

Understanding child neglect

Debbie Scott

Child neglect is one of the most common forms of maltreatment. Neglect is a topic that encompasses complex issues, many of which are also emerging research areas. This paper aims to provide a broad overview of these issues in relation to current thinking and to generate discussion points for practitioners, policy makers and researchers.

KEY MESSAGES

- Poverty and child neglect are closely linked but not all children from poor families are neglected and children from more affluent families can be neglected.
- Neglect is often portrayed as the “fault” of mothers, while failing to take into account the role of neglectful fathers. The gendered nature of “neglectful parenting” may be, in part, explained by links between single mothers and poverty.
- A tertiary child protection response may not be the best way to respond to children who are being neglected—neglectful families are complex and have high needs so require multiple levels of support and resourcing. The National Framework for Protecting Australia’s Children aims to address these issues through the use of a public health model.
- For many neglected children, access to resources and education to support families would minimise the effects of neglect—keeping them out of the statutory child protection system.
- There is no quick, easy, “one size fits all” response to child neglect—the response must be based on careful assessment of needs and take into account the diverse nature of neglect and the compounding impact of multiple and complex needs.
- Where it is necessary to provide a child protection response to neglect, an effective response is likely to be long term, resource intensive, and complex.

Child neglect is one of the most commonly reported forms of maltreatment. However, it is also one of the most difficult to substantiate and respond to. Issues such as poverty, parent's gender (i.e., mothers and in particular, single mothers), family structure, ethnicity, and access to resources are inextricably tied to neglect and can all play an important role in how neglect is conceptualised. The way that families and childhood are perceived varies across social groups, communities, and cultures and that perception is key to any response to or understanding of neglect.

Neglect is reported to be under-researched compared to other forms of child maltreatment. A recent meta-analysis on prevalence of neglect found only 29 studies with a total of 119,061 participants for inclusion, compared to another on child sexual abuse that found 200 publications on a total of more than 400,000 participants (Stoltenborgh, Bakermans-Kranenburg, & Van IJzendoorn, 2013). Additionally, the authors noted that neglect studies were generally reported in conjunction with studies into other forms of maltreatment and seemed to be of secondary interest. However, this is to some extent understandable, given that neglect is frequently found to co-occur with other forms of child abuse (many maltreated children experience multi-type maltreatment; see Higgins & McCabe, 2001).

What is neglect?

Neglect has no universally accepted definition (Rosenman & Rodgers, 2004). The identification of neglect is not a black and white issue—however the lack of a standardised definition can make identification difficult and measurement of community incidence and prevalence even more difficult (Shook-Slack, Holl, Altenbernd, McDaniel, & Bush-Stevens, 2003). From a practice perspective, this is important because a lack of a common definition may result in some children who are not being neglected becoming the subject of unnecessary investigation or intervention. Conversely, a lack of definition of what constitutes neglect could also result in children who are neglected, and in need of intervention, being misclassified and not receiving the services they require (Gaudin, Polansky, Kilpatrick, & Shilton, 1996).

Neglect is often considered to be a failure, on the part of a caretaker, to provide adequate supervision, emotional nurturance, appropriate medical care, food, clothing, and shelter for a child. This definition also aligns with a definition of poverty, where poverty is considered to be inadequate food, shelter, and clothing. Not all children who are neglected are from impoverished families and not all children from impoverished families are neglected. For example, families may be perceived as being neglectful where in fact their cultural context or economic situation may be more important considerations. Rather than a statutory child protection response, the family may be better served by providing support to educate them or provide access to other resources, like financial assistance.

There are a number of considerations that arise when trying to define neglect, which are outlined below:

- Neglect centres on social understanding and evolving knowledge of child development and wellbeing. As scientific knowledge related to healthy outcomes for children evolves, community values and expectations change—and therefore minimal standards of care for children also change (Straus & Savage, 2005). For example, in the 1960s children in cars were not restrained by child car seats. However, a failure to restrain a child in an approved car seat would now be considered neglectful in most developed nations. Also, the minimal standard of expected care is influenced by the developmental stage of a child. What is appropriate for a 12-year-old is not necessarily an acceptable standard of care for a 2-year-old.
- Cultural context can play a role in understanding neglect. What may be acceptable for one culture could be deemed neglectful in another. Despite this, research has shown that even across different cultural groups there is still quite strong agreement on what constitutes an acceptable level of care for children (Dubowitz, 1999).

- Neglect is based on assumptions about what is normative in relation to families and children. This can be affected by individual beliefs and values.
- While other forms of maltreatment are acts of *commission*, neglect is an act of *omission*. In physical abuse or sexual abuse, a specific action by an identified individual can be identified, for example, sexual assault or inflicting physical harm on a child through the use of corporal punishment. Neglect on the other hand, is a failure to act and occurs over a period of time, often without an identifiable event, and sometimes lack of clarity as to who should be responsible for such failure.
- Discerning when parenting falls below the threshold of “good enough parenting”¹ *and* is serious enough to have a significant negative impact on the child, not just parenting that seems to be a little less than ideal (Kimbrough-Melton & Campbell, 2008; Lohar, Price-Robertson, & Nair, 2013; McSherry, 2007; US Advisory Board on Child Abuse and Neglect, 1990). Understanding what the threshold is for reasonableness in parenting is informed by cultural, social and risk interpretation—therefore, it varies from context to context.
- Rather than a concise definition of what neglect is, the literature presents lists of possible neglectful behaviours to describe which needs children have that are *not* being met.
- Dubowitz (2007) suggested that arriving at a single, global definition of neglect is unlikely because the entire concept is so contextually driven.

With these issues in mind, the definition of neglect that has been used for the purposes of this paper is a commonly accepted definition proposed by Straus and Kantor (2005):

Neglectful behaviour is behaviour by a caregiver that constitutes a failure to act in ways that are presumed by the culture of a society to be necessary to meet the developmental needs of a child and which are the responsibility of a caregiver to provide. (p. 20)

Types of neglect

Typically neglect is classified into sub-types. Below are examples of the most common subtypes used in the literature to describe neglect, though there may be others and each will be influenced by the age of the child:

- *Supervisory neglect*: characterised by absence or inattention and can lead to physical harm or injury, sexual abuse or, in an older child, permitting criminal behaviour. (See *The Role of Supervisory Neglect in Childhood Injury* by Scott, Higgins, & Franklin, 2012).
- *Physical neglect*: a failure to provide age appropriate physical necessities like food, clothing and shelter.
- *Medical neglect*: a failure to provide appropriate medical care. This could occur through a failure to acknowledge the seriousness of an illness or condition when a reasonable parental response would be to seek care, or the deliberate withholding of appropriate care. The concept of medical neglect is further complicated by the consideration of some religious beliefs where certain medical interventions are contrary to the belief systems of that religious group (e.g., withholding blood transfusions).
- *Educational neglect*: failure to provide an education and the necessary tools to participate in an education system. This may be allowing a child to stay home from school or preventing a child from attending school without reasonable justification (e.g., illness) or having the means to provide books and required tools but failing to purchase them.
- *Abandonment*: when a caregiver leaves a child alone for more than a reasonable period and does not provide for the presence of alternative age-appropriate care. Alternative care can only be considered appropriate if the substitute caregiver is capable of caring for the child. For

¹ A threshold of serious or significant harm determines child protection responses to children in need. While some parents may not parent in an optimal fashion, their parenting skills are “good enough” that their children are not at risk of serious harm and so a tertiary child protection response is unwarranted. This doesn’t mean that the family wouldn’t benefit from other support services, only that there is no need for formal child protection responses (see Scott, 2013).

instance, leaving an infant in the care of an adult who is affected by alcohol or other drugs would be considered not to have provided age-appropriate care.

- *Emotional neglect*: failure to provide adequate nurturing, affection, encouragement and support for a child (emotional neglect is sometimes referred to as emotional maltreatment—particularly where a caregiver belittles, calls a child names, or actively isolates and demeans a child).

New types of neglect evolve with new knowledge of child wellbeing. For example, in some jurisdictions, exposing children in a car to passive smoke is considered a form of neglect and in the USA parents are being held criminally liable for allowing children access to guns (Dubowitz, 2013).

While classifications of neglect that describe what is lacking in a child's life are useful for recognising and understanding neglect, they still provide little guidance as to how practitioners address underlying issues associated with neglect. Other authors have proposed different perspectives of neglect, one of which will be discussed later in this paper (see Box 1 on page 11).

How common is neglect?

Those factors that result in child maltreatment being hidden in the community—for example, a lack of an operational definition that is universally accepted and the close association to poverty—also contribute to difficulty in measuring its presence (Scott & Higgins, 2011).²

There is little information available on the incidence or prevalence³ of neglect in the general population, particularly in low-income countries, but even in more developed economies information is limited (Stoltenborgh et al., 2013).

Documented incidence and prevalence rates of neglect are influenced by how the information is collected and from whom the information is collected. For example, surveys may describe neglect differently (e.g., “Did you ever feel neglected by your mother?” vs “Did you ever go without food or shelter as a child?”), or ask different groups of people about having been neglected (e.g., students vs psychiatric patients vs prisoner populations). Some incidence or prevalence rates are based on child protection data. In addition to these variations, different studies may use different definitions of neglect. Incidence rates may also be affected by whether the information gathered is self-reported or based on information provided from another informant. Self-reported studies typically find higher rates of neglect than those that are informant based, perhaps due to informants only identifying most serious cases (Stoltenborgh et al., 2013).

Internationally

A recent meta-analysis of studies investigating incidence and prevalence of neglect found that, on a global level, self-reported physical neglect was as high as 15% ($n = 60,000$) (Stoltenborgh et al., 2013). When the authors looked at specific types of neglect within those studies, they found 16.3% of participants reported physical neglect and 18.4% reported emotional neglect. However, it is important to note that the data come from studies with a wide range of sample types, and are not representative population studies.

Other studies conducted in the US and the UK found the incidence of neglect ranges between 1.4% and 10.1% of the population (Gilbert et al., 2009).

The authors of both these large meta-analyses commented on how little research was conducted to investigate the size of the population affected by neglect, despite neglect being the most common

² Poverty itself is measured using a number of different constructs and measures.

³ Prevalence refers to the number of people in a population who have experienced a condition or phenomenon (e.g., the number of Australian children under 5 years who have ever been neglected). Incidence refers to the number of new cases of a condition or phenomenon that occur over a specific time period (e.g., the number of Australian 5-year-olds who were reported as neglected in the 2011–12 financial year).

type of harm reported to and substantiated by statutory child protection authorities (Gilbert et al., 2009; Stoltenborgh et al., 2013).

Australia

There are no national population-based studies of the prevalence or incidence of neglect in Australia. Three studies have been conducted at the state level, using different definitions of neglect, which may explain the broad difference in rates of neglect that were measured. The three studies found neglect to range from 1.6% in a sample from the New South Wales and Australian Capital Territory electoral roles (Rosenman & Rodgers, 2004), through 2.7% in a longitudinal study of young adults in Victoria (Price-Robertson, Smart, & Bromfield, 2010), to 12.2% in a South Australian sample of university students.⁴

The Australian Institute of Health and Welfare (AIHW) compiles state child protection data each year. In the 2011–12 financial year there were 10,936 Australian children with substantiated reports of harm or risk of harm due to child neglect (AIHW, 2013). Neglect was the second most commonly substantiated form of maltreatment nationally (31% of all harm types, after emotional abuse at 36%). When the figures were considered at the state level, neglect was the most commonly substantiated form of maltreatment for New South Wales, Queensland, South Australia, the Australian Capital Territory, and Northern Territory (AIHW, 2013).

There are significant differences in the number of cases that are reported and subsequently substantiated. It does not necessarily follow that the unsubstantiated notifications are wrong—it does demonstrate, however, a general level of concern for children in the Australian community. Many of these children would be living in conditions that are “good enough” parenting situations that do not meet the threshold for formal child protection interventions. That is not to say that those children and their families wouldn’t (or didn’t) benefit from some assistance, were it available or offered (see Scott, 2013).

While child protection data are useful to help understand the burden faced by child protection agencies, using these data to define the size of the problem in the general population can be problematic for a number of reasons. These include issues around system capacity—the data can only reflect those children the child protection system was made aware of, and where the harm, or risk of harm, was investigated and substantiated. This may result in an undercount if a child was not notified to authorities or an over estimate if the data includes children who are at risk of, but have not actually suffered neglect. Additionally, although children are often exposed to more than one type of maltreatment (Higgins & McCabe, 2001), data systems may not have the capacity to identify all forms and so only one form will appear in the data, resulting in an underestimation of some harm types when experienced as multi-type maltreatment.

Risk indicators for neglect

Where direct measurement of parental or caregiver neglect is difficult, it may be possible to gain some understanding of the number of children and families affected by considering other factors, or indicators, that can be associated with neglect. The presence of these risk indicators is not conclusive for neglect but research has shown that risk indicators are more likely to be present in families of neglected children (Gaudin et al., 1996). Some of these risk indicators are discussed below.

Neglect is best viewed in an ecological context where child, parent, family, and societal factors all play a role in the risk and wellbeing of a child. While the actions of the parent (or lack thereof) are most often considered to be the cause of neglect, community, societal and professional action or inaction can also contribute to neglect (Dubowitz, 2013; Gil, 1975).

⁴ For further information on the prevalence of neglect compared to other forms of maltreatment in Australia, see *The Prevalence of Child Abuse and Neglect* <www.aifs.gov.au/cfca/pubs/factsheets/a144254/index.html>.

It is also important to recognise that many risk indicators are also outcomes of child neglect and for some children it is almost impossible to understand what comes first, so any attribution of risk or outcome must be carefully considered. For example, a mother may struggle to engage with her new infant, providing inconsistent care. This may result in a child who is disengaged or prone to overly dramatic responses, which results in the child being labelled as difficult by his or her mother. Research has found that mothers who neglect their children are more likely to label them as “difficult” (Alink, Euser, Van IJzendoorn, & Bakermans-Kranenburg, 2013). Thus, where a risk indicator for child neglect is a “difficult” personality, being seen as “difficult” may also be an outcome of having been previously neglected as an infant.

Socio-economic factors

It is impossible to consider neglect without including the context of poverty. Families who are experiencing poverty are also likely to be associated with higher levels of parental stress, inadequate housing, homelessness, lack of basic needs, inadequate supervision, substance abuse, and domestic violence (Dubowitz, Black, Kerr, Starr, & Harrington, 2000) all of which have been strongly associated with neglect.

Where evidence points to poverty as a strong risk indicator for neglect, then failing to address poverty at a societal level could be considered a structural neglect behaviour (Gil, 1975). This can occur through a failure to provide social support for parents, or a definition of community standards of neglect that do not account for poverty. In a seminal paper on childhood neglect, David Gil (1975) discussed children who live in poverty, suffer malnutrition, are not educated, clothed or housed appropriately, suffer poor health, live in “decaying” neighbourhoods, whose parents lack meaningful employment opportunity, and are generally alienated from mainstream society. He pointed out that these conditions are, in part, due to social policies that fail to address these issues (Gil, 1975).

Social marginalisation is also a critical factor that leads to distrust of the system designed to deliver the societal support that these families require. The ongoing marginalisation leads to family narratives that result in feelings of hopelessness, particularly if the only way of providing that support is delivered via a system that starts with an investigative rather than a cooperative perspective. The impact of poverty on parents is also inflicted on their children—therefore we cannot address one issue without accounting for and addressing other associated issues (Dubowitz, 1999).

Families who experience poverty are more likely to have larger families, be single-parent households, or have a child with a disability, and may be more likely to come to the attention of support agencies. One UK study of low-income women found that families referred for in-home services, and those where children were removed and placed in out-of-home care, had more children in their care (Brayden, Atlemeier, Tucker, Dietrich, & Vietze, 1992). This exposure to services also makes families more likely to be reported to child protection agencies. Mandatory reporting requirements may see them reported more often and for reasons that do not meet a threshold for intervention, thereby ensuring ongoing scrutiny by child protection agencies. Furthermore, those groups are also more likely to have complex needs and a scale of problems that requires long-term engagement with “the system” (e.g., disability, mental health issues, intergenerational poverty and/or trauma) (Owen & Statham, 2009).

Workforce participation

Rates of employment are lower in parents who neglect their children than in those who do not (Dufour, Lavergne, Larrivée, & Trocmé, 2008). Low socio-economic status has been strongly associated with child neglect, particularly chronic neglect. In one study, families earning incomes of less than USD\$15,000 were 22 times more likely to be associated with neglect than those with incomes above USD\$30,000 (Dubowitz et al., 2000). Low socio-economic status is, in turn,

associated with a number of other factors that include unemployment, large numbers of children in the household, social isolation and limited education (Crittenden, 1999).

The role of ethnicity in poverty

Ethnicity and race have been linked to child neglect in a number of studies. However, research has demonstrated that in analyses where ethnicity is controlled for, the effect disappears and neglect is associated with other factors such as poverty or access to services (Connell-Carrick, 2003).

When families have adequate economic and social resources the over-representation of ethnic or cultural groups in child protection data has been found to be of little significance. However a lack of these resources, combined with racial discrimination and poverty, placed stressors on families that overwhelmed coping resources (Daniel, 1998; Saunders, Nelson, & Landsman, 1993). This lack of resources may be the source of neglect, rather than cultural or ethnic influences.

Research using the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) found maltreatment was more likely to be substantiated for Aboriginal children (50%) than non-Aboriginal (38%) or other visible minority children (41%) (Blackstock, Trocmé, & Bennett, 2004). Fifty-nine per cent of these substantiations involved a form of neglect. These children were also more likely to come from single parent households, have social benefits as the main source of income for the family, live in rental housing, and have moved more than twice in the previous 6 months. Indigenous children have historically been more likely to be removed from families for neglect and maltreatment and placed in formal care (29% compared to 7% of non-Indigenous children in Canada), but little has been done to overcome poverty, unemployment, overcrowded and substandard housing, or a lack of culturally based prevention services.

In Australia, poverty and low socio-economic status have been linked to levels of neglect in Indigenous communities (AIHW, 2011). For example, a literature review indicated that changes in levels of poverty, living standards, and individual access to resources will have to occur before there can be sustainable changes in levels of neglect in Indigenous communities in the Northern Territory (Scott & Higgins, 2011).

It is difficult to separate the effects of neglect from those of poverty and other associated risk factors. For instance, does a neglected child do poorly in school because of neglect, or because books and computers are a luxury, their community doesn't have a public library, and they come from a poor household with few resources to pay for rent and food?

Family structure

Single-parent families, particularly those headed by a single mother have been found to be more vulnerable to neglect than intact, two-parent families (Dufour et al., 2008). Families of single parents, particularly mothers, are also more likely to have a low socio-economic status and to suffer from the effects of poverty and lack of access to services—any consideration of single parenthood must also take into account these factors. A high proportion of neglectful families are two-parent households (38%), and the neglect was evident even in homes where the father was no longer resident but he continued to maintain contact with the children (Dufour et al., 2008), suggesting that paternal involvement is not enough to protect children from neglect.

The role of fathers

Neglect is often seen as being the fault of mothers and the role and responsibility of fathers is seldom taken into account (Dubowitz, 1999). Most research focuses on maternal characteristics with few studies investigating the role of fathers in neglectful parenting. Further, much of the professional focus is on mothers while fathers' behaviour is largely ignored (Dubowitz et al., 2000). This may be because single parent households are more likely to be associated with neglect and mothers are often the parent responsible for the care of the children in those households; however

the lack of research on the role of fathers in child neglect is a limitation of the research (Dubowitz, 1999).

Child characteristics

Although child characteristics may influence the exposure to neglect (e.g., difficult temperament) it is important to consider the home environment and context of child characteristics and not view the child characteristics in isolation.

Younger children are more likely to be exposed to neglectful parenting behaviours and suffer worse consequences. Children under 3 are very vulnerable and those under the age of 1 are most vulnerable (Connell-Carrick, 2003). Children aged between 6–8 years comprise the largest proportion of those who are reported to child protection authorities—but this may be a result of teachers having contact with children and therefore be due to improved recognition, rather than higher rates of neglect in this age group (Dubowitz, 1999).

Some research has shown that mothers who neglect their children are also more likely to rate their child as difficult than mothers who are not neglectful (Brayden et al., 1992) and children with a disability are associated with higher levels of neglect, especially boys (Connell-Carrick, 2003).

Parental history and wellbeing

A number of factors play a role in parenting ability and its effect on children and risk indicators associated with neglect. One Canadian study found that 40% of mothers of neglected children had experienced ongoing domestic violence. The same study found mothers were more likely to have had a history of been maltreated in childhood than fathers. Fathers in the same study were more likely than mothers to have been charged with violent crimes and crimes against property (Dufour et al., 2008).

Neglect has been associated with young maternal age, low socio-economic status, and low levels of educational achievement—each of which are also associated with poverty. Early research into neglect found neglectful mothers had poor problem solving skills and low self esteem, were socially isolated, and felt their supports provided less tangible and emotional support (Alink et al., 2013).

Some research has suggested that neglectful parents were more likely to perceive the child's behaviour as problematic and to have high levels of stress, hyper-reactivity or anger associated with their response to that behaviour than non-neglectful parents (Alink et al., 2013). Families where neglect occurs are likely to have decreased capability to deal with the complex issues they face. This compounds the issues and leads to parental feelings of being overwhelmed. Where neglect is related to a failure to provide guidance and discipline this generates further feelings of inability, which spirals into a sense of hopelessness, thereby further exacerbating the already complex and difficult situation in the family.

Neglectful parenting is also associated with a maternal history of domestic violence, alcohol and/or substance misuse, and mental illness, particularly depression (Connell-Carrick, 2003; Dubowitz, 1999). Mothers may be intensely focused on coping with their own issues, so are less aware and/or available to tend to the needs of their children than non-neglectful mothers (Higgins & McCabe, 2001).

Effects of neglect

The effect that exposure to neglect has on children varies and some children are more resilient than others. In general, more severe, prolonged neglect results in more severe effects (Gunnar & Fisher, 2006).

Children are seldom exposed to only one form of maltreatment. Studies that address only neglect are uncommon, and often studies refer to neglect and other forms of abuse rather than specifically

relating to neglect. Additionally, research varies according to sample age, exposure, and population groups, as well as the definition of neglect used and so results from some studies may not apply to the general population or across population groups. Despite this, there is little doubt that neglected children suffer serious negative outcomes and that neglect appears to have serious negative effects on the cognitive emotional and social development of children (Gilbert et al., 2009).

The effects of neglect vary according to the form or “subtype” of neglect. For example, a failure to provide adequate supervision may result in unintended injury, but a failure to provide nurturing in infancy will result in different outcomes. The effects of neglect are also influenced by the length of time that the neglect occurs.

The effect that neglect has on children also varies according to the developmental stage in which it occurs (Gunnar & Fisher, 2006). Neglect that occurs in the first 2 years of life has been demonstrated to be associated with childhood aggression (AIHW, 2013). In babies, neglect can affect all areas of cognitive, social, and emotional functioning (Perry, 2000) and can result in an impaired attachment style (Dubowitz, 2013). There is strong evidence to support links between neglect and delays in cognitive and emotional development (Mayhew, 2011), and impaired levels of feelings of competence (Gaudin et al., 1996). Neglected children are at increased risk for childhood internalising and externalising behaviour and a lack of ego resiliency (Fallon et al., 2013). They often have low self-esteem, poor impulse control, and express more negative and less positive self affect (Gaudin, 1993). Neglected children also have an increased risk of post-traumatic stress disorder (PTSD) compared to children who were not neglected (Jonson-Reid, Drake, & Zhou, 2013).

Compared to adolescents and young adults not exposed to neglect in childhood, those who were exposed to neglect are more likely to engage in substance abuse (Schumaker, 2012), risky sexual behaviour (Westad & McConnell, 2012), and demonstrate aggression and violent behaviours (VanDorn, Volavka, & Johnson, 2012). These behaviours and consequences are likely to flow on to their adult lives. Adults who were neglected as children are more likely to have worse economic outcomes (Schumaker, 2012) and are more likely to require social service support (Peduzzi, Concato, Kemper, Holford, & Feinstein, 1996). The physical effects of childhood neglect also manifest with greater rates of adult obesity than for adults who were not neglected in childhood (Gilbert et al., 2009).

While this summary of some of the effects of neglect on children is not exhaustive, it emphasises the importance of a child protection system capable of an appropriate response to neglect. From a child protection response perspective, one of the impediments to responding to child neglect is that it is often not related to one specific event but a long-term developmental issue (McSherry, 2007).

Responses to neglect

Neglect is a failure to provide minimally acceptable care. Cultural and contextual circumstances influence such perceptions of acceptable care. In families where care is shared across other adults or older children, an assessment must consider this. It is also important to consider the context of what is available in terms of housing options for families who are unable to access better resources because of economics and/or discrimination (Gaudin et al., 1996). Similarly, families may not access transportation, education, health or other services due to remoteness or a lack of those services—any assessment should consider whether parents have access to services and if so, choose not to access them. The assessment should also consider what other informal services and support, as well as more formal services, the family can access.

However, one of the difficulties in a child protection response to neglect is that often there is no specific incident that reaches a threshold. Instead, neglect is characterised by low or inconsistent levels of care over long periods of time. From a child protection worker perspective there is often difficulty in establishing who is responsible for the neglect occurring—whether it is due to parental omission, a lack of access to services, or environmental conditions (McSherry, 2007). Additionally, harm is cumulative and until statutory authorities recognise this in their thresholds for intervention, neglect may not be investigated or substantiated. Neglect is typically a sustained pattern of events,

or “failures” that individually might not warrant a statutory response (Bromfield, Gillingham, & Higgins, 2007). This means that the risks are unrecognised and therefore unreported. Even for those children who come to the attention of child protection systems, the response is not straightforward.

Child protection systems were originally designed to respond to reports of serious and immediate harm, particularly sexual abuse and serious physical abuse. The increasing volume of reports has resulted in a need for systems to respond to what appears to be the most serious cases first (McSherry, 2007). An unintended consequence of these policies is that neglect tends to be given a lower priority until there is a specific incident that must be responded to (Stone, 1998).

While there are procedural frameworks (e.g., structured decision-making tools and software) to assist caseworkers to identify and substantiate neglect, they are often subjective in nature. Workers often have to rely on cultural and personal biases and their own personal judgement of what “good enough” parenting looks like. Initially caseworkers may be reluctant to characterise these families as neglectful when they are already disadvantaged by poverty. Interventions often require ongoing, long-term involvement with the child protection system (Jonson-Reid et al., 2013). As they continue to work with the family, the social worker is “drawn in” to the situation the family faces. In effect, their perception changes and they minimise the situation as compared to how they would perceive similar circumstances if the family were a new case (Tanner & Turney, 2003).

Tanner and Turney (2003) described why caseworkers find it a challenge to work with families of neglected children:

- It is difficult to decide at what threshold a situation requires intervention. Making a decision when parenting is not “good enough” is subjective. Social workers may not want to label a family as neglectful when they are already disadvantaged by poverty, or the “rule of optimism” may discourage them from defining a situation as neglectful.
- Neglect often occurs over a long period of time and may not have a specific event that triggers a response.
- Case workers dealing with a family who is experiencing low level neglect and hopelessness over a long period of time may become used to that level of care and stop seeing the seriousness or deterioration of the situation.
- The long-term, chronic nature of neglect contributes to a “defensive practice”, where case workers rely on routinised responses that they’ve employed for long periods of time. This also means that case workers become “acclimatised” to the family situation and so thresholds where they do respond also increase.
- Historically, caseworkers have relied on some learning but a largely intuitive, rather than evidence based, response. Where research exists, it may not be well disseminated or implemented (though this is slowly changing).

For the most part, the child protection response occurs at the individual level. For many families the response required extends beyond that to community and societal needs and those complex needs require long-term commitment and intervention and often go beyond the responsibility or capacity of anyone agency or government department.

Intervention

A response to neglect is well suited to an ecological framework where the child is not seen in isolation, but within the context of parent, family, community, and society. Once a child is identified as being “at risk”, a comprehensive assessment is required to clarify family needs. There is no one-size-fits-all approach in relation to child neglect and it is likely that the response will not be a specific single intervention but a number of approaches based on detailed assessment of family needs and difficulties (Trocmé et al., 2013). Treatment for neglectful families may be focused on individual caregivers and children, family groups, or aimed at circumstances of poverty, isolation, and disadvantage (Tanner & Turney, 2003).

In their review of child neglect treatment, Lacharité, Ethier, and Couture (1996) found that there was an urgent need to identify effective treatments for neglect. Their study found that “resilient peer” treatment and imaginative play training produced positive effects for neglected children.

However, responding to neglect must be more than simply treating the child’s presenting symptoms (See Box 1 for an alternative perspective on intervention). Particularly in the case where neglect is due to poor parenting practice or poor family functioning, practitioners must also ensure that the neglect stops (See Box 2 for intervention guidelines). This may involve advocating for access to resources that provide social and financial assistance on behalf of their clients as well as addressing the issues within the family (Lacharité et al., 1996). For example, poverty and neglect are closely aligned but child protection workers are not often able to provide sufficient and broad ranging family support needed to ameliorate the impact of poverty on child neglect (Dufour et al., 2008). Other research has gone so far as to question the usefulness of family preservation and reunification services where the families are not assisted to find stable, adequate housing (Brayden et al., 1992).

Box 1: An alternative perspective on intervention

Crittenden (1999) has proposed three forms of neglect (described below) as a classification to help caseworkers understand the cause of neglect and frame a response accordingly. She proposed that there are failures on behalf of the parents/caregivers to establish enduring and productive relationships with their children because of interpersonal problems and that a positive outcome for families is reliant on addressing these underlying problems.

Disorganised neglect

This form of neglect is characterised by families who have multiple problems and are always in a state of responding to another “bushfire”. Typically the parent or caregiver is keen to have “help” to respond to whatever the current crisis is—whether it be a child suspended from school or a phone bill that hasn’t been paid and so the service is about to be cut off.

These families are motivated by emotional responses, feelings and affect. The more intense the feeling a problem generates, the more immediate the response. For example, children who are frequently fighting with each other will generate a response while the phone bill will be set aside to respond to when things are calmer. This type of parenting creates unpredictable responses for the child; parents respond sensitively if there is nothing else going on, respond angrily if they are trying to deal with another situation, or ignore the child if the child isn’t demanding enough. This unpredictable parenting style teaches children to exaggerate their emotions to emphasise the drama, and they won’t listen or compromise which just compounds the chaotic environment.

Working with these families is a challenge. Caseworker responses are organised cognitively with predictable consequences for behaviours and actions—but the family only responds and engages affectively (from an emotional perspective). The response must initially provide comfort and reassurance to the parent/caregiver then create a structured, predictable environment where the caseworker always provides accurate information about behaviours and outcomes. Maintaining support for the family after they begin to change their behaviour and become more competent is critical, allowing them to move into independence as they are ready, not withdrawing services to promote independence. Throughout all of this the caseworker should be teaching the parent to use cognitive information to respond to their children’s needs and to regulate that response with emotions.

Emotional neglect

In contrast to disorganised neglect, emotional neglect is characterised by prioritising cognitive responses rather than emotion/affect. Usually physical and psychological neglect are associated with poverty but in emotional neglect, Crittenden described parents who are often able to provide materially, but not emotionally for their children. These parents are unable to experience affect and so focus on predictable outcomes, leading to an emphasis on education, performance, and learning rules for behaviour. Households where this is the case are likely to have numerous rules and the children seem more mature, independent, neater, and more diligent in completing their homework than other children. These household characteristics can lead to high levels of functioning at school and work so families may have a financial advantage and are therefore less likely to be identified as neglectful. Typically, the parents/caregivers

provide material objects like expensive clothes and toys to demonstrate their love and affection, the children may attend expensive schools and may be engaged in multiple after school activities.

As children in these homes develop, they are punished for expression of negative emotions. They learn to inhibit these feelings and eventually block even the awareness of the missing responses. They may appear falsely cheerful. Conversely if the parents are depressed, their responses may be non-existent and the child learns to respond to parent needs.

There are two responses to these families described in Crittenden's work. For the families that are superficially successful and cheerful she recommends additional research to better understand the consequences of these behaviours and develop policy responses accordingly.

Children of the families where there is role reversal, and the child has become the "parent", have more serious needs and are also more likely to be noticed because of the caregiver/parent incompetence. She recommends keeping the child at home with the parents if possible (unless the child is in serious danger of harm). This is to avoid issues of separation for the child and the additional stress of them having to learn to re-engage with new people. Services should be offered at home to teach caregivers/parents to seek support from people other than their children and to teach them how to engage with their children emotionally. This is particularly important that children don't feel further abandoned as the caregiver/parent learns to rely on others.

Depressive neglect

Depressive neglect is the more typical picture of neglect, according to Crittenden. These families appear withdrawn and dull, with little interest or understanding of why there is a need for intervention. The caregivers/parents struggle with cooperating and changing because they are unable to understand their child's needs even after careful explanation. Furthermore, they doubt that anything will change the current situation.

The development of children in these families is inhibited because the parent does not respond to their cues; the contact is infrequent and lacks affectionate play or soothing. Eventually, the child quits seeking attention and begins to withdraw. While this can occur at any stage of development, it is most serious when it occurs to an infant because they then have no recollection of a world where their needs were responded to and met. These children shut off their feelings and don't reach out. This means that they don't focus on the hurt, which results in depression that can be more profound than other forms of depression because there are no associated feelings of anger, hurt, or abandonment.

Interventions need to focus on families learning that behaviours cause predictable and meaningful outcomes. Caregivers and parents must be taught that children need stimulus and taught how to engage with appropriate expressions of affect, like smiles and laughter.

Box 2: Intervention guidelines for consideration

- As the majority of parents want to do the right thing by their children, start by identifying strengths that can be reinforced and built upon.
- Respect and build on cultural strengths such as respected elders or role models that can affirm religious and spiritual values and beliefs.
- Don't rely on assumptions and generalisations. Respect the uniqueness of every family and respond accordingly.
- Maintain a balance between supportive counselling, enabling the family to access services and setting reasonable and achievable goals that lead to increasingly independent functioning. Empower independence through reinforcement and praise.
- Legal action should be a last resort after all efforts to work cooperatively have been exhausted.
- Intervention plans must include advocacy to access and mobilise formal and informal services. When outside resources assist the family to meet their identified requirements, family feelings of hopelessness, resistance, and distrust will be minimised.

Adapted from: Gaudin, 1993, p. 39.

Differential response to neglect

A differential response to child protection provides scope for more than one type of response. This may also be known as “alternative response” or “dual track”. Differential responses recognise that different child protection concerns may require different responses. There are various models of differential response but all recognise that in some circumstances a traditional, statutory child protection investigation and response is required. For other cases, the differential response allows organisations to refer their concerns about child wellbeing to support agencies that can provide family support as required—these supports may not take the form of a child protection response (e.g., provision of housing or financial support).

A differential response operates from a partnership model as opposed to the more adversarial approach seen in some statutory child protection responses—where families are “investigated” and “reports substantiated”. In a differential response model, the focus shifts from a perspective of blame to one of “how can we work with the realities you face and ensure the safety and wellbeing of your children” (Council of Australian Governments [COAG], 2009, p. 22). The aim of the response then shifts to one of a timely response, rather than on investigation and substantiation of harm.

In most European countries child protection concerns are addressed by family welfare agencies. These agencies can provide services to families and children without first having to determine that the maltreatment has been substantiated. There has been a shift toward this differential response in some Australian and North American jurisdictions, but for the most part, reports are first made to a child protection organisation and then referred from there to family services after being investigated and failing to meet the substantiation threshold. A number of these reports, particularly those of neglect, may be dealt with at a family support level and referred up to child protection—serving to provide services to families in need, but also to reduce some of the load on the child protection services (Shusterman, Hollinshead, Fluke, & Yuen, 2005).

Research has shown that a differential response to neglect is more likely to break the cycle between poverty and neglect than a statutory system (Straus & Kantor, 2005). However, it is important to note that for the cycle to be broken, concrete services must be available in the form of financial assistance for food, rent, childcare, and health needs, for example (Straus & Kantor, 2005). One cost–benefit evaluation of a trial of differential response to child neglect, where the aim was to avoid a recurrence of neglect, found that the mean cost per family was \$398 less than traditional statutory child protection approach (Straus & Kantor, 2005, p. 24).

Different types of neglect require different responses. For example, low cost housing may assist some families but for others, mental health assessment and treatment or access to drug and alcohol services are required. A summary of the literature suggests examples of community services that may assist neglectful families include:

- emergency financial assistance;
- low cost housing;
- emergency food bank;
- clothing banks;
- transportation;
- recreation programs;
- mental health assessment and treatment;
- temporary foster or respite care;
- budget/credit counselling;
- job training and employment assistance;
- parenting support/skills training; and
- low cost child care.

In some cases, a tertiary child protection response is still required to address issues of neglect and the appropriate response will vary according to the severity of maltreatment, number of previous reports, child age, and the willingness of parents to participate (Lonne, Harries, & Lantz, 2012).

The role of community

Research has identified that child wellbeing is part of a complex interplay of factors. Child development is related to family and peer relationships and the environments and settings where the interplay of these factors all occur (Bronfenbrenner, 1977). Bronfenbrenner's framework demonstrates that child wellbeing is contingent on collaboration between agencies, case workers, paraprofessionals, service provider, communities, families, and individuals.

The community where the child lives plays a significant role in the health of children and families (Lohoar et al., 2013). Community organisations can contribute to risk or safety if they are characterised by individuals who engage in violent behaviour, drug abuse, or are associated with high levels of unemployment or poverty compared to those where individuals are caring, nurturing, and supportive (Scott, 2013).

A child protection response that builds on community strengths (Lohoar et al., 2013) and encourages all members of a community to be engaged and responsible for each other, and participate in providing services to each other on an informal basis has the capacity to improve the overall wellbeing of children and families who live in that community and reduce child maltreatment (Kimbrough-Melton & Campbell, 2008).⁵

National Framework for Protecting Australia's Children 2009–2020

The National Framework for Protecting Australia's Children 2009–2020 has adopted a public health approach for keeping children safe. Under the Framework the focus moves from one of responding only to children who meet the legislative definition of a child at risk of serious harm to one of promoting the safety and wellbeing of all Australian children (COAG, 2009). It recognises that child protection concerns extend to agencies and organisations beyond the traditional tertiary child protection system. The public health model ensures that support is available for families of neglected children at primary, secondary, and tertiary support levels (see Box 3 for examples of programs at each level). The Framework encourages involvement of services other than the tertiary child protection system in consideration of wellbeing of all children, thereby minimising the likelihood that neglected children will require tertiary intervention (that of the formal state child protection agencies). The public health model is particularly suited to neglect as it also allows the capacity to address underlying issues associated with neglect, such as poverty, and promotes a government-wide approach to dealing with child protection rather than relying solely on a statutory child protection response to families who neglect their children.

Where to now?

This paper has demonstrated that neglect is a complex problem. Defining, measuring, and responding to neglect all pose problems yet to be resolved. While much of the focus of neglect rests on parents, the problem is often much bigger and cannot be completely isolated from societal issues such as poverty and access to resources that support and empower families to care for their children. The public health model of the National Framework for Protecting Australia's Children 2009–2020 goes some way to addressing issues associated with neglect, and recognises that formal child protection systems cannot respond to all children and families in need of support. Effective Child Aware Approaches, designed to improve adult services awareness and response to child

⁵ For more information on community capacity building responses to child protection see: *Applying Community Capacity-Building Approaches to Child Welfare Practice and Policy* <www.aifs.gov.au/cfca/pubs/papers/a144213/index>

Box 3: Public health responses to child protection concerns*

Primary prevention services

These services are available to all children, examples include:

- education campaigns, such as those encouraging parents to read to your children;
- universal health care;
- immunisation; and
- public education system.

Secondary prevention and support services

These services are designed to support children at risk of neglect, examples include:

- income support;
- housing assistance; and
- nurse home visiting services.

Tertiary response

These services respond to the needs of children who are or have been neglected, examples include:

- counselling services;
- care and protection orders;
- foster care; and
- alcohol and drug services for parents who neglect their children.

* Not all programs sit neatly in one level or another. For example, alcohol and drug services may be a tertiary response to families where children are neglected, but it may also be provided at a secondary prevention level where parents who engage in substance misuse are at risk of neglecting their children but are currently providing “good enough” care.

maltreatment, may provide additional support and impetus for change that is needed to address neglect.⁶

There is no easy or quick response to child neglect. Policies and strategies address some risk indicators at the individual child and family level and provide support for those families, but acting at the individual level will not result in long-term sustainable changes for these families. Change will also have to occur at the societal level to make a real difference. For real change to occur, community and society have to take the view that neglect isn't simply the responsibility of child protection departments.

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6 More information on Child Aware Approaches can be found at: <www.dss.gov.au/families-and-children/grants-funding/child-aware-approaches-successful-organisations-have-been-announced>.

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Debbie Scott is a Research Fellow with the Australian Institute of Family Studies.

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Australian Institute of Family Studies
Level 20, 485 La Trobe Street
Melbourne VIC 3000 Australia
Phone: (03) 9214 7888 Fax: (03) 9214 7839
Internet: <www.aifs.gov.au>

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