



Child Neglect and Trauma:

A Fact Sheet for Providers

WHAT IS CHILD NEGLECT?

One of the most pervasive yet misunderstood forms of child maltreatment is child neglect. Child neglect is “the absence of sufficient attention, responsiveness, and protection that are appropriate to the age and needs of a child.”¹ For example, physical neglect refers to failing to provide for a child’s physical needs like food, shelter, and appropriate supervision, whereas emotional neglect refers to inattention to a child’s emotional and psychological needs, such as a persistent disregard for a child’s feelings. Neglect can also include failure to provide for a child’s educational or medical needs.² Although it can be difficult for professionals at child- and family-serving agencies to identify and address neglect in treatment, neglect is extremely important to consider because a responsive relationship (see box on page 2) with a primary caregiver is essential for healthy development. Neglect comes in different forms.

Given that neglect is the absence of an appropriate response based on the developmental needs of a child, neglect means something different at each developmental stage.

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Here are some examples:



For infants and young children, being left unattended threatens their very survival, as they are not able to feed themselves or protect themselves from danger such as acute injuries, burns, near drowning, and animal bites. Infants also rely on caregivers to meet their equally important need for love and emotional nurturance. Infants left alone to cry without soothing, or those with parents who are physically present but reject their emotional needs, are also at risk of experiencing overwhelming stress, without the ability to communicate what they need or feel.



For school-aged children, neglect could lead to them missing out on important developmental experiences, such as having help with homework and participating in activities that enrich their development (e.g., playing with friends, extracurricular activities). Children who are neglected may also experience social isolation or teasing if they do not have access to clean clothing and hygiene products.



Although adolescents are increasingly capable of meeting many of their own physical needs, they still rely on a responsive caregiver to support them through major life transitions. Experiences of neglect could result in a reduced ability to make safe decisions and increased likelihood of substance abuse and other risky behaviors. Some teens may feel stressed over increased responsibilities, such as caring for younger siblings, without adult guidance and support.

WHAT IS RESPONSIVE CAREGIVING?

We refer to neglect as a lack of responsive caregiving, which is defined as interactions with at least one consistently available caregiver where that caregiver recognizes the child's needs and responds to them in a sensitive way. Responsive caregiving includes not only attending to physical needs, but also a child's emotional needs. All caregivers have moments where they are unavailable or not correctly attuned to what the child is needing, but responsive caregiving refers to a general pattern where the child's needs are met. There are also many different cultural expressions of responsive caregiving, which can include physical closeness versus verbal responsiveness, for example.³

The socio-cultural context is also an important factor in defining neglect. Both responsive caregiving and children's developmental needs are culturally defined. There are a range of socio-culturally based parenting practices that vary among racial and ethnic groups in different socio-historical, geographical, economic, and political contexts, yet they are not harmful to children. At times, what is considered neglectful is constructed through a lens of racial and social power and privilege; the dominant group tends to shape the definitions of what is acceptable, which can lead to biased understandings of what is neglect within non-white and marginalized communities. When responsive caregiving is defined by the dominant group, it may fail to consider the context of Black families and other understudied and marginalized populations, which includes intergenerational trauma of slavery and racist policies throughout history and currently, as well as cultural strengths, joy, and resilience.⁴ Black children and those of other ethnicities and cultures may find security, comfort, and other ways of having emotional and physical needs met by an extended caregiving network (e.g., grandparents, mentors, neighbors, spiritual community members).⁵ There also may be ways that African American caregivers prepare children to live in a racist world that can be part of a protective and supportive relationship (e.g., restricting children's autonomy or using different strategies to regulate emotional expression).⁴ When families are perceived as neglecting a child's emotional needs it can lead to unnecessary (and at times traumatizing) child welfare system involvement; given this, the child's and family's socio-cultural content is always important to consider.

1

IS CHILD NEGLECT A TRAUMATIC EXPERIENCE?

The NCTSN defines a traumatic event as “a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity.”⁶ Children may show signs of traumatic stress “when they have been in situations where they feared for their lives, believed that they would be injured, witnessed violence, or tragically lost a loved one.”⁷ **In certain circumstances neglect can feel or be life-threatening, or even fatal, and therefore be a traumatic experience for a child.** For young children, threat (perceived or actual), harm, or disappearance of the primary caregiving figures can be potentially traumatic.⁸ The potential for neglect to be traumatic depends on each child's experience. For example, an infant who is left alone crying, hungry, and soiled may experience this event as frightening and life-threatening. Children with life-threatening medical conditions who do not receive proper care may also experience neglect as traumatic. In cases when neglect is not experienced as posing a threat to a child's life or bodily integrity, the consequences can be profound nonetheless, and no less severe than those from other traumas. Understanding neglect as potentially traumatic is important when recognizing its impact on the child and the treatment options that may be indicated.



2

HOW DOES NEGLECT IMPACT CHILDREN?

Research has demonstrated that neglect can be particularly harmful in early childhood. Neglect during this stage is characterized by a lack of caregiver responsiveness at a time when the developing brain relies on this responsiveness to form the foundations of how one thinks, feels, and acts. When infants and young children do not have a responsive caregiver, their bodies' stress response system becomes activated. Repeated instances of having their bodies flooded with stress hormones can result in bodily changes that increase risk for long-term health problems. Children neglected in early childhood can also experience changes in brain structure and functioning that lead to long-term difficulties with attention, learning, high-level thinking and problem solving, managing emotions, and more.¹ Neglect can hinder the ability to form stable and supportive relationships with caregivers, which can then extend to relationship difficulties later in life.

In later childhood, there is evidence that children who are neglected are particularly at risk for experiencing depression and shame,⁹ impairments in cognition, language, and emotion regulation¹⁰ as well as other social-emotional difficulties.¹ Although there is less information available on the impact of neglect in adolescence, research has linked severe neglect in childhood with impairments in social communication¹¹ and delinquency/behavior problems in adolescence.¹² Finally, childhood neglect can have a long-term impact into adulthood, increasing risk for long-term learning difficulties, depression, anxiety, and other personality and mood disorders, and symptoms of post-traumatic stress.^{1,12}

Overall, research on the impact of neglect has demonstrated that it can affect multiple areas of a child's development with lasting effects into adulthood. In addition, several studies that compared children who experienced neglect to other types of maltreatment (e.g., physical and sexual abuse) have found neglect to be as harmful, and sometimes more harmful, in terms of causing more cognitive, social, and internalizing problems than those who experienced physical or sexual abuse.^{1,12}



3

WHAT ARE SOME FACTORS THAT MAY BE RELATED TO NEGLECT?

There is no one cause for neglect, but there are several factors that can make it more difficult for caregivers to provide responsive care for their children.

Caregiver Functioning

When caregivers are overwhelmed by challenges to their own mental health and safety, it can impact their ability to assess for danger and respond effectively to their children's physical and emotional needs. Caregivers may be struggling with severe mental health difficulties, substance use disorders, neurodevelopmental differences, and other factors that can undermine their ability to provide responsive care. It is important to use a trauma lens when considering a caregiver's behavior, as many of these difficulties may be linked with trauma including their own experiences of childhood trauma or intimate partner violence, as well as exposure to different types of violence, racism and other oppression. For caregivers experiencing intimate partner violence or other forms of violence (e.g., intrafamily, community, racial, immigration related) they may not have the capacity to effectively meet the emotional and physical needs of a child when their own and their family's safety is at risk.

Poverty

The relationship between poverty and neglect is complex. Poverty can make it more challenging for parents to meet their children's physical needs, and also create stress that affects their emotional responsiveness. As a result of both historical and current systemic racist policies and practices, poverty is disproportionately present in many communities. When families of color struggle to meet their basic needs, it can be mislabeled as neglect and result in intervention by child welfare agencies, further destabilizing and traumatizing families. For example, in the Navajo Nation, a third of the population do not have indoor plumbing.¹³ Navajo parents in these households struggle to meet this basic need for themselves and their children, resulting in some families having to conserve the limited water they can haul and store from public taps and wells. As a result, children may bathe less and wash their clothes less compared to their peers.

While poverty is a risk factor for neglect, the presence of poverty alone does not mean a child is unsafe, unloved, or that a parent lacks the capacity to care for his or her child.

Historical Trauma

Child development occurs in the context of relationships which are shaped by a child's and family's particular race, ethnicity, socio-cultural and historical context. Historical trauma refers to the cumulative, collective trauma experienced by a group of people who identify and associate with each other, that occurs over time, impacting multiple generations.^{15,16,17,18} A caregiver's unresolved legacies of historical trauma can be passed on to children in different ways, such as heightened stress levels in caregivers, disrupted attachment patterns, abusive or neglectful caregiving behaviors, disorganized and repeated storytelling to children of traumatic events, and internalized oppression via colorism. For example, the Lakota (Teton Sioux) people have undergone extreme trauma including massacre and forced confinement and assimilation. This legacy of trauma has contributed to traumatic stress symptoms in some Lakota families, including severe depression, substance abuse, and chronic bereavement. Maladaptive ways of coping with these events and symptoms, as well as neuro-biological changes that are now believed to be passed down genetically,¹⁹ together contribute to the transmission of trauma and traumatic stress symptoms throughout generations. Lakota parents who attended boarding school and were interviewed in a 1999 study, for example, reported abuse and trauma in their own history and felt unsure of how to parent their own children in a healthy way.²⁰ The history of many systems in the United States—including the child welfare system—involves the oppression of groups of people, including Black, Indigenous, and immigrant families. Current systems of oppression can exacerbate these unresolved wounds and increase the probability of incidents of neglect and abuse in parent-child relationships.

Intergenerational Trauma

Unresolved trauma and stressors from a parent's past can impact their ability to provide responsive care for their child. Parents who survived trauma in their own family of origin can have a hard time managing their own emotions when faced with the stress of parenting. Their own trauma response may prevent them from being able to respond to their child effectively, understand their needs, and protect them from danger. For example, hearing a baby crying, which is stressful for any parent, may lead a parent with a trauma history to dissociate, or disconnect from the moment, resulting in the parent being unable to meet the child's needs. Parents who did not receive responsive caregiving themselves may need extra support or intervention to be able to provide attuned and protective caregiving to their child. There is a close connection between historical trauma, intergenerational trauma, and patterns of neglect in child-parent relationships in communities that include historical trauma descendants.^{16,20}

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HOW CAN PROVIDERS INCLUDE NEGLECT AS PART OF TRAUMA SCREENING?

Screening for trauma exposure and symptoms is a critical first step for many professionals who are supporting children and families. Since neglect can be a type of trauma, screening for neglect is critical. Screening for neglect can take different forms, including behavioral observations of the child's functioning, such as not attending school, ongoing complaints of hunger or lack of food at meal times, poor hygiene, lack of appropriate adult supervision, lack of medical care when needed, and emotional disconnection from a parent or other caregiver. Children who are old enough may also self-report such forms of neglect.

Another strategy that providers may use to identify child neglect is a formal screening tool. There are a few screening tools designed specifically for neglect, such as the Neglect Scale.²¹ An alternative strategy is to screen for trauma more broadly with a tool that includes questions regarding neglect. You can find more about specific tools that screen for neglect, by visiting the NCTSN Measures Review Database and search for neglect under Domain Assessed.

When selecting a tool, it is important for providers to consider the cost of the tool, who will be administering the tool, whether the child or a caregiver will be completing the tool, and whether research has been conducted on the tool.

When identifying and selecting a screening tool and/or process, organizations and specific providers must walk the line between using the tools or processes that currently exist while also ensuring that these processes meet the need of the population served.

Prior to implementing a screening process or selecting and using a specific tool for neglect, providers are encouraged to think critically about the following: (1) Their role within systems of oppression (including power and privilege) and how their choice of tools and approaches used to screen, assess and treat families may impact those from historically minoritized groups; (2) The family's socio-cultural and historical context, remembering that those with intersecting marginalized identities (e.g., an indigenous, family with a single-female-parent-head of household who is unemployed) are at-risk for being perceived as neglectful; (3) The impact of poverty and the extent to which some of the observed behaviors may represent a lack of resources versus a parent's failure to provide; (4) Best practices in screenings with linguistically diverse families, including accessing providers who speak the family's preferred language when possible, access to interpreter services when no bilingual provid-

For more information on screening visit:
<https://www.nctsn.org/treatments-and-practices/screening-and-assessments/trauma-screening>

ers are available, appropriately adapted and translated screening instruments (e.g., cultural adaptations rather than literal translations, psychometrics established post-translation).

Providers who are using screening tools should receive training on trauma and development, the content, and administration of the specific tool selected, and how to understand the meaning of the results in the context of the child and family's culture/cultural norms. Further, providers should consider the ability of caregivers and youth to accurately report experiences of neglect. For example, if a child has been routinely left alone overnight, that child might not endorse items that asked if they experienced neglect, because they might not consider that behavior neglectful. Ideally, providers should gather information from multiple sources whenever possible to have a more complete picture.

Once the screening has been conducted, providers are encouraged to consider how the results can be interpreted within the larger environmental context and if any indications of neglect co-occur with other family risk factors, including poverty, domestic violence, parental substance abuse, parental mental health issues, or intergenerational trauma. These factors may be intertwined and inform the type of referrals and services that are provided.

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HOW DOES CHILD WELFARE DEFINE AND RESPOND TO NEGLECT?

While neglect is considered a form of child maltreatment, how neglect is defined by child welfare systems varies considerably state to state.²² In some cases, it includes actions such as excessive corporal punishment or sexual touching that, from a clinical perspective, may be considered other types of maltreatment. Likewise, the proportion of child maltreatment that is found to be neglect by child welfare agencies varies considerably by state and in some cases counties; research has found that numerous family, staff, and agency factors influence this variation above and beyond differing legal definitions.²³

In some states and/or counties, “neglect only” allegations that are considered low-risk are managed through Differential Response (also called Alternative Response) protocols, which typically means that families participate in an assessment process that aims to identify the family's strengths and needs and link them to appropriate (usually voluntary) services. Because these families are not the subject of a child protective investigation, there is no official maltreatment finding connected to the alleged neglect.

When children have experienced other forms of maltreatment, neglect can sometimes be overlooked during the child welfare investigation process and/or subsumed under other maltreatment allegations, rather than identified and substantiated separately by the child welfare and/or family court system. Given all of this, it is important for providers working with child welfare system-involved families not to make assumptions about what a child has experienced based solely on what types of maltreatment have been alleged or substantiated.

The child welfare system's response involving children of color, and Black children in particular, has been impacted by racial disproportionality (meaning Black children are overrepresented compared to the general population) and racial disparities (meaning that Black children are more likely to experience certain outcomes).²⁴ Research has found racial disparities exist at every decision point in the child welfare system, from initial reports of maltreatment, acceptance of reports for investigation, substantiation of maltreatment, placement in foster care, and exits from care. Removal of Black youth from families and placement in foster care can contribute to further disadvantages for youth already at risk for negative outcomes due to structural oppression.²⁴



The impact of racial disparities is important to be aware of when working with families of color who have been investigated for neglect, and possibly further disadvantaged by systemic intervention. Providers can take proactive measures to prevent racial disproportionality and racial disparities. For example, providers responding to possible neglect among children of color can be trained in cultural differences in caregiving practices, such as the age it is acceptable to leave a child in the care of older siblings. Research has shown that community providers sometimes report families to child welfare not because they are concerned about imminent safety concerns, but because they think this will help families' access supportive services; for these circumstances, agencies should develop their own linkages so that when appropriate families can get the help they need without unnecessary system intervention.²⁵ Providers would also benefit from training on implicit bias to better understand how unconscious feelings and associations might impact one's thinking and behavior. This type of training can prevent biased assumptions that lead to racial disproportionality and disparities.

While there are some specific intervention strategies to help families recover from neglect, there are a few overriding principles to any intervention. Intervention plans should focus on promoting caregiver engagement, restoring safety, making individualized recommendations, supporting healthy attachment, and enhancing caregiver and child understanding of neglect.

Engage the Caregiver

Helping families recover from neglect begins with engagement of the caregiver. The overriding principle for all professionals responding to neglect, more than any other type of trauma, is recovery through relationships. Professionals working with families are advised to approach the family with the understanding that most people do not intentionally neglect their child, but lack the resources (economic, cognitive and/or psychological) to be able to provide responsive caregiving. When seeking to understand a family's context, providers are encouraged to apply a cultural, religious, and spiritual lens to therapeutic relationships. Using a cultural lens may involve directly asking caregivers questions about their beliefs and parenting practices in their family and culture of origin, as well as reflecting on the provider's own cultural beliefs/practices and how they may differ. It is also important to observe power dynamics between a family and the provider and how this may impact a caregiver's willingness to engage in an open, trusting relationship with the provider. Caregivers with negative past experiences where professionals in a "helping" role were perceived to cause harm, may not feel safe to engage with providers.



Help to Restore Safety

Given the numerous factors that can contribute to neglect, providers can work with families to develop realistic and concrete safety plans with children and caregivers (e.g., what to do if a parent starts using substances again). It may be necessary to conduct an assessment regarding parenting capacity to determine what additional supports may need to be put in place to promote success, while also identifying and integrating caregivers' strengths. Any protective action that the caregiver may have taken in the past (e.g., staying in a relationship with intimate partner violence due to the fear that leaving would result in greater harm) or based on their cultural norms and values (e.g., not sending a child to school because they are experiencing bullying for their appearance) should be integrated into the safety plan.

Make Individualized Recommendations

When determining which interventions to use with families experiencing neglect, providers are encouraged to make recommendations that are based on the individual needs and the socio-economic and cultural context for each family. Parenting classes or therapy, even if well-supported by the evidence, may not be practical at a time when a parent does not have transportation, a place to live, a steady income, or a way to feed their children. Providers should explore the particular factors for each family that contributed to the neglect, such as caregiver mental illness and substance use, structural racism, and other social disadvantage. In planning treatment, providers are encouraged to explore whether there is a gap in caregiving skills and understanding of child development before routinely assigning parenting classes. Best practice approaches include those that address any contributing factors to a neglectful behavior, such as trauma-informed mental health treatment, substance abuse treatment, or support for intimate partner violence. Whenever possible, professionals should utilize a collaborative approach involving communication among multiple supports, such as educators, paraprofessionals, case managers, parent partners, and early intervention.

Strengthen Caregiver-Child Attachment

Supporting caregivers to restore or strengthen the caregiver-child attachment relationship is essential in cases of neglect. Specific interventions that target restoring attachment and restoring parents' capacity to provide nurturing, protecting environments for their young children include Child-Parent Psychotherapy and Attachment and Biobehavioral Catchup. Other interventions, such as Let's Connect, focus on increasing emotional responsiveness. For older children, interventions such as Attachment, Regulation, and Competency provide strategies for restoring a positive relationship with caregivers. Beyond these specific interventions, providers can build off of caregiver individual and cultural strengths, help to establish family routines, and create opportunities for connection. Strategies to do this include the 3R's: Reassurance, Routines, and Regulation described below.²⁶

- Provide **reassurance** to the child that they are safe and loved and that the adults are doing everything they can to ensure their safety. This also includes responding to children’s needs in a culturally and developmentally appropriate manner.
- Begin or return to **routines** in the home. Bedtime routines, and other predictable patterns in the day create calmness and predictability for trauma-impacted youth and structure for the caregiver.
- Teach and practice **regulation** skills. Strategies to calm the stress response include diaphragmatic “belly” breathing, progressive muscle relaxation, or other calming activities. Help a caregiver learn to regulate their own stress response, and then to respond to their child’s needs in a way that builds connection and warmth. It’s also useful to help the child and family identify feelings by increasing their feelings vocabulary and working to express them more effectively.



An emphasis on building positive parenting practices is encouraged, including providing support on shaping children’s behavior through praise, rewards, or behavior management plans that account for the child’s experience of neglect and avoid re-traumatization. For example, if a child experienced chronic neglect that included lack of access to food or withholding food as a punishment, excessive rules around accessing food would likely create a traumatic response. For a child who was locked in their room for hours on end, with no access to nurturing caregivers, utilizing “timeout” may serve as a reminder of their original trauma. Alternative strategies such as “special time in” where a caregiver spends 10 minutes per day at a set time playing an activity of the child’s choosing, might be a preferable approach to create predictability and foster healthy attachment.

Consider Culturally Responsive Interventions

Consider a family’s situation through a cultural lens.²⁷ Providers can learn how historical, political, economic, cultural contexts and systems of oppression such as racism, discrimination, exploitation, xenophobia may have impacted the family’s functioning and identity.²⁸ Finally, providers can use this contextual knowledge to identify unique needs and resources, including cultural practices, spiritual beliefs, traditions, and natural social resources, to promote recovery and hope.²⁹

Enhance Child and Caregiver Understanding of Neglect

Many interventions for child traumatic stress include strategies for specifically addressing neglect. For example, interventions often provide information or psychoeducation for caregivers and children to help them understand what happened and develop a strength-based understanding of their story. [Trauma-Focused Cognitive-Behavioral Therapy](#), for example, can be used to provide psychoeducation on neglect through language such as helping children understand “a parent’s job versus a kid’s job” and understanding contributing factors such as parental substance abuse. When providing psychoeducation for caregivers about neglect, providers should emphasize the plasticity of the body and brain, or the brain and body’s incredible powers to heal when provided with positive relationships, supports, and skills. For caregivers with children who experienced neglect before coming into their care (such as foster, adoptive, and kinship caregivers), interventions may support them in understanding the lingering impact of neglect on children’s brains and bodies (along with other risk factors such as prenatal substance exposure and complex trauma) so that they may adjust expectations and provide trauma-informed parenting. Providers should be aware of certain conditions that may co-occur with neglect, such as intellectual/developmental disabilities and fetal alcohol spectrum disorders and tailor their approaches for these youth and families.

For providers who are interested in training on specific interventions designed to address neglect, there are a few websites available to explore specific evidence-based supports for responsive parenting and early intervention services. The [California Evidence Based Clearinghouse for Child Welfare](#) lists interventions that specifically address neglect. A search for “neglect” on the [Results First Clearinghouse Database](#) will identify a range of programs that may be appropriate for supporting children and families experiencing neglect or trauma. The NCTSN also has a resource called [What to Expect from Treatment](#) that can help a provider, parent or caregiver understand what they might look for in a treatment provider and program.

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WHAT IS THE IMPACT OF CHILD NEGLECT ON PROVIDERS?

Working with children who have experienced neglect can take a toll on providers. As with other forms of trauma, providers working with children and families who have experienced neglect are at risk for secondary traumatic stress, or STS. Providers may be exposed to child neglect through experiences such as visiting neglectful family living conditions, seeing children who suffer physical, emotional or medical consequences from not being bathed, fed or otherwise cared for regularly, reading details of child neglect from reports, hearing children describe their experiences of neglect, and/or observing the impact of neglect on children with whom they work. Witnessing severe neglect (e.g., babies in childcare institutions that do not provide for their needs, repeated failures of the system to support parents who are severely impaired) can lead to vicarious traumatization, leading providers to question their worldview. Providers of racially marginalized groups may face stressors that can compound STS, such as implicit bias, discrimination, historical trauma, and organizational and systemic racism. Cultural, spiritual, or religious practices can be strong protective factor for coping with secondary trauma and reducing symptoms of STS. You can find more resources to help identify and address STS at <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress>.

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WHERE CAN I LEARN MORE ABOUT CHILD TRAUMA AND NEGLECT?

[Child Welfare Information Gateway](#)

[Child Neglect: A Guide for Prevention, Assessment and Intervention](#)

[Center on the Developing Child, Neglect](#) and [In Brief: The Science of Neglect](#)

SUGGESTED CITATION

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