

THE NEGLECT OF NEGLECT PART I

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The development of trauma theory is one of the most significant advances in the field of psychiatry of the Twentieth Century. It provides a framework for understanding how environmental stressors cause what we call mental illness. It validates the power of terror on the mind and on the body. But trauma theory as we describe it today, fails to take into account some of the most significant environmental influences on mental health. Childhood neglect does not meet the criteria of trauma as described in the DSM-IV. But childhood neglect very often causes even more insidious psychological problems than overt physical and sexual abuse. For a child, neglect produces experiences of “little deaths” – losses of things like innocence, positive beliefs, the possibility of a happy childhood, missed opportunities, broken dreams, the love of a parent. Nonetheless, these losses are real, haunting and the source of a grief that is frequently overwhelming and sometimes even paralyzing.

Being beaten or raped give a person some tangible hold on what has happened to them, active events that have overwhelmed their capacity to cope with the unendurable emotions that accompany childhood physical and sexual abuse. For vast numbers of other children and complicating the lives of abused children, another more insidious problem impedes their capacity to live healthy and fulfilling lives. These are the twin specters of emotional maltreatment and neglect.

Emotional maltreatment, or psychological abuse has been defined in terms of eight types of caretaker behaviors aimed at a child: rejecting; degrading or humiliating; terrorizing; isolating; corrupting; exploiting; denying essential stimulation and emotional responsiveness; and unreliable and inconsistent parenting. The effects of psychological abuse can be profound, effecting a child’s basic perceptions about the self, others, the environment and the future (Garbarino et al., 1986). Emotionally abused children often fail to perceive themselves as valuable or able to be valued by others. They do not see themselves as competent or capable of success. For these children, other people are not expected to be responsive to them or their needs, nor do they perceive the world as being beneficent or even neutral, but instead innately hostile. They become fearful of interacting with their environment, of taking risks in order to learn and experiment with new ideas, and often have a compromised ability to solve problems. The development of empathic and accurate responses to other people and to their own emotional states is often compromised and therefore their ability to respond positively to others and to maintain relationships may be seriously jeopardized (Navarre, 1987).

Some forms of emotional maltreatment are an intrinsic part of sexual and/or physical abuse and relatively little research has been done thus far that teases out the separate components of abuse. We have very little epidemiological data about the frequency of emotional maltreatment in any population. However, over the last thirty years of studying child abuse, many researchers have looked at emotional maltreatment as the “core component of child abuse” (Navarre, 1987).

But neglect is actually considered the most common form of child maltreatment in the United States, accounting for 57% of actual cases in the 1996 Study of the National Incidence and Prevalence of Child Abuse and Neglect (NCCAN, 1996). In that study, the estimated incidence for child neglect was 13.1 per 1,000 children while physical abuse was 5.7 per 1,000 and sexual abuse was 3.2 per 1,000. Alarming, the rate of child neglect in the United States is rising more quickly than that of abuse. Between 1986 and 1993, abuse increased by 45% while neglect increased by nearly 100% (Garbarino and Collins, 1999). Nonetheless, of 489 articles in the first five volumes of the journal *Child Abuse and Neglect*, only 25 pertained specifically to neglect. (Zuravin, 1999) and of 5,848 entries for child abuse in a popular psychology index, there were only 559 entries for child neglect (Garbarino and Collins, 1999). Often, neglect is lumped together with child abuse, compounding the problems of attempting to understand the differential impact of different forms of caretaker behavior. As a result, it has become commonplace in the field of child protection studies to refer to the “neglect of neglect”.

This neglect of neglect extends beyond the field of child abuse research and into the actual administration of child protective services. Currently it is estimated that only 40%-60% of substantiated maltreatment cases receive any subsequent services after the case has been determined to truly constitute a violation of abuse statutes. But the cases of physical and sexual abuse are the ones that are most likely to be prioritized for services since the harm to these children is observable and unambiguous. Neglect cases are likely to be put at the bottom of the priority list unless there is extreme, usually physical, neglect (English, 1998).

Child neglect has been defined as a “condition in which a caretaker responsible for the child, either deliberately or by extraordinary inattentiveness, permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person’s physical, intellectual and emotional capacities” (Polansky, Hally and Polansky, 1975). This is but one of several attempted definitions of this complex subject, but they all have in common the concept of “failure”, acts of omission that distinguish neglect from the acts of commission that characterize abuse.

Several subtypes of neglect have been delineated including: *physical neglect*: failure to protect from harm or danger and provide the child’s basic physical needs including adequate shelter, food, or clothing; *emotional neglect*: failure to be psychologically unavailable to the child, including failing to respond to cries and pleas for warmth and comfort; *medical neglect and mental health neglect*: failure to provide prescribed medical or mental health treatment; *educational neglect*: failure to comply with state requirements for school attendance – includes parents’ lack of cooperation or involvement in their children’s schooling or the parental resistance to follow through with special programs or interventions recommended by the school (Erickson & Egeland, 1996).

Similar to the more “active” forms of childhood physical and sexual abuse, the physical neglect of children has received much more attention than the other forms of neglect, largely because it is frequently much easier to identify. Family members, neighbors, and community members are perhaps more likely to report a child that is starving, unclothed or untended to child protective services than children who are being empathically deprived by their caretakers. But emotional neglect in its most extreme form, can also impact a child’s physical welfare if it results in a “failure to thrive syndrome” involving a failure to grow or even survive, despite adequate nourishment, work first systematically studied by René Spitz in the landmark study of “hospitalism” demonstrating the impact on infants of a disrupted mother-child attachment relationship (Spitz, 1945).

The long-term consequences of neglect on children have received some attention, although few studies

as yet extend that longitudinal understanding into adulthood. So far, researchers have found that neglected children have learning and academic problems, tending to be inattentive and uninvolved in learning. As a result, they are likely to perform poorly on standardized intelligence and achievement tests. These children often have severe language delays or disorders. They tend to demonstrate difficulties with maintaining positive self-esteem, and are often socially isolated (Erickson and Egeland, 1996). Neglected children tend to expect neglect in relationships and do not expect to get what they need from others. They expect to fail and often give up even trying to succeed. They do not develop the conceptual skills necessary to understand the complex messages that are given in the classroom, they have no idea how to conduct healthy and sustaining relationships with others, they cannot conceptualize their ideas into language very well and therefore often have poor communication skills with others and since they never know when their needs will be gratified, they tend to lack the capacity to delay whatever gratification is available to them (Crosson-Tower, 1999). A recent study of disturbed adolescents indicated that children who were emotionally neglected were more likely than even those who were physically neglected to manifest suicidal and self-mutilative behavior (Lipschutz et al, 1999).

The causes of emotional maltreatment, emotional deprivation and neglect have been and still are being investigated, but as can be expected from such a wide-ranging topic, the answers to the question of causality will be multidimensional and dynamic. Of all subtypes of maltreatment, physical neglect is most associated with poverty. Children living at or below the established poverty line are forty times more likely to be harmed by physical neglect than children living at or above median income levels (NCCAN, 1996).

But poverty alone cannot account for the maltreatment of children. Lynch and Cicchetti (1998), both developmental psychologists, have proposed a more thoroughgoing “ecological transactional analysis” of child maltreatment that conceptualizes potential disruptions in four levels of interaction effecting the child: the *macrosystem* that includes cultural beliefs and values that permeate societal and family function; the *exosystem* consisting of neighborhood and community settings in which families and children live; the *microsystems* that includes the family environment that adults and children create and experience; and the *ontogenic development* that includes the individual child and his or her own developmental adaptation. According to their model, every level of this complex system contains risk factors that are potentiating AND risk factors that are compensatory. A public health approach to child maltreatment therefore, will maximize the compensatory factors and minimize those factors that potentiate the problems for children, their families, and the community. As one noted expert has pointed out, “Neglect is not simply or absolutely a matter of negligent parents. It also is inescapably a judgment about communities” (Garbarino & Collins, 1999).

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