

CHAPTER 2

Definition and Scope of Neglect

Child neglect is the most common type of child maltreatment.¹ Unfortunately, neglect frequently goes unreported and, historically, has not been acknowledged or publicized as greatly as child abuse. Even professionals often have given less attention to child neglect than to abuse.² One study found that caseworkers indicated that they were least likely to substantiate referrals for neglect.³ In some respects, it is understandable why violence against children has commanded more attention than neglect. Abuse often leaves visible bruises and scars, whereas the signs of neglect tend to be less visible. However, the effects of neglect can be just as detrimental. In fact, some studies have shown that neglect may be more detrimental to children's early brain development than physical or sexual abuse.⁴

WHAT IS NEGLECT?

How neglect is defined shapes the response to it. Since the goal of defining neglect is to protect children and to improve their well-being—not to blame the parents or caregivers—definitions help determine if an incident or a pattern of behavior qualifies as neglect, its seriousness or duration, and, most importantly, whether or not the child is safe.⁵

Definitions of neglect vary among States and across different disciplines, agencies, and professional groups (e.g., child protective services, court systems, health care providers), as well as among individuals within

these agencies and groups. The definitions also are used for different purposes within the child welfare field. For example, a medical doctor may view a parent as neglectful if the parent repeatedly forgets to give his child a prescribed medication. This may or may not legally be considered neglect, however, depending on the stringency of the neglect criteria of many CPS agencies.⁶

Difficulty Defining Neglect

Defining neglect historically has been difficult to do, leading to inconsistencies in policies, practice, and research. Without a consistent definition of neglect, it is nearly impossible to compare research results. This inconsistency also leads to variability in the way neglect cases are handled.⁷

The debate over a definition of neglect centers on a lack of consensus in answering these questions:

- What are the minimum requirements associated with caring for a child?
- What action or inaction by a parent or other caregiver constitutes neglectful behavior?
- Must the parent's or caregiver's action or inaction be intentional?
- What impact does the action or inaction have on the health, safety, and well-being of the child?

- What constitutes “failure or inability to provide” adequate food, shelter, protection, or clothing?
- Should “failure or inability to protect” be included?
- Is the action or inaction a result of poverty rather than neglect?⁸

Additionally, what is considered neglect varies based on the age and the developmental level of the child, making it difficult to outline a set of behaviors that are *always* considered neglect. For example, leaving a child unattended for an hour is considered neglect when the child is young, but not when the child is a teenager. Another issue is that many neglect definitions specify that omissions in care may result either in “risk of harm” or in “significant harm” to the child. While the 1996 reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 104-235) narrowed the definition of child maltreatment to cases where there has been actual harm or an imminent risk of serious harm, these terms often are not defined by law, leaving the local CPS agencies to interpret them. This leads to a lack of consistency in responding to families who may be challenged to meet the basic needs of their children.⁹

Definitions of Neglect

CAPTA, reauthorized again in the Keeping Children and Families Safe Act of 2003 (P.L. 108-36), provides minimum standards for defining child physical abuse, neglect, and sexual abuse that States must incorporate into their statutory definitions in order to receive Federal funds. Under this Act, child maltreatment is defined as:

Any recent act or failure to act on the part of a parent or caregiver, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.¹⁰

A “child” under this definition generally means a person who is under the age of 18 or who is not an

emancipated minor. In cases of child sexual abuse, a “child” is one who has not attained the age of 18 or the age specified by the child protection law of the State in which the child resides, whichever is younger.¹¹

Instances of neglect are classified as mild, moderate, or severe.

- **Mild neglect** usually does not warrant a report to CPS, but might necessitate a community-based intervention (e.g., a parent failing to put the child in a car safety seat).
- **Moderate neglect** occurs when less intrusive measures, such as community interventions, have failed or some moderate harm to the child has occurred (e.g., a child consistently is inappropriately dressed for the weather, such as being in shorts and sandals in the middle of winter). For moderate neglect, CPS may be involved in partnership with community support.
- **Severe neglect** occurs when severe or long-term harm has been done to the child (e.g., a child with asthma who has not received appropriate medications over a long period of time and is frequently admitted to the hospital). In these cases, CPS should be and is usually involved, as is the legal system.¹²

Viewing the severity of neglect along this continuum helps practitioners assess the strengths and weaknesses of families and allows for the possibility of providing preventive services before neglect actually occurs or becomes severe. There is some controversy over whether “potential harm” should be considered neglect, and, as with the definition of neglect, State laws vary on this issue. Although it is difficult to assess potential harm as neglect, it can have emotional as well as physical consequences, such as difficulty establishing and maintaining current relationships or those later in life.¹³

The seriousness of the neglect is determined not only by how much harm or risk of harm there is to the child, but also by how chronic the neglect is.

Chronicity can be defined as “patterns of the same acts or omissions that extend over time or recur over time.”¹⁴ An example of chronic neglect would be parents with substance abuse problems who do not provide for the basic needs of their children on an ongoing basis. On the other hand, caregivers might have minor lapses in care, which are seldom thought of as neglect, such as occasionally forgetting to give their children their antibiotics.¹⁵ However, if those children were frequently missing doses, it may be considered neglect. Some situations only need to occur once in order to be considered neglect, such as leaving an infant unattended in a bathtub. Because some behaviors are considered neglect only if they occur on a frequent basis, it is important to look at

the history of behavior rather than focusing on one particular incident.

TYPES OF NEGLECT

While neglect may be harder to define or to detect than other forms of child maltreatment, child welfare experts have created common categories of neglect, including physical neglect; medical neglect; inadequate supervision; environmental, emotional, and educational neglect; and newborns addicted or exposed to drugs, as well as some newly recognized forms of neglect. The following sections give detailed information on each of these types of neglect.

States’ definitions of neglect are usually located in mandatory child maltreatment reporting statutes (civil laws), criminal statutes, or juvenile court jurisdiction statutes. For more information about reporting laws, visit the *State Laws on Reporting Child Abuse and Neglect* section of the Child Welfare Information Gateway Web site at http://www.childwelfare.gov/laws_policies/state/reporting.cfm.

Framework for Neglect

Current theory on maltreatment views neglect from a socio-ecological perspective in which multiple factors contribute to child abuse and neglect.¹⁶ From this perspective, one should consider not only the parent’s role, but also the societal and environmental variables contributing to the parent’s inability to provide for the basic needs of the child.¹⁷ The socio-ecological model is valuable because it “recognizes the shared responsibility among individuals, families, communities, and society, thereby enabling a more constructive approach and targeting interventions on multiple levels.”¹⁸ Examples of factors to consider when looking at neglect from a socio-ecological perspective are social isolation and poverty. For more information about factors related to child neglect, see Chapter 4, *Risk and Protective Factors*.

It is important to keep in mind that not all incidents in which a person fails to provide for the basic needs for a child are necessarily considered neglect. Factors relating to the parent’s health and well-being, such as mental illness, substance abuse, or domestic violence, often contribute to neglect. Any intervention for neglect will need to consider these factors as well.

Federal and State laws often assume that it is possible to determine clearly when parents have control over omissions in care and when they do not. For example, children may be poorly fed because their parents are poor and are unable to provide them with the appropriate type and amount of food. In such cases, it is important to identify factors that may be contributing to this inability to provide, such as mental illness. However, when a family consistently fails to obtain needed support or is unable to use information and assistance that is available, an intervention may be required. Having a comprehensive understanding of what may contribute to neglect can help determine appropriate interventions that address the basic needs of the child and family and also enhances professionals’ and communities’ abilities to develop and to use interventions, regardless of CPS involvement.¹⁹

Physical Neglect

Physical neglect is one of the most widely recognized forms. It includes:

- **Abandonment**—the desertion of a child without arranging for his reasonable care or supervision. Usually, a child is considered abandoned when not picked up within 2 days.
- **Expulsion**—the blatant refusal of custody, such as the permanent or indefinite expulsion of a child from the home, without adequately arranging for his care by others or the refusal to accept custody of a returned runaway.
- **Shuttling**—when a child is repeatedly left in the custody of others for days or weeks at a time, possibly due to the unwillingness of the parent or the caregiver to maintain custody.
- **Nutritional neglect**—when a child is undernourished or is repeatedly hungry for long periods of time, which can sometimes be evidenced by poor growth. Nutritional neglect often is included in the category of “other physical neglect.”
- **Clothing neglect**—when a child lacks appropriate clothing, such as not having appropriately warm clothes or shoes in the winter.
- **Other physical neglect**—includes inadequate hygiene and forms of reckless disregard for the child’s safety and welfare (e.g., driving while intoxicated with the child, leaving a young child in a car unattended).²⁰

Medical Neglect

Medical neglect encompasses a parent or guardian’s denial of or delay in seeking needed health care for a child as described below:

- **Denial of health care**—the failure to provide or to allow needed care as recommended by a competent health care professional for a physical injury, illness, medical condition, or impairment. The CAPTA amendments of 1996 and 2003 contained no *Federal* requirement for a parent to provide any medical treatment for a child if that treatment is against the parent’s religious beliefs. However, CAPTA also designates that there is no requirement that a *State* either find or be prohibited from finding abuse or neglect in cases where parents or legal guardians act in accordance with their religious beliefs. While CAPTA stipulates that all States must give authority to CPS to pursue any legal actions necessary 1) to ensure medical care or treatment to prevent or to remedy serious harm to a child or 2) to prevent the withholding of medically indicated treatment from a child with a life-threatening condition (except in the cases of withholding treatment from disabled infants), all determinations will be done on a case by case basis within the sole discretion of each State.²¹
- **Delay in health care**—the failure to seek timely and appropriate medical care for a serious health problem that any reasonable person would have recognized as needing professional medical attention. Examples of a delay in health care include not getting appropriate preventive

Homelessness and Neglect

It is unclear whether homelessness should be considered neglect; some States specifically omit homelessness by itself as neglect. Unstable living conditions can have a negative effect on children, and homeless children are more at risk for other types of neglect in areas such as health, education, and nutrition. Homelessness is “considered neglect when the inability to provide shelter is the result of mismanagement of financial resources or when spending rent resources on drugs or alcohol results in frequent evictions.”²²

medical or dental care for a child, not obtaining care for a sick child, or not following medical recommendations. Not seeking adequate mental health care also falls under this category. A lack or delay in health care may occur because the family does not have health insurance. Individuals who are uninsured often have compromised health because they receive less preventive care, are diagnosed at more advanced disease stages, and, once diagnosed, receive less therapeutic care.²³

Inadequate Supervision

Inadequate supervision encompasses a number of behaviors, including:

- **Lack of appropriate supervision.** Some States specify the amount of time children at different ages can be left unsupervised, and the guidelines for these ages and times vary. In addition, all children are different, so the amount of supervision needed may vary by the child's age, development, or situation. It is important to evaluate the maturity of the child, the accessibility of other adults, the duration and frequency of unsupervised time, and the neighborhood or environment when determining if it is acceptable to leave a child unsupervised.²⁴
- **Exposure to hazards.** Examples of exposure to in- and out-of-home hazards include:
 - Safety hazards—poisons, small objects, electrical wires, stairs, drug paraphernalia;
 - Smoking—second-hand smoke, especially for children with asthma or other lung problems;
 - Guns and other weapons—guns that are kept in the house that are loaded and not locked up or are in reach of children;
 - Unsanitary household conditions—rotting food, human or animal feces, insect infestation, or lack of running or clean water;
 - Lack of car safety restraints.²⁵

- **Inappropriate caregivers.** Another behavior that can fall under “failure to protect” is leaving a child in the care of someone who either is unable or should not be trusted to provide care for a child. Examples of inappropriate caregivers include a young child, a known child abuser, or someone with a substance abuse problem.²⁶
- **Other forms of inadequate supervision.** Additional examples of inadequate supervision include:
 - Leaving a child with an appropriate caregiver, but without proper planning or consent (e.g., not returning to pick up the child for several hours or days after the agreed upon pick-up time or not giving the caregiver all the necessary items to take care of the child);
 - Leaving the child with a caregiver who is not adequately supervising the child (e.g., the caregiver is with the child, but is not paying close attention to the child due to constantly being distracted by other activities);
 - Permitting or not keeping the child from engaging in risky, illegal, or harmful behaviors (e.g., letting a child smoke marijuana).²⁷

Another common but complex example is single, working parents who are having difficulty arranging for appropriate back-up child care when their regular child care providers are unavailable. For example, a mother may leave her child home alone when the child care provider fails to show up. If the mother does not go to work, she can lose her job and will not be able to take care of her child. However, if she leaves the child alone, she will be guilty of neglect. It is important that parents in situations similar to this receive adequate support so that they are not forced to make these difficult decisions.

Environmental Neglect

Some of the characteristics mentioned above can be seen as stemming from environmental neglect, which is characterized by a lack of environmental

or neighborhood safety, opportunities, or resources. While children's safety and protection from hazards are major concerns for CPS, most attention focuses on the conditions in the home and parental omissions in care. A broad view of neglect incorporates environmental conditions linking neighborhood factors with family and individual functioning, especially since the harmful impact of dangerous neighborhoods on children's development, mental health, and child maltreatment has been demonstrated.²⁸ CPS workers should be aware of this impact on the family when assessing the situation and developing case plans. For example, they can help parents find alternative play areas in a drug-infested neighborhood, rather than have their children play on the streets.

Emotional Neglect

Typically, emotional neglect is more difficult to assess than other types of neglect, but is thought to have more severe and long-lasting consequences than physical neglect.²⁹ It often occurs with other forms of neglect or abuse, which may be easier to identify, and includes:

- **Inadequate nurturing or affection**—the persistent, marked inattention to the child's needs for affection, emotional support, or attention.
- **Chronic or extreme spouse abuse**—the exposure to chronic or extreme spouse abuse or other domestic violence.
- **Permitted drug or alcohol abuse**—the encouragement or permission by the caregiver of drug or alcohol use by the child.
- **Other permitted maladaptive behavior**—the encouragement or permission of other maladaptive behavior (e.g., chronic delinquency, assault) under circumstances where the parent or caregiver has reason to be aware of the existence and the seriousness of the problem, but does not intervene.

- **Isolation**—denying a child the ability to interact or to communicate with peers or adults outside or inside the home.³⁰

Educational Neglect

Although State statutes and policies vary, both parents and schools are responsible for meeting certain requirements regarding the education of children. Types of educational neglect include:

- **Permitted, chronic truancy**—permitting habitual absenteeism from school averaging at least 5 days a month if the parent or guardian is informed of the problem and does not attempt to intervene.
- **Failure to enroll or other truancy**—failing to homeschool, to register, or to enroll a child of mandatory school age, causing the child to miss at least 1 month of school without valid reasons.
- **Inattention to special education needs**—refusing to allow or failing to obtain recommended remedial education services or neglecting to obtain or follow through with treatment for a child's diagnosed learning disorder or other special education need without reasonable cause.³¹

Newborns Addicted or Exposed to Drugs

As of 2005, 24 States had statutory provisions requiring the reporting of substance-exposed newborns to CPS.³² Women who use drugs or alcohol during pregnancy can put their unborn children at risk for mental and physical disabilities. The number of children prenatally exposed to drugs or to alcohol each year is between 409,000 and 823,000.³³ One study showed that drug-exposed newborns constitute as many as 72 percent of the babies abandoned in hospitals.³⁴ Another study found that 23 percent of children prenatally exposed to cocaine were later abused or neglected, compared with 3 percent who were not prenatally exposed.³⁵ To address the needs of these children, the Keeping Children and Families

Safe Act of 2003 (P.L. 108-36, sec. 114(b)(1)(B)) mandated that States include the following in their CAPTA plans:

(ii) Policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to—

(I) establish a definition under Federal law of what constitutes child abuse; or

(II) require prosecution for any illegal action.

(iii) The development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms;

(iv) Procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports.

SIGNS OF POSSIBLE NEGLECT

It can be difficult to observe a situation and to know for certain whether neglect has occurred. Behaviors and attitudes indicating that a parent or other adult caregiver may be neglectful include if he or she:

- Appears to be indifferent to the child;
- Seems apathetic or depressed;
- Behaves irrationally or in a bizarre manner;
- Abuses alcohol or drugs;
- Denies the existence of or blames the child for the child's problems in school or at home;
- Sees the child as entirely bad, worthless, or burdensome;
- Looks to the child primarily for care, attention, or satisfaction of emotional needs.³⁶

Indicators of neglect are more likely to be visible in the appearance or behavior of the child. Mandatory reporters and concerned individuals should consider reporting possible neglect if they notice that a child:

Methamphetamine Use and Child Maltreatment

In addition to the problem of prenatal drug use, the rise in methamphetamine abuse also has had a strong impact on child maltreatment. U.S. Attorney General Alberto Gonzales recently proclaimed “in terms of damage to children and to our society, meth is now the most dangerous drug in America.”³⁷ Children whose parents use methamphetamine are at a particularly high risk for abuse and neglect. Methamphetamine is a powerfully addictive drug, and individuals who use it can experience serious health and psychiatric conditions, including memory loss, aggression, violence, psychotic behavior, and potential coronary and neurological damage.³⁸ The drug is relatively easy to make, exposing many children of methamphetamine users to the additional risks of living in or near a methamphetamine lab. In 2003, 3,419 children either were residing in or visiting a methamphetamine lab that was seized, and 1,291 children were exposed to toxic chemicals in these labs.³⁹ For more information on this epidemic, go to http://www.whitehousedrugpolicy.gov/news/press05/meth_factsheet.

- Wears soiled clothing or clothing that is significantly too small or large or is often in need of repair;
- Seems inadequately dressed for the weather;
- Always seems to be hungry; hoards, steals, or begs for food; or comes to school with little food;
- Often appears listless and tired with little energy;
- Frequently reports caring for younger siblings;
- Demonstrates poor hygiene, smells of urine or feces, or has dirty or decaying teeth;
- Seems emaciated or has a distended stomach (indicative of malnutrition);
- Has unattended medical or dental problems, such as infected sores;
- States that there is no one at home to provide care.⁴⁰

SCOPE OF THE PROBLEM

According to the National Child Abuse and Neglect Data System (NCANDS), in 2004, an estimated three million referrals were made to CPS, representing 5.5 million children. From this population, approximately 872,000 children were found to be victims of

maltreatment, and 64.5 percent of these children were neglected. In comparison, 18 percent of maltreated children were physically abused, 10 percent were sexually abused, and 7 percent were psychologically maltreated. Additionally, 15 percent of victims were associated with “other” types of maltreatment, such as abandonment or congenital drug addiction. A child could be identified as a victim of more than one type of maltreatment.⁴¹

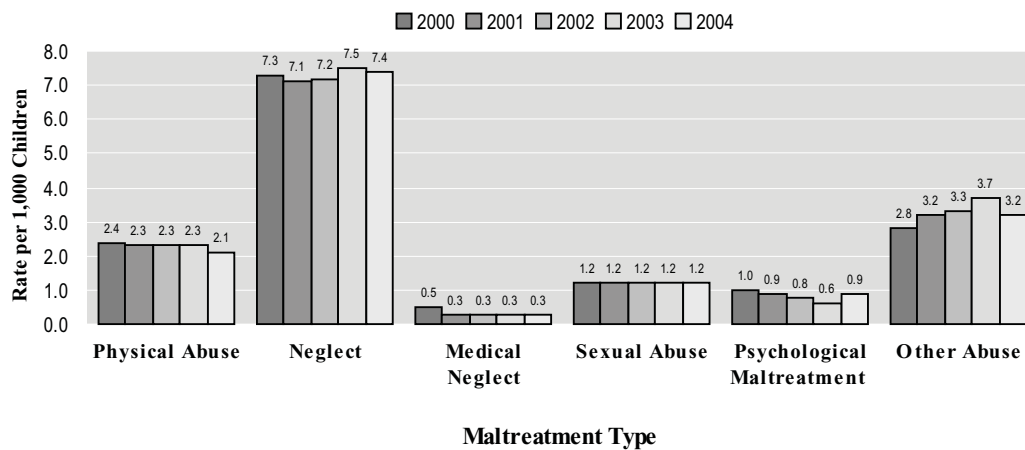
From 2000 to 2004, the rates of neglect were nearly stable. In 2004, approximately 7.4 out of every 1,000 children in the general population were reported as being neglected. Medical neglect is listed separately, but it also has experienced nearly stable rates, fluctuating between 0.5 children per 1,000 in 2000 and 0.3 children per 1,000 in 2004.⁴² Exhibit 2-1 shows the victimization rate by maltreatment type from 2000 to 2004.

However, according to the Third National Incidence Study of Child Abuse and Neglect (NIS-3), less than one-third of child abuse and neglect cases are reported to CPS.⁴³ Data from NIS-3 show that the rates of child neglect may be even higher than noted in the NCANDS data, with 13.1 children per 1,000 being neglected.⁴⁴ Within the category of neglect, physical neglect was the most commonly occurring type and included abandonment; medical neglect; inadequate nutrition, clothing, or hygiene; and leaving a young child unattended in a motor vehicle.⁴⁵

Mandatory Reporters

Mandatory reporters are individuals who are required by law to report cases of suspected child abuse or neglect. They can face criminal and civil liability for not doing so. In approximately 18 States, anyone who suspects child abuse or neglect is considered a mandatory reporter.⁴⁶ In most States, mandatory reporters are required to make a report immediately upon having suspicion or knowledge of an abusive or neglectful situation. This initial report may be made orally to either CPS or a law enforcement agency. Examples of individuals who typically are listed as mandatory reporters include physicians, social workers, educators, mental health professionals, child care providers, medical examiners, and police. Every State has statutes that specify procedures for mandatory reporters to follow when making a report of child abuse or neglect. For more information about State laws regarding mandatory reporters, see http://www.childwelfare.gov/laws_policies/state/reporting.cfm.

Exhibit 2-1 Victimization Rates by Maltreatment Type, 2000–2004⁴⁷



Spotlight on Chronic Neglect

One issue in defining child neglect involves consideration of “incidents” of neglect versus a pattern of behavior that indicates neglect. Susan J. Zuravin, Ph.D., at the University of Maryland at Baltimore School of Social Work, recommends that if some behaviors occur in a “chronic pattern,” they should be considered neglectful. Examples include lack of supervision, inadequate hygiene, and failure to meet a child’s educational needs. This suggests that rather than focusing on individual incidents that may or may not be classified as “neglectful,” one should look at an accumulation of incidents that may together constitute neglect.

In most CPS systems, however, the criteria for identifying neglect focus on recent, distinct, verifiable incidents. Dr. Zuravin notes that “if CPS focuses only on the immediate allegation before them and not the pattern reflected in multiple referrals, then many neglected children will continue to be inappropriately excluded from the CPS system.”⁴⁸ For example, a family exhibiting a pattern of behavior that may constitute neglect might have frequent CPS reports of not having enough food in the home or keeping older children home from school to watch younger children. However, since each individual report may not be considered neglect, the family may not receive the appropriate support or be served by the CPS system. Additionally, many definitions of neglect that address chronicity do not identify what it means (e.g., What does “frequent reports of not having enough food in the home” mean? Twice per week? Twice per month?). This may prevent CPS caseworkers from consistently applying the child maltreatment laws in these cases.

One study found that many children who had been referred to CPS for neglect did not receive services because their cases did not meet the criteria for neglect. It found, however, that all of these children had, in fact, suffered severe developmental consequences. In recognition of this issue, the Missouri Division of Family Services assigned one of its CPS staff as a chronic neglect specialist and defined chronic neglect as “...a persistent pattern of family functioning in which the caregiver has not sustained and/or met the basic needs of the children, which results in harm to the child.”⁴⁹ The focus here was on the accumulation of harm. CPS and community agencies are recognizing the importance of early intervention and service provision to support families so that neglect does not become chronic or lead to other negative consequences.⁵⁰ For more information on this topic, see *Acts of Omission: An Overview of Child Neglect* at <http://www.childwelfare.gov/pubs/focus/acts>.

Recurrence

Recurrence of child abuse and neglect remains a very serious problem. It has been shown that subsequent referrals of maltreatment are most often for neglect (and, specifically, lack of supervision), regardless of the type of maltreatment in the initial referral.⁵¹ These findings highlight the need to screen for neglect and to provide preventive services where needed, not just for those cases initially identified as neglect.⁵² It is important to know the extent to which children who have been in contact with CPS are victims of repeat maltreatment in order to protect them and to prevent its recurrence.⁵³

Through the Child and Family Services Reviews (CFSRs), which are a results-oriented, comprehensive monitoring system designed to assist States in improving outcomes for the children and families they serve, the Children's Bureau set a national standard for recurrence of maltreatment, which is measured using NCANDS data. The percent of States that met the national standard increased from 29.4 percent of all States in 2000 to 42.2 percent of States in 2004.⁵⁴ (See Appendix D, *Neglect and the Child and Family Services Reviews*, for more information on CFSR findings.) One study on recurrence that followed families for 5 years defined recurrence as "any confirmed report of physical abuse, sexual abuse, or neglect on any child in the family that occurred at least 1 day following the index incident report date."⁵⁵ Of the 43 percent of families in the study that experienced at least one incident of recurrence of maltreatment within 5 years of the original incident, 64 percent of them were classified as neglect. This study also found that 52 percent of families who experienced repeated maltreatment had only one recurrence. The highest probability for recurrence was within the first 30 days of the original occurrence of maltreatment.⁵⁶

Child Neglect Fatalities

An estimated 1,490 children died from abuse or neglect in 2004. This is a rate of 2.03 deaths per

100,000 children, which is comparable to the rate of 2.00 per 100,000 children in 2003.⁵⁷

The distinction between child neglect fatalities and child abuse fatalities is that deaths from neglect result from a failure to act, whereas deaths from abuse result from a physical act. Fatalities due to child neglect may offer less obvious clues as to who is responsible and how the death occurred than fatalities due to abuse. Deaths due to child neglect, therefore, often are more difficult to investigate and prosecute. This also causes difficulty in determining the overall number of fatalities due to child neglect. In fact, one study estimated that 85 percent of child maltreatment fatalities are not recorded as such on death certificates.⁵⁸ Other studies conducted in Colorado and North Carolina estimated that 50 to 60 percent of deaths due to child maltreatment were not recorded and that child neglect is the most under-recorded form of fatal maltreatment.⁵⁹ Differing definitions of child homicide, abuse, and neglect, as well as the lack of thorough investigations into some child fatalities, also may be responsible for this underreporting.

Child neglect fatalities usually result from inadequate supervision, chronic physical neglect, or medical neglect and may result from chronic inaction (e.g., malnourishment) or from an acute incident (e.g., an unsupervised child drowning in a pool). The child's home is the most common place for a child neglect fatality to occur, and the bathroom is the most common room in which the death occurs. Often these children die from drowning or from fires that occur while they are unsupervised.⁶⁰ Other examples of neglect fatalities include dying from falls from unprotected windows, suffocation, poisoning, and not receiving needed medical care.

Exhibit 2-2 shows the type of maltreatment associated with child fatalities in 2004.

As these statistics in Exhibits 2-1 and 2-2 illustrate, child neglect is the largest form both of child maltreatment and of fatalities due to maltreatment.

Exhibit 2-2
Fatalities by Type of Maltreatment, 2004⁶¹

