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Understanding neglect in childhood for social care: definitions and impacts.

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Aim of session

1. What is neglect?
2. How common is neglect?
3. What experiences are close to neglect?
4. What is associated with neglect in the family?
5. What are the social and psychological consequences short-term and long-term?
6. What are the implications for services?

Defining Neglect – policy definition

(HMSO 2006)

- Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:
 - provide adequate food, clothing & shelter
 - protect a child from physical harm or danger,
 - ensure adequate supervision (including the use of inadequate caregivers
 - Ensuring adequate access to appropriate medical care or treatment,
 - It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Definitions

(Adoption & Children act 2002)

- *'Harm'* means ill-treatment or impairment of health or development including impairment from seeing or hearing the ill-treatment of others
- *Development* means physical, intellectual, emotional, social or behavioural development
- *Health* means physical or mental
- *Ill-treatment* includes sexual abuse and other forms of ill-treatment which are not physical.
- Whether harm is *significant* includes judging whether child's health and development is comparable to that expected of a similar child.



Definition of significant harm

‘Working Together, 1999’

“There are no absolute criteria on which to rely when judging what constitutes significant harm. Considering the severity of ill-treatment may include:

- ❑ the degree and extent of physical harm,
- ❑ the duration and frequency of abuse and neglect,
- ❑ the extent of premeditation,
- ❑ The degree of threat or coercion,
- ❑ sadism and bizarre or unusual elements in child sexual abuse.



Care and consequences approaches

Differentiating care and consequence definitions

(Garbarino, 1991)



- *'Standards of care' model*: abuse defined in terms of perpetrator behaviour which transgresses 'good enough' childcare, required for normal development. (*Research approach*)
- *Consequences model*: abuse is defined in terms of that which relates to non-optimal development of the child. (*Practice approach*)



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Prevalence -Registrations to child protection registers England & Scotland, 2006-7

(Rate per 10,000 population)

	England %	Scotland %
Neglect	44	49
Physical abuse	15	23
Emotional abuse	23	18
Sexual abuse	7	9

Briefing university of Edinburgh, 2008, Sharon Vincent

Registrations to child protection registers UK, 2002-6: similar rates

	2002	2003	2004	2005	2006
	%	%	%	%	%
Neglect	39	39	41	43	43
Physical abuse	19	19	19	18	16
Sexual abuse	10	10	9	9	8
Emotional abuse	17	18	18	19	21

DfES 2006

National prevalence

NSPCC, Cawson et al 2000

- A sample of 2,869 young people aged 18-24 drawn from all over UK by postcode. Use of computer assisted interviewing.
- Serious absence of care assessed as:
 - Children frequently going hungry; without clean clothes, not going to doctor when ill, looking after self when parents absent, being abandoned, living in a home with dangerous physical conditions.
 - Serious absence of care (frequent experience)= 6%. Intermediate absence of care (less frequent)= 9%.
 - A cause for concern but fewer indicators= 2%
 - **15% severe neglect issues. Much lower self-report rate: 4%**
 - *21% physical abuse, 18% sexual abuse and 6% psychological abuse).*



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Assessing neglect

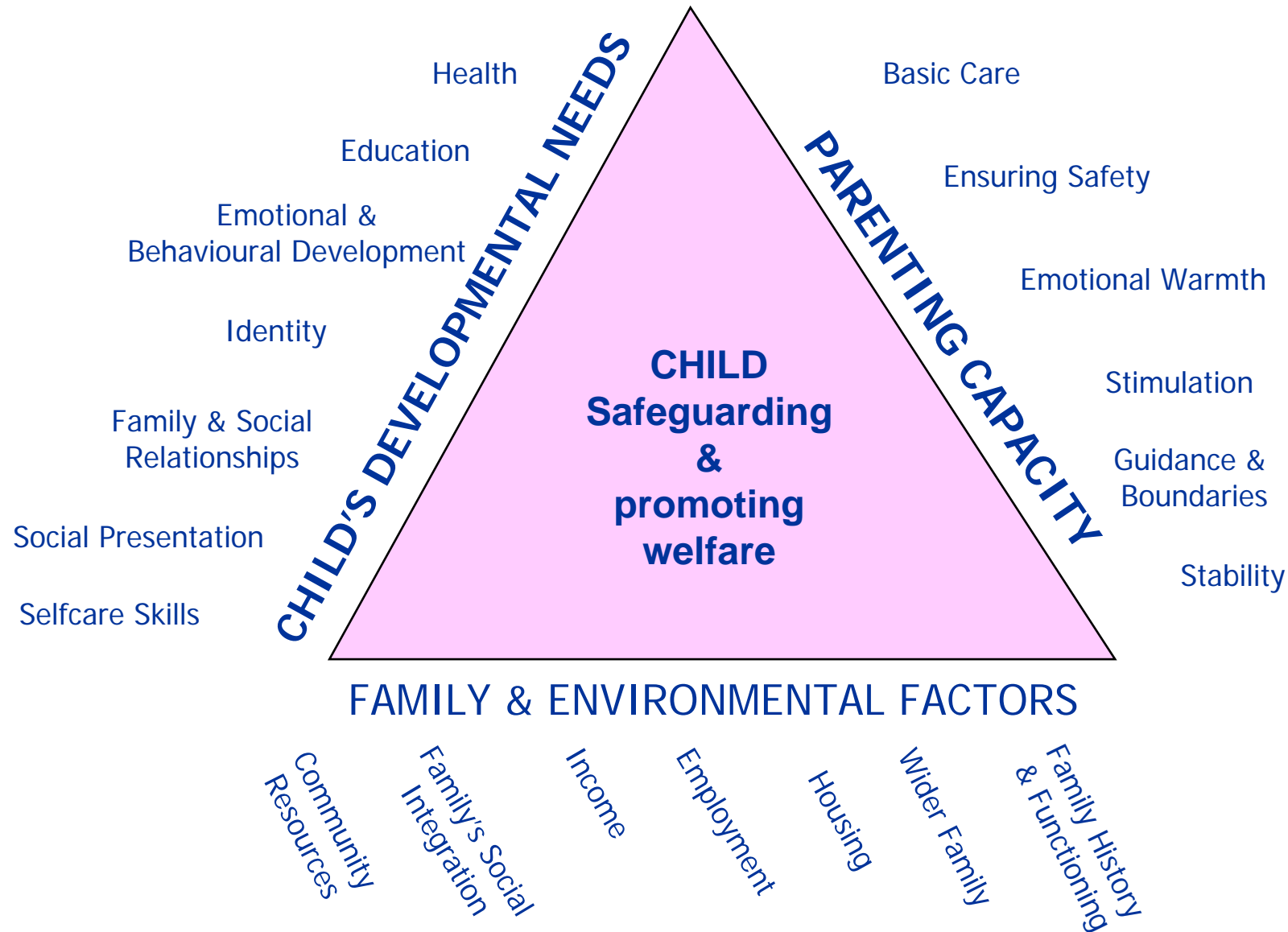
Practice requirements

Research approaches

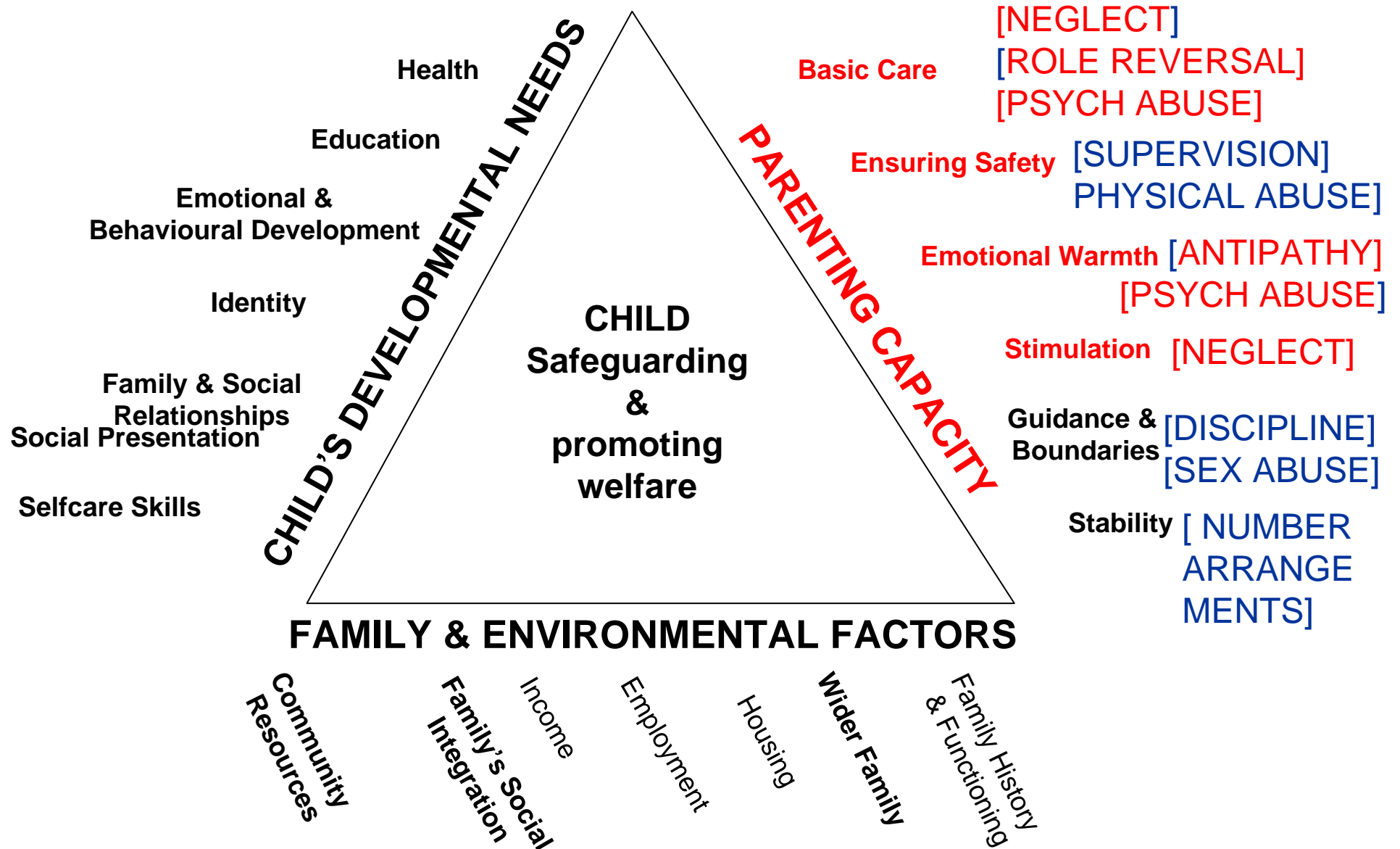
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Assessment Framework (2000)

A map of relevant data to be collected



Assessment Framework & neglect/abuse



Research approaches: The Childhood Experience of Care and Abuse (CECA) measure

www.cecainterview.com

- A semi-structured retrospective interview about neglect or abuse and family circumstances before age 17.
- Ratings are both quantitative (4-point severity scales) and qualitative (narrative description).
- The instrument has a factual and investigative orientation.
- Examples of parental/perpetrator *behaviour and incidents* required to evidence ratings and numeric scoring.
- A broad context of family arrangements, care, abuse and social arena covered.
- Experiences recorded chronologically and a calendar and summary report produced.

CECA scales

Family context:

- Loss of parent
- Household arrangements & Institutional care
- Parent relationship: discord, violence
- Parental social class, housing & financial hardship

Quality of care:

- Neglect, antipathy supervision, discipline, role reversal, favouritism.

Abuse:

- physical, sexual & psychological abuse

External arena:

- Bullying, friendships, social & school activity
- Psychological impacts: Loneliness, helplessness, shame, felt inferiority

CECA scoring method

- CECA is scored according to set of definitions, clearly identified indicators, rating rules and precedent 'benchmark' examples.
- Most of the scales are 4-point: 1-marked, 2-moderate; 3-some; 4-little/none to reflect level of severity of experience.
- Ratings are made for each parent or perpetrator and repeated for different household arrangements or changes in severity and child's age at experience recorded.
- Scored information can be computerised for storage and analysis.



CECA Neglect



Material neglect and indifference shown by parents and carers to child in relation to:

- material care (being fed, clothed)
- regular household routines
- health & hygiene & medical care
- socialisation & friendships,
- school work, career options
- emotional needs & support

These combined in a single score.

Severity determined by pervasiveness of neglect and number of areas of neglect

Rated:

1. Marked] Severe
2. Moderate] Severe
3. Mild
4. Little/none

Scored

- For each different parent figure
- For changes in severity over time

CECA Antipathy



- Cold, critical, angry or rejecting parenting. Involving verbal or behavioural evidence of rejection. Scapegoating of a child often evident.

Severity determined by intensity, frequency and pervasiveness of parental dislike

Rated:

1. Marked] Severe
2. Moderate] Severe
3. Mild
4. Little/none

Scored

- For each different parent figure
- For changes in severity over time

CECA Role reversal

- Responsibilities placed on child to provide care for parent, family and running of the household.
 - May involve practical tasks (eg cooking, cleaning, responsibility for siblings)
 - May involve emotional aspects (confidant to parent, pressured to keep a family secret, prevents parents suicide attempts)
 - Parent exhibits helplessness and is usually neglectful
 - Severity determined by pervasiveness and number of areas of responsibility.
- Rated:
 - 1. Marked] Severe
 - 2. Moderate] Severe
 - 3. Mild
 - 4. Little/none
 - Scored
 - For each household arrangement
 - For changes in severity over time

CECA

Psychological Abuse



- Sadistic & cruel behaviour, coercive control of the child involving:
 - ❑ humiliation, extreme rejection
 - ❑ deprivation of basic needs or valued objects,
 - ❑ inflicting marked discomfort/distress,
 - ❑ Terrorising
 - ❑ Cognitive disorientation
 - ❑ Emotional blackmail or exploitation.

Severity determined by intensity ,
number of categories of abuse and
frequency.

Rated:

1. Marked] Severe
2. Moderate] Severe
3. Mild
4. Little/none

Scored

- For each abuse by different perpetrator
- For changes in severity over time

The London studies

(Bifulco et al 1998; Brown et al 1990)

- Adult women studied over a number of years to determine their vulnerability to major depression with MRC funding.
- Childhood neglect, physical and sexual abuse shown to be key early life vulnerability factors.
- Poor relationships with partner and children and low self-esteem shown to be recent vulnerability factor.
- Attachment framework used to conceptualise these findings.
- Investigation extended intergenerationally



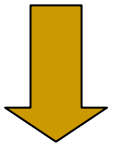
Intergenerational study



- Mothers from both representative and high risk samples were studied over 20 years.
- Follow-up study investigated adolescent offspring from both groups.
- Combined series showed significant differences by experience of childhood maltreatment, and adolescent disorder by mother's vulnerability.
- However, attachment style was not measured in the representative series.
- The high risk adolescent findings reported here



Study of London women and their children(1990-9) MRC programme

- 303 London women screened from GP surgery lists and interviewed using SCID for clinical depression, CECA for childhood neglect/abuse
 - 223 high risk, 80 comparison. Association of childhood experience and depression examined.
- 
- Intergenerational
 - 146 adolescent offspring interviewed for neglect/abuse, attachment & disorder.

Associated maltreatment (Adult series)

- Neglect is closely associated with other lack of care experiences eg
 - Antipathy from parents
 - Role reversal
 - Psychological abuse

Factor analysis of CECA scales

Care dimension

CECA Care scales	Poor Care factor
Neglect	.80
Antipathy	.63
Role reversal	.58

(n=418, mother and father rated separately)

Associated abuse

- Neglect is associated with abuse
 - ❑ Eg physical abuse - as further evidence of poor parenting (parent hostile and uncontrolled anger)
 - ❑ Psychological abuse – due to mental disorders in parents including personality disorder.
 - ❑ Sexual abuse - as a consequence of neglect (eg due to vulnerability of child)

Correlation between lack of care and abuse experience

(Adult sample - severe neglect or antipathy from either parent)

Abuse	Neglect or antipathy <i>Gamma</i>
Psychological abuse	.72, $p < .0001$
Physical abuse	.67, $p < .0001$
Sexual abuse	.38, $p < .0001$

Social correlates of lack of care (Adult sample)

- **Disadvantage:** social class, financial hardship, housing difficulty before 17
- **Parental loss:** separation 12 months+ or death of parent before age 17
- **Parental Conflict:** parental discord or violence before age 17



Social correlates of lack of care (Adult sample)

	Neglect/ antipathy
Deprivation (finance, housing, unemployed)	.42 p<.0001
Parental Conflict (discord or violence)	.35 p<.0001
Parental loss (mother or father)	.20 p<.004

Psychological correlates of lack of care

- Felt inferiority
- Loneliness
- Helplessness
- Shame

Lack of care and psychological factors in childhood

(Gamma correlation)	Neglect/ Antipathy
Felt loneliness	.51 p<.000
Helplessness	.43 p<.002
Shame	.46 p<.0001
Felt inferiority	.22 p<.01

Attachment

- Childhood maltreatment has major impacts on the capacity for attachment and future attachment style.
- This occurs through distortion of the ‘internal working model’ of perception of others (rejecting) and self (unlovable)
- Parental neglect damages parent-child bonding. Neglected children likely to have difficulty forming future attachments





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Some physical consequences

McCrorry et al (2010)

HPA axis – ACTH hormone – cortisol and stress response;

Brain size and white matter;

Genetics and epigenetics

HPA axis – animal studies

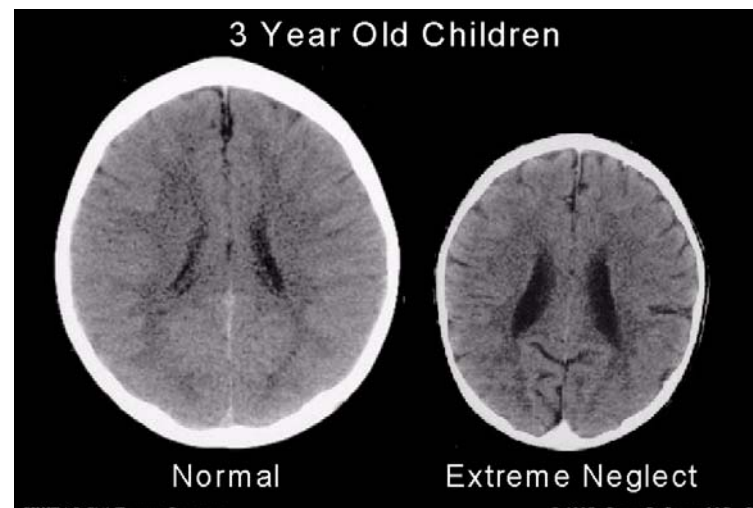
- Animal studies (rats) show mother-pup interactions have long term effects of ‘neglect’ (maternal separation without human handling) on increased HPA functioning which controls stress mechanisms.
- Leads to anxiety like behaviours, hypervigilance and mild cognitive impairment in the pups.
- Timing and duration of neglect important – earlier and prolonged show more negative impacts.
- On reunion, greater care from mother (licking and grooming) lead to lower HPA response in adulthood, lower fearfulness in the pup and improved cognitive performance. (Protective effect).

HPA axis in maltreated children

- mixed findings

- ACTH *hyper-responsiveness* in generally maltreated and *blunted* ACTH response in sexually abuse girls.
- Hyper-responsivity related to ongoing threat.
- Rise in cortisol level elevated ACTH response across the day for maltreated children with depression but not those without depression. Also elevated in children with PTSD.
- Early adversity relates to stress habituation and difficulties in behavioural and emotional regulation.
- Studies more concerned with abuse than neglect

Maltreatment and the brain



- Smaller overall brain size (smaller with earlier onset of trauma)
- Smaller corpus callosum (CC) – white matter in the brain controls arousal, emotion and higher cognitive abilities.
- Smaller hippocampus
- Brain findings replicated in adults with chronic child trauma-sustained and permanent
- Higher levels of excreted urinary catecholamines
- Perform more poorly than controls on attention, abstract reasoning & executive function
- Children with smallest brain and CC had severe PTSD symptoms

Genetic findings

- Maltreatment & MAOA genotype – increased risk for antisocial behaviour. Poorly regulated neural activity to threat cues with increased aggressive response.
- Epigenetics – regulation of gene expression which can mediate or moderate adaptations in the brain.
- Caregiving behaviours may produce long-lasting effects of HPA activity and neuronal function and lower responses to stress.
- In animals, early abuse from stressed parents causing persistent changes in methylation of DNA (BDNF). Cross-fostering *reversed* epigenetic methylation changes associated with maternal neglect.



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Psychological disorder in adolescence & adulthood

Depression & anxiety

Self-harm behaviour

Substance abuse

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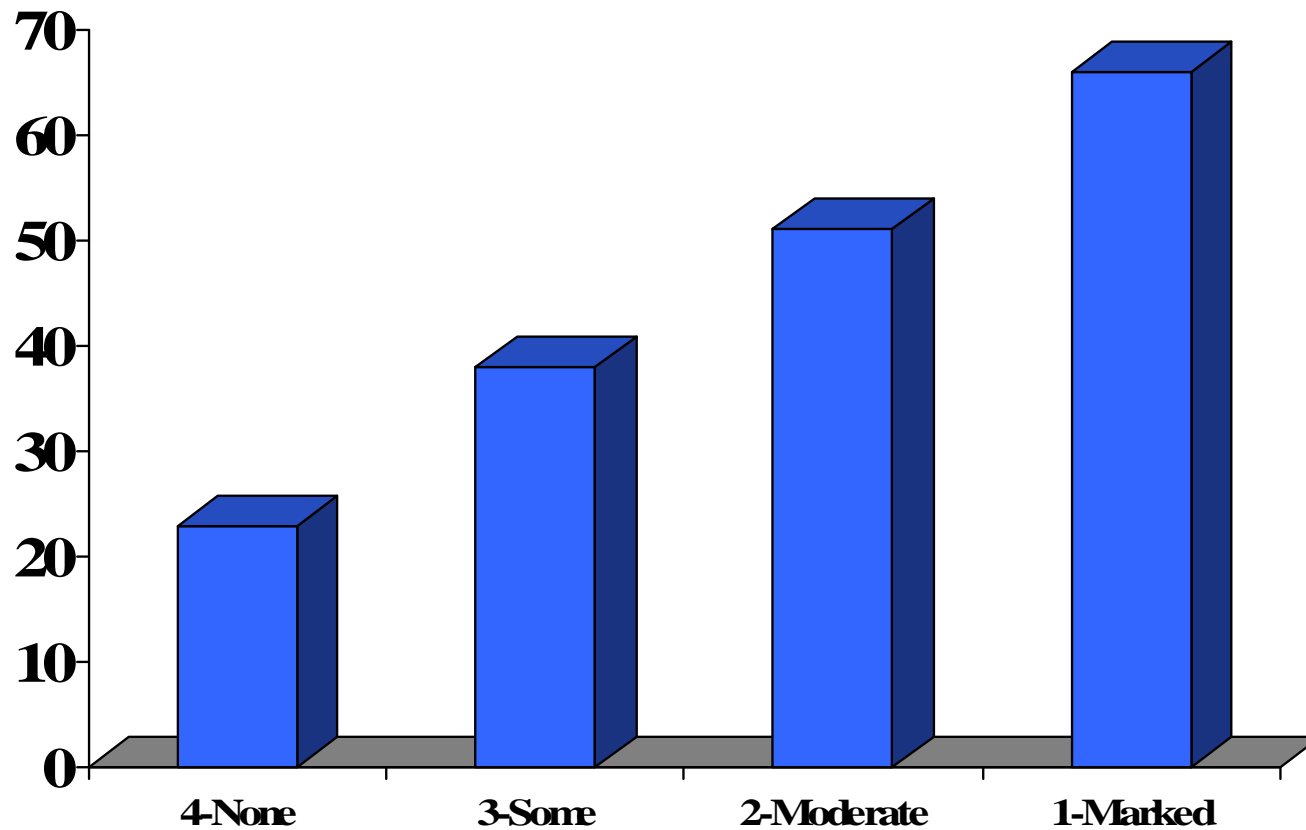
Severity ratings of abuse

- The more severe the neglect in childhood, the higher the association with later disorder.
- A cut-off using 'marked' or 'moderate' as severe consistently relates to worse adult outcomes
- Mild instances have little long term effect (eg mild physical abuse)

Dose-response effects of neglect and adult depression

(Adult sample)

% adult depression in 12 months



The more severe the the higher the rate of disorder in adulthood.

Severity of neglect in childhood

Adolescents: Neglect or abuse and clinical disorder in 12 months

(276 community-based young people aged 16-25)

CECA dichotomy – marked or moderate severity and disorder	Odds ratio	P<
Antipathy mother	3.16	.001
Antipathy father	2.49	.01
i) Neglect	5.27	.0001
ii) Physical abuse	5.03	.0001
iii) Sexual abuse	7.88	.0001
INDEX (i-iii) NEGLECT OR ABUSE	5.00	.001

Adults – Neglect or abuse and major depression in women

CECA dichotomy – ‘marked’ or ‘moderate’ severity and depression:	Odds ratio	P<
Antipathy mother	1.94	.07
Antipathy father	2.93	.05
i) Neglect	3.18	.001
ii) Physical abuse	3.00	.001
iii) Sexual abuse	7.00	.001
iv) Psychological abuse	2.85	.007
INDEX i-iv NEGLECT OR ABUSE	3.96	.001

Examples of deliberate self harm behaviour in adolescents

21% exhibited deliberate self-harm – these highly related to presence of emotional or behavioural disorder:

- Suicidal ideation/plans/attempts (52%)
- Self mutilating (48%):
 - Skin cutting
 - Burning
 - Biting
 - Scratching
 - Banging or hitting body parts
 - Interfering with wound healing



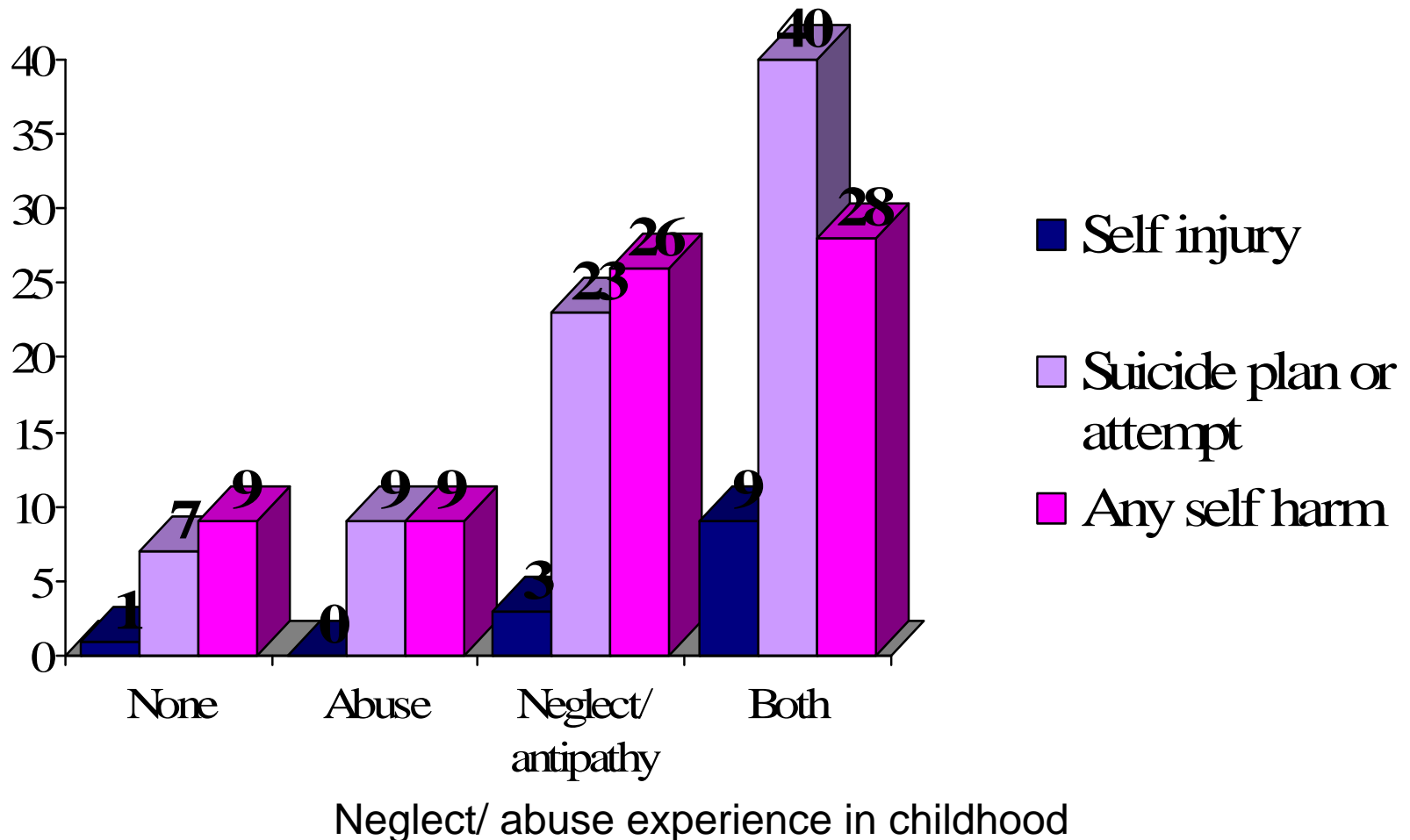
Childhood experience and self harm (Adolescents)

Experience –	Odds ratio	
Severe neglect	8.04	.0001
Severe role reversal	11.90	.00001
Severe antipathy	2.05	.0002
Severe psychological abuse	1.93	NS
Severe sexual abuse	2.00	NS



Lack of care vs abuse and self harm in childhood

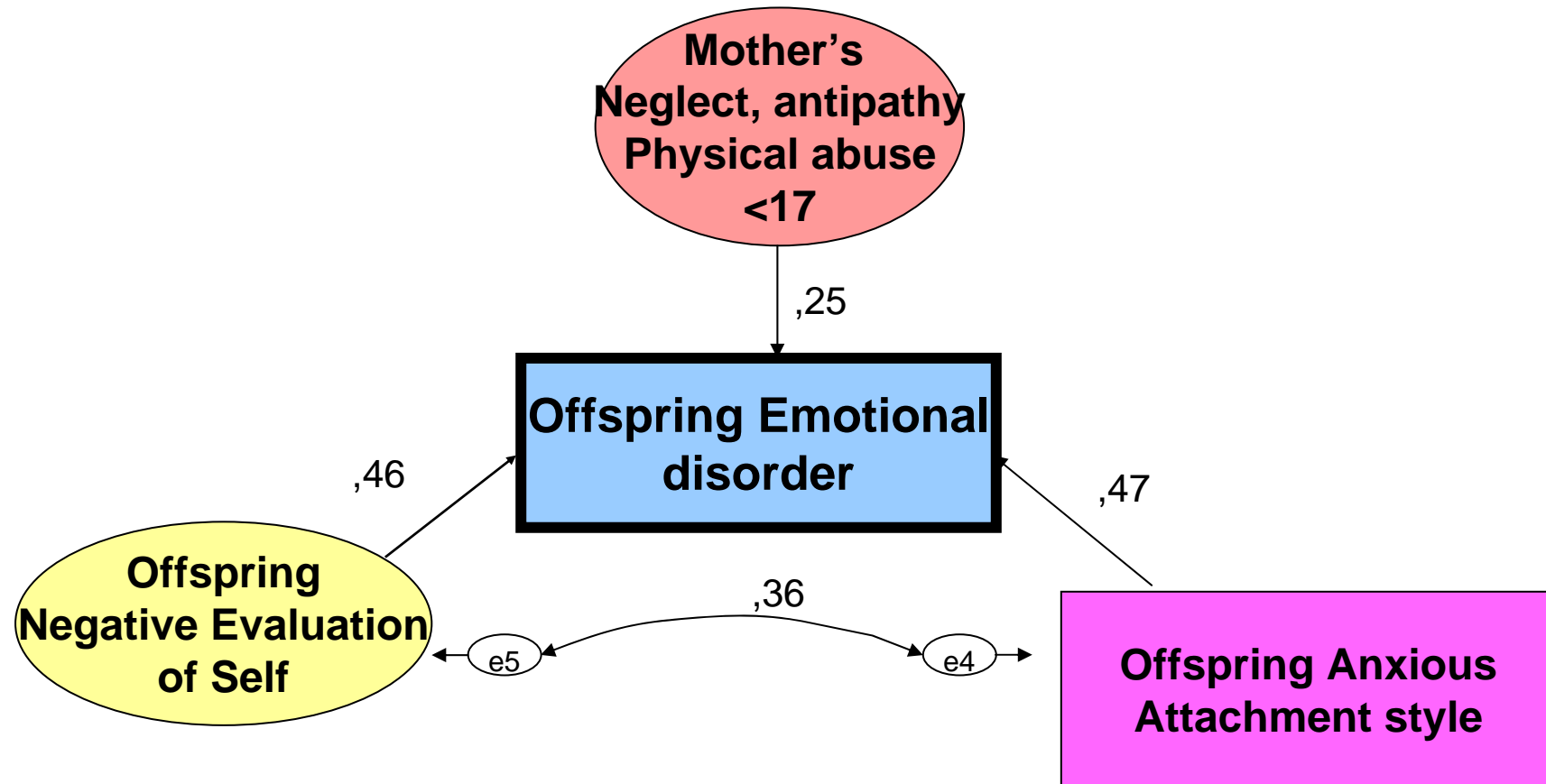
% deliberate self harm child/adolescent



Adolescent experiences associated with neglect and abuse

- Maternal neglect/abuse associated with emotional disorder
 - Low self esteem, anxious attachment style crucial factors
- Paternal neglect/abuse associated with substance abuse
 - Peer problems and disorganised attachment related factors

Attachment model – maternal neglect Mother and adolescent sample



Research Summary

- Neglect is a fairly common experience in the community.
- At severe levels it is related to a number of social and psychological negative outcomes
- It is highly correlated with abuse. Neglect and abuse together are the most potent mix for disorder.
- Maternal and paternal neglect have different disorder consequences.
- Associated role reversal is most associated with self-harm



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Practice implications

Interventions

Assessment

Charting change

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Interventions re Neglect

- ❑ Ensure care improved either through parent behaviour or another responsible adult (parent training; social network interventions)
- ❑ Enhance self-esteem through specific intervention, or school or leisure activity success and positive feedback (School-based initiatives; therapeutic intervention)
- ❑ Improve peer group relating – encourage friendships (school based initiatives)
- ❑ Reduce role reversal/young carer activity, but avoid destroying the child's sense of being needed and altruistic concern (therapeutic; school-based; social network)
- ❑ Intervention for parental psychological disorder; domestic violence etc



Practice need for good assessment

- Evidence-based tools for consistency and transparency.
- Information recorded in standardised and accessible ways, both narrative and numeric.
- Clarity over definitions and thresholds of ‘significant harm’ around neglect/abuse, for multi-agency professionals.
- Measures of ‘standards of care’ (ie parental capacity; and intensity, duration, nature of abusive acts) separate from impact on child’s development.
- Use of research findings to aid with case analysis.



Recording improvement in care

- Need to list key indicators of neglect and verify which ones present at first assessment
- Monitor these aspects to look at change over time
- Note changes in antipathy and role reversal in addition
- Provide positive feedback to parents whose skills and relating improve.



Evaluation of CECA in Kingston Safeguarding Services (2010)

- Commission to train 8 social workers in the CECA and evaluate its effects on assessment.
- The CECA applied to 10 ongoing cases and evaluate its added effectiveness.
- Report on how use of the CECA can be mainstreamed in the Safeguarding service.

CECA proved vital for:

- Increasing staff confidence and skills in analysing case material
- Enhancing court chronologies by highlighting severe instances of neglect, abuse and parental risk accepted by courts.
- Clearer differentiation of different types of maltreatment at different severity levels using benchmark examples. In particular
 - Clarified neglect ratings
 - Highlighted hidden abuse (eg psychological)
 - Highlighted role reversal (young carer).
- Clarified threshold between child protection and child in need
- Indicated where there was most pressing need for intervention, and influence court decisions by improving evidence and analysis.

The Munro Review - recommends

- Requirement for a strengthened professionalism, more confident workforce allowed to make own judgements on risk supported by evidence-based practice.
- Recommends a holistic and 'socio-technical' approach to social work. This is a 'whole system' perspective, recognising complex causal links in child abuse.
- Seeks variety in response to meeting children/yps needs; an acceptance of irreducible risks; supportive and enabling management; learning culture;
- Focus on children, their needs, appropriate pathways and beneficial outcomes.
- Socio-technical approach. Deals with people not objects. Practitioner judgement aided by technology



The Munro Review - issues

- Inconsistency and uncertainty among professionals in managing referrals about vulnerable children/young people.
- Compliance with rules and regulations has become more important than sound professional judgements drawn from the professional relationship with child and family.
- Social workers spend too much time completing documentation. ICS does not help enough in creation of chronologies.



Discussion points

- Clarifying what is and is not neglect for practice purposes (eg expanding to antipathy, role reversal, psychological abuse)
- How to capture neglect early, eg before child at school?
- How to reliably assess neglect in practice such that change can be carefully monitored
- Reliably differentiating degree of neglect in risk assessment re child safeguarding and early intervention.
- Identifying family risk factors and whether these are amenable to change



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