P. (1994). The use of multiple informants to assess children’s maltreatment experiences. *Journal of Family Violence*, 9(3), 227–248. doi:10.1007/BF01531949
- Kertes, D. A., Gunnar, M. R., Madsen, N. J., & Long, J. D. (2008). Early deprivation and home basal cortisol levels: A study of internationally adopted children. *Development and Psychopathology*, 20(02), 473–491. doi:10.1017/S0954579408000230
- Kotch, J. B., Lewis, T., Hussey, J. M., English, D., Thompson, R., Litrownik, A. J., ... Dubowitz, H. (2008). Importance of Early Neglect for Childhood Aggression. *Pediatrics*, 121(4), 725–731. doi:10.1542/peds.2006-3622
- MacMillan, H. L., Fleming, J., Trocmé, N., Boyle, M., Wong, M., Racine, Y., ... Offord, D. (1997). Prevalence of child physical and sexual abuse in the community: Results from the ontario health supplement. *JAMA*, 278(2), 131–135. doi:10.1001/jama.1997.03550020063039
- MacMillan, H. L., Jamieson, E., & Walsh, C. A. (2003). Reported contact with child protection services among those reporting child physical and sexual abuse: results from a community survey. *Child Abuse & Neglect*, 27(12), 1397–1408. doi:10.1016/j.chiabu.2003.06.003
- National Scientific Council on the Developing Child. (2012). *The science of neglect: The persistent absence of responsive care disrupts the developing brain* (Working Paper No. 12). Cambridge, MA: Harvard University. Retrieved from http://developingchild.harvard.edu/resources/reports_and_working_papers/working_papers/wp12/
- Pears, K. C., Kim, H. K., & Fisher, P. A. (2008). Psychosocial and cognitive functioning of children with specific profiles of maltreatment. *Child Abuse & Neglect*, 32(10), 958–971. doi:10.1016/j.chiabu.2007.12.009
- Pelton, L. H. (1978). Child Abuse and Neglect: The myth of classlessness. *American Journal of Orthopsychiatry*, 48(4), 608–617. doi:10.1111/j.1939-0025.1978.tb02565.x
- Perry, B. D., Pollard, R. A., Blakley, T. L., Baker, W. L., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, and “use-dependent” development of the brain: How “states” become “traits.” *Infant Mental Health Journal*, 16(4), 271–291. doi:10.1002/1097-0355(199524)16:4<271::AID-IMHJ2280160404>3.0.CO;2-B
- Public Health Agency of Canada. (2010). *Canadian incidence study of reported child abuse and neglect 2008: Major findings* (p. 122). Public Health Agency of Canada. Retrieved from <http://cwrp.ca/publications/2117>
- Putnam-Hornstein, E., & Needell, B. (2011). Predictors of child protective service contact between birth and age five: An examination of California’s 2002 birth cohort. *Children and Youth Services Review*, 33(8), 1337–1344. doi:10.1016/j.chilyouth.2011.04.006
- Roberts, D. (2002). *Shattered bonds: The color of child welfare*. New York, NY: Basic Books.
- Schumacher, J. A., Slep, A. M. S., & Heyman, R. E. (2001). Risk factors for child neglect. *Aggression and Violent Behavior*, 6(2–3), 231–254. doi:10.1016/S1359-1789(00)00024-0
- Schumaker, K. (2012). *An exploration of the relationship between poverty and child neglect in Canadian child welfare* (Doctoral Dissertation). University of Toronto, Toronto, ON.
- Sedlak, A. J., Mettenberg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth national incidence study of reported child abuse and neglect (NIS-4)* (Report to Congress). Washington, DC: U.S. Department of Health and Human Services (DHHS) Administration for Children and Families (ACF) Office of Planning, Research, and Evaluation (OPRE) and the

- Children's Bureau. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/nis4_report_congress_full_pdf_jan2010.pdf
- Slack, K. S., Holl, J. L., McDaniel, M., Yoo, J., & Bolger, K. (2004). Understanding the risks of child neglect: An exploration of poverty and parenting characteristics. *Child Maltreatment, 9*(4), 395–408. doi:10.1177/1077559504269193
- Smith, M. G., & Fong, R. (2004). *The children of neglect*. New York, NY: Brunner-Routledge.
- Straus, M. A. (2006). Cross-cultural reliability and validity of the Multidimensional Neglectful Behavior Scale Adult Recall Short Form. *Child Abuse & Neglect, 30*(11), 1257–1279. doi:10.1016/j.chiabu.2005.11.014
- Swift, K. (1995a). An outrage to common decency: historical perspectives on child neglect. *Child Welfare, 74*(1), 71–91.
- Swift, K. (1995b). *Manufacturing "bad mothers": A critical perspective on child neglect*. Toronto, ON: University of Toronto Press.
- Trocmé, N. (1992). *Development of an expert-based Child Neglect Index: Making social work practice knowledge explicit* (Ph.D.). University of Toronto (Canada), Canada. Retrieved from <http://search.proquest.com/pqdtft/docview/304022833/abstract/8547ECC8CF83489DPQ/1?accountid=12339>
- Trocmé, N. (1996). Development and Preliminary Evaluation of the Ontario Child Neglect Index. *Child Maltreatment, 1*(2), 145–155. doi:10.1177/1077559596001002006
- Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., ... Cloutier, J. (2005). *Canadian incidence study of reported child abuse and neglect 2003: Major findings* (p. 162). Public Health Agency of Canada. Retrieved from <http://cwrp.ca/publications/887>
- Trocmé, N., MacLaurin, B., Fallon, B., Tourigny, M., Mayer, M., Wright, J., ... McKenzie, B. (2001). *Canadian incidence study of reported child abuse and neglect 1998: Major findings* (p. 210). Public Health Agency of Canada. Retrieved from <http://cwrp.ca/publications/885>
- Turney, D. (2000). The feminizing of neglect. *Child & Family Social Work, 5*(1).
- Wolfe, D. A., & McIsaac, C. (2011). Distinguishing between poor/dysfunctional parenting and child emotional maltreatment. *Child Abuse & Neglect, 35*(10), 802–813. doi:10.1016/j.chiabu.2010.12.009

¹ Emotional neglect can also be thought of as emotional maltreatment. In some jurisdictions emotional neglect, or the “gross indifference and inattentiveness to a child’s developmental or special needs,” is subsumed under the construct of emotional maltreatment (Wolfe & McIsaac, 2011, p. 804). Emotional maltreatment can also include witnessing interpersonal violence (IPV). In the fourth National Incidence Study (US), emotional neglect includes exposure to IPV (Sedlak et al., 2010). In the third cycle of the Canadian Incidence Study, the category of maltreatment that includes emotional neglect is emotional maltreatment; however, emotional maltreatment excludes exposure to IPV (Public Health Agency of Canada, 2010).

² Research on case characteristics of reported child neglect generally explores correlates and predictors, not causes and consequences.

³ See note one. Neglect in the NIS includes emotional, physical, educational, and medical subtypes. These subtypes also include maltreatment experiences that would be classified under different constructs in the CIS (e.g. emotional neglect includes exposure to IPV in the NIS but exposure to IPV is its own classification of maltreatment in the CIS). Neglect comprised 61% of all maltreatment meeting the harm standard (see Sedlak et al., 2010) and 77% of maltreatment meeting the endangerment standard. Table 1 shows that the proportion of investigated maltreatment under the NIS-inspired wider “neglect-like” categories was approximately 72% in Canada in 2008.

⁴ See note three.

⁵ This literature review did not uncover studies that examined the prevalence of neglect in community or clinical samples (Gilbert et al., 2009).

⁶ This brief summary of the etiology of neglect does not belie the fact that other models of child neglect exist, particularly those focused on explaining the outcomes for neglected children.