THE IMPACT OF CHILD NEGLECT ON SUPERVISED VISITATION

Introduction

Child neglect is the most common form of child maltreatment and accounts for approximately 55% of all child protective services reports. Often child neglect is a secondary result of a parent's substance abuse, mental illness, or developmental disability. Child neglect can involve inadequate shelter or nutrition, parental refusal to obtain appropriate needed medical or educational assistance, or lack of supervision resulting in child injury or harm. Neglected children who are removed from their parents may be placed in out-of-home or relative placements and may be brought to supervised visitation programs to maintain contact with their parents. Often parents who are neglectful are required to participate in parent education, household training, substance abuse treatment, or other services in order to show evidence that they are complying with a case management plan. Although the caseworker from DCF or the CBC is responsible for developing a case plan for the parent, supervised visitation staff may be able to assist with identifying additional community resources for the family if the program engages in collaboration with local agencies and professionals.

Overview

This chapter presents information on the most common categories of child neglect, discusses common research theories on ecological causes of this neglect, and describes common consequences of neglect. Additionally, information is provided about how characteristics of neglectful parents may affect visits and what strategies may be used to facilitate visits between a neglectful parent and a child.

Objectives

Upon completion of this chapter, a visit monitor will be able to:

1. State the prevalence of certain indicators of child neglect based upon current research findings;
2. Define child neglect;
3. Identify types of child neglect and give examples of each;
4. Discuss common theories regarding causes of child neglect;
5. Discuss intellectual, physical, social, and psychological consequences of child neglect;
6. Identify risk factors and determine necessary interventions during visits;
7. Understand the impact of neglectful parents upon supervised visitation staff;

8. Employ effective techniques to facilitate visits between a neglectful parent and child; and

9. Understanding mandatory reporting laws regarding child abuse and neglect.

**Snapshots**

- Almost 43% of identified child neglect is reported to be physical: inadequate shelter, nutrition, and clothing.

- The average age of a neglected child in the U.S. is six years of age.

- Children whose parents are abusing drugs or alcohol are four times more likely to be neglected than children whose parents are not substance abusers.

- Child neglect occurs across all societal levels, but rates are higher in families with very low incomes, who are unemployed and/or who rely on public assistance.

- In a substantial number of child neglect cases, the neglect is secondary to the parents’ drug use, mental illness, or low level of intellectual functioning.

- Neglected children experience social difficulties, intellectual deficits, emotional and/or behavioral problems as well as physical consequences of their neglect.

- Drug and alcohol abuse has been documented in up to 70% of newly reported cases of child neglect.

- Child fatalities due to neglect most often result from lack of supervision.

- The estimated rate of neglect among families with four or more children was almost double the rate among families with three or fewer children.

- Families of color are over-represented in social services agency case loads.

**Definition of Child Neglect**

Child neglect, unlike child physical abuse, is not easily defined. Researchers and law enforcement personnel differ in their definitions of what constitutes neglect. Traditional definitions of child neglect have focused on the failure of the caregiver(s) to act in culturally sanctioned ways to fulfill responsibilities for the development of the child. Definitions that are more current consider systemic factors that may also contribute to neglect. In defining neglect of a child, it is important to consider the following:

- What are the basic needs of a child?

- What actions or failures to act on the part of parents or other caregivers constitute neglectful behavior?

- Are the parents’ actions or inactions intentional?

- What are the effects of these actions/inactions on the child’s safety and development?
- Is the family’s situation a result of poverty?
- What are the developmental stage and age of the child?

**Florida’s Statutory Definition**

Florida Statutes 39.01 defines neglect as occurring when

...a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired. The foregoing circumstances shall not be considered neglect if caused primarily by financial inability unless actual services for relief have been offered to and rejected by such person. A parent or legal custodian legitimately practicing religious beliefs in accordance with a recognized church or religious organization who thereby does not provide specific medical treatment for a child shall not, for that reason alone, be considered a negligent parent or legal custodian; however, such an exception does not preclude a court from ordering the following services to be provided, when the health of the child so requires:

(a) Medical services from a licensed physician, dentist, optometrist, podiatric physician, or other qualified health care provider; or

(b) Treatment by a duly accredited practitioner who relies solely on spiritual means for healing in accordance with the tenets and practices of a well-recognized church or religious organization. Neglect of a child includes acts or omissions.

**Types of Child Neglect**

Most typologies of child neglect are comprised of four major categories: physical neglect, lack of supervision, emotional neglect, and educational neglect. Other categories of neglect, such as failure to protect in cases of domestic violence or prenatal exposure to drugs are more debatable at present and, depending on current legal interpretations, may or may not be considered neglect.

Table 4.1 presents the most commonly accepted categories of child neglect with definitions and examples of each.
### Physical Neglect

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Refusal of Health Care</td>
<td>Failure to provide or allow needed care in accord with recommendations of competent health care professional for a child’s physical injury, illness, medical condition, or impairment.</td>
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<tr>
<td>Delay in Health Care</td>
<td>Failure to seek timely and appropriate medical care for a serious health problem.</td>
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<tr>
<td>Abandonment</td>
<td>Desertion of a child for an extended period of time without arranging for reasonable care and supervision.</td>
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<tr>
<td>Expulsion</td>
<td>Refusal of custody of a child; kicking a child out of the home.</td>
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<tr>
<td>Other Custody Issues</td>
<td>Moving a child repeatedly from place to place to avoid custody; leaving a child with others for long periods of time.</td>
</tr>
<tr>
<td>Other Physical Neglect</td>
<td>Inadequate housing, poor environment, inadequate nutrition, clothing, attention to hygiene; disregard of the child’s safety and welfare.</td>
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### Supervision

<table>
<thead>
<tr>
<th>Category</th>
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<tr>
<td>Inadequate supervision</td>
<td>Child left unsupervised or inadequately supervised for extended periods of time, or child allowed to remain away from home without parent knowing child’s whereabouts.</td>
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### Emotional Neglect

<table>
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<tr>
<th>Category</th>
<th>Definition</th>
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<tr>
<td>Inadequate Nuturance/Affection</td>
<td>Marked inattention to the child’s needs for affection, emotional support, or attention.</td>
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<tr>
<td>Chronic Extreme Abuse or Domestic Violence</td>
<td>Chronic or extreme spouse abuse or other domestic violence in child’s presence.</td>
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<tr>
<td>Permitted Alcohol/Drug Abuse</td>
<td>Encouraging or permitting drug/alcohol use by a child.</td>
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<tr>
<td>Permitted Other Maladaptive Behavior</td>
<td>Encouraging or permitting other maladaptive behavior (e.g., delinquent acts).</td>
</tr>
<tr>
<td>Refusal of Psychological Care</td>
<td>Refusal to allow needed and available treatment for a child’s emotional or behavioral problem.</td>
</tr>
<tr>
<td>Delay in Psychological Care</td>
<td>Failure to seek or provide needed treatment for a child’s emotional or behavioral problem.</td>
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</tbody>
</table>
Other Emotional Neglect
Other inattention to the child’s emotional/developmental needs.

**Educational Neglect**

- **Permitted Chronic Truancy**
  - Habitual truancy, if the parent is informed of the truancy but fails to intervene.

- **Failure to Enroll**
  - Failure to register or enroll a child of mandatory school age; requiring a school-aged child to remain at home to work or care for other siblings.

- **Inattention to Special Education Need**
  - Refusal to allow or failure to obtain recommended remedial educational services for child’s diagnosed learning disorder without reasonable cause.

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**Causes of Child Neglect**

Research on child neglect has found that there are multiple causes of child neglect, some are parental or child characteristics, but others are identified as “ecological” factors.

**Parental Characteristics**

Research indicates that neglectful parents share common characteristics:

- Low educational achievement;
- Impaired intellectual functioning;
- Unemployed or underemployed;
- History of substance abuse;
- History of mental illness (depression);
- Poor social skills;
- Low self-esteem;
- Poor or inadequate problem-solving skills;
- History of victimization; and
- Parent at young age.
Child Characteristics

Research also suggests that there are child-produced factors or stressors, which arise from a child’s developmental history or health status that may be associated with parental neglect:

- Children with developmental disabilities, such as Down Syndrome, or intellectual deficits;
- Children exposed prenatally to drugs;
- Children with chronic health conditions; and
- Children with emotional or behavioral problems.

Social-Cultural Factors

These include particular cultural values or norms regarding child-rearing practices that may affect an identification of neglect. For example, in some cultures, children may be asked to care for younger siblings when it would not be acceptable to families of other cultural backgrounds to make similar requests.

Relevant Considerations:

- What are the child-rearing norms in a culture?
- How does a particular ethnic group view traditional medical care? Are traditional healers used over Western health care providers?
- What are differing cultural expectations regarding childhood?

Social-Situational Factors

These refer to family characteristics or dynamics in the community that may contribute to child neglect:

- Limited informal or formal helping networks;
- Low income neighborhoods;
- Social isolation;
- Limited employment opportunities;
- Domestic violence;
- Single-parent families with children having different fathers; and
- Lack of stability in housing arrangements, child care, etc.
Consequences of Child Neglect

Child neglect can have both short and long-term consequences for children. These may affect their intellectual, physical, social, and psychological development. Visit monitors should be aware of these consequences but should keep in mind that not every neglected child experiences them. Research indicates that certain factors, such as appropriate interventions, length of time the child has been neglected, the age of the child, and the type of neglect can affect the severity of these consequences.

Cognitive Consequences

- Language delays;
- Academic delays;
- Less prepared for learning; and
- Score lower on measures of school performance.

Physical Consequences

- Greater risk of death from accident or lack of supervision;
- Failure to thrive;
- Persistent hunger;
- Poor hygiene;
- Persistent skin rashes (impetigo, scabies, etc.);
- Excessive dental decay or gum disease;
- Malnutrition and chronic anemia;
- Ringworm, head or body lice, roach or other insect bites;
- Weight loss or inadequate weight gain;
- Chronic or persistent digestive/intestinal disorders;
- Persistent cradle cap or severe diaper rash; and
- Flattened skull shape of infants left on their backs for extended periods of time.

Social Consequences

- Juvenile delinquency in adolescents who were neglected;
- Poor peer relationships;
- Poor parent-child attachment;
Physical aggressiveness;
Passivity; and
Isolation or social withdrawal.

Psychological/Emotional Consequences

Low self-esteem;
Poor coping skills;
Affective disorders (Anxiety disorders, depressive disorders);
Psychiatric symptoms;
Poor impulse control; and
Lacking creative initiative.

Consideration for Supervised Visits in Neglect Cases

Three important practical issues must be considered when a program accepts a neglect case for supervised visitation: risks associated with the visit, the effects of neglect during a visit, and techniques to facilitate a safe visit.

Identifying Risk Factors for Supervised Visits

Supervised visitation directors should attempt to identify a child’s risk factors to determine whether court ordered services can be provided by a particular program and, if so, what types of interventions and assistance may be most appropriate during visits. In neglect cases, this should address the following: indicators of neglect from the referral source; determination of whether the neglect is recent or chronic; an understanding of the parents’ perception of the neglect; any causes or barriers to adequate remediation of the neglect at the individual, family, and/or agency level; and an identification of the family’s cultural understanding of neglect.

The Department of Children and Families or other child protection agencies may have conducted a formal assessment before the supervised visitation referral. If so, the program director should review this assessment before scheduling supervised visitation services. The referring agency may have employed structured assessment measures to determine risk of child neglect, such as the Childhood Level of Living Scale (CLL), the Child Well-Being Scale, the HOME Inventory, the CLEAN Checklist, and/or the Home Accident Prevention Inventory. If any of these assessment measures have been used, they should be reviewed by the supervised visitation director as part of the decision-making process in accepting or rejecting the referral as well as in determining the level of assistance that a particular family may need at visits.

If a formal risk assessment has not been conducted, programs might be able to refer the case for assessment to social service agencies with which they are affiliated. Some programs may have professional staff on-site with the skills necessary to administer formal assessments.
A traditional risk assessment for neglect cases is included in the Administrative Supplement.

Effect of Neglect Experiences on Visitation Services

Parents with a history of neglect may require assistance from visitation staff in order to have effective interaction with their child(ren) during supervised visitation services. The type of assistance or techniques required will differ depending upon the nature, severity, and duration of neglect as well as the age of the child and parental characteristics as discussed in the previous section.

Understanding how characteristics of neglectful parents may impact a visit monitor’s effectiveness in observing visits is important. Table 4.2 presents some common behaviors of parents who have a history of neglecting their children and descriptions of how these behaviors impact supervised visitation.

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<tr>
<th>Behavior/Characteristic of Parent</th>
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<tr>
<td>Poor Parenting Skills</td>
<td>Staff may need to provide information on the child’s developmental stage and modeling of good parenting – show how to play, discipline, interact with child. Staff may have to assist parent in giving child medication or feeding young child during visit.</td>
</tr>
<tr>
<td>Lack of Education/Intellectual Deficits</td>
<td>Staff may need to assist parent in filling out forms, may need to read program rules to parent.</td>
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<tr>
<td>Substance Abuse</td>
<td>Staff may need to screen for use of substances prior to visits.</td>
</tr>
<tr>
<td>Social Isolation</td>
<td>Staff may not be able to readily contact parent if family lacks phone service. Staff may have to reschedule visits due to family’s lack of transportation.</td>
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<tr>
<td>Depression</td>
<td>Staff may have to assess impact of parent’s depression upon child during visit – if weeping, child may become upset.</td>
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<tr>
<td>Problems with Social Support</td>
<td>Staff may have to anticipate other family members or friends coming to visits if parent relies on others for transportation. Likewise, parent may rely on unreliable friends/neighbors to get to visits.</td>
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</table>
Effective Techniques for Facilitating Visits

When facilitating visits between a neglectful parent and child(ren), a visit monitor should be prepared to employ a variety of techniques to make the visit more effective. Techniques based on an understanding of the ecological nature of child neglect are most helpful. While the role of a typical visit monitor may not include some of these suggestions, it is important to keep in mind that whether it is the case worker or the visit monitor that assists with these, the family will benefit more if they are provided.

Concrete resources: Help with housing, transportation to visits, medical care, child care, home maker aids.

Social support: Referrals to parenting groups, support groups, parent education, religious groups.

Developmental remediation: Referral to mental health services, cultural activities, parent education.

Individual interventions: Referrals to substance abuse counseling, adult education, mental health services, health care.

Family focused: Referral for home-maker, legal assistance, public assistance.

During visits with a neglectful parent, visit monitors can employ the following specific techniques:

- Help parent understand child’s level of development and skills;
- Facilitate greater involvement in parent/child interactions than other types of cases;
- Ensure that a variety of toys, games or materials are available during a visit and that the parent is able to use them with the child either alone or with assistance from a monitor;
- Use sensitivity about a parent’s illiteracy or other developmental conditions that may impede his/her ability to read or play board games;
- Demonstrate good parenting skills by modeling;
- Recognize that the parent may need to be “parented;”
- Provide therapeutic interventions as indicated (and appropriate to the program design);
- Use art mediums to allow both the parent and child opportunities to express feelings;
- Use positive feedback to reward parents for initiating play or communication with child;
- Use music to engage parents who become frustrated or withdrawn during visit, e.g., sing songs or play instruments with child;
- Teach stress management techniques to parents who become angry (e.g. deep breathing or visualizations); and
- Read and use the suggestions for facilitating visits in cases involving substance abuse if the parents are drug or alcohol involved. (See Chapter 7 of this manual.)
Mandatory Reporting of Child Abuse

Florida Statutes 39.201 states that any person who knows or has reasonable cause to suspect that a child is abused, abandoned, or neglected shall report it to the Florida Child Abuse Hotline. If a visit monitor suspects abuse or neglect, it must be reported by calling 1-800-96-ABUSE. Supervised visitation programs have exceptions to their confidentiality policies for child abuse and neglect. Programs also should have protocols for making hotline calls.

Case Studies & Discussion Questions

Read the case examples below and then answer the questions about the cases.

Case One: Liza Alvarez, 17, is the mother of Miguel, an 18-month-old toddler. DCF has custody of Miguel after he was found unattended in an apartment with no food except for a baby bottle containing sour milk and lying in a crib covered in feces. Liza was away for a day and a half with her boyfriend. She is drug involved and possibly developmentally delayed. She is ordered to come to supervised visitation twice a week as part of her case management plan.

Case Two: Bob and Tilly McCollum have been living in their car for three months with their three children: a six-week-old infant, a two-year-old, and a seven-year-old. The family moved from another state in hopes of starting over, but they haven't found jobs and there has not been enough money for adequate food. DCF is working with the local housing authority to find housing for the family. In the interim, the children were placed in emergency care and the parents are staying in a homeless shelter. The mother and father are scheduled to visit their children on a weekly basis for the time being.

1. How has the parents’ neglect affected the children in both cases?
2. What differences in reactions to visiting their children might be observed in each family?
3. What might visitation staff assigned to monitor Liza and her son do to help facilitate her visit more effectively?
4. What staff/family feelings regarding these families’ respective histories might impact the visits?
5. How might cultural differences impact services to Liza and/or the McCollums?
QUIZ

1. List categories of child neglect and give examples of each.

2. What are some ways in which the behavior/characteristics of neglectful parents may impact visitation staff?

3. Describe some common consequences of child neglect.

4. What are some of the causes of child neglect?

5. Discuss why it is difficult to come to a common definition of child neglect.

6. Describe some of the suggestions for facilitating a visit between a child who has been neglected and his parent.