

REVIEW ARTICLE

Child Neglect – An Unrecognized Quandary Among the Medical Fraternity

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ABSTRACT

Child neglect is one of the serious child maltreatment but has been rarely documented in the hospital setting. The challenge of neglect traversing cultural understanding, ethnic and even countries. The focal points for this review article are to examine on these dilemmas and ensuring objectivity for our approach to such cases. As neglect is an act of omission to care and occurs when there is a failure to meet a child's standard needs, the consideration has to be emphasized on the diagnosis and assessment based on the chronicity of these events, the intended or unintended intention and individualized factors which could contribute to the outcome of such episode. The complexity of child neglect warrants our attention to safeguarding children from repeated and unrecognized abuse especially in our own community.

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INTRODUCTION

Child neglect has remained as a conundrum due to minimal recognition among clinicians and even in the community. The effect of neglect is often devastating especially in the early years of brain development age causing social, emotional, behavioural, and cognitive adaptation failure later of life (1). Unfortunately, there were not many empirical studies available to capture the prevalence of child neglect locally. It is estimated about 75% of child abuse cases are related to child neglect (2). Child neglect is defined by the World Health Organisation (WHO) as the failure in provision of basic necessities required for children development encompassing health, psychological, nutrition, learning, shelter, and safe living condition (3). The yardstick is from the failure of caretakers to provide proper supervision and protection of their children from harm (2,4). Diagnosing child neglect can be one of the most difficult task to perform. This is due to the act of omission in the care by parents or caretakers instead of a universal understanding on the act of commission as defined in the child abuse term. Omission behaviour have varying impacts for a child or at different situation. Proving

omission of care in child neglect is more challenging compared to the collecting evidence in other type of child abuse (5). The disagreement in legal child neglect definition has led to disputes but this could be resolved by a thorough and impeccable medical assessment and diagnosis.

It is difficult to identify neglected children in the community due to culturally and contextual understanding of neglect. In the literature, the keywords are persistent failure of care suggesting that neglect can only arise when there are chronic inability to fulfil a child's basic developmental needs. Other factors such as social conditions, cultural beliefs, the potential or actual harm to the child, or the motive of the perpetrators have significant bearing to the diagnosis (6). The greatest challenge faced by professionals while assessing these children was to differentiate between a satisfactory (good-enough) parenting style and neglect (7). If harm is likely to occur to a child with the act of omission, whether psychologically or physically, then neglect is most likely to occur. Despite various debates occur, however, there is still lack of consensus on the agreement of these issues locally and internationally (Table I).

There are various forms of child neglect known in the literatures; these include supervisory, abandonment, educational, medical, psychological and emotional

Table I: Questions related to the definition of child neglect

What are the minimum requirements associated with caring for a child?
What constitutes meeting the developmental needs of children?
Are these minimum requirements absolute or culturally relative?
Do they change over time and space? Does failure to meet needs have to be persistent?
What constitutes "failure or inability to provide" the conditions of living necessary for the child's development? To what extent is neglect defined by harm to the child?
Should "failure or inability to protect" be included?
Must the parent's or caregiver's failure or inability to provide for the child be intentional?
To what extent is neglectful behavior wilful or intended?
Should the focus be on parental omissions in caring for children, independent of contributory factors (such as poverty), or on children's experiences, (i.e.: the impact on a child's health, safety, and well-being)?
How socially and culturally dependent is the concept of neglect?

neglect. Further refinement work has been completed by Gaudin et al (8) and Sullivan et al (9) to categorize child neglect (Table II). It would require the child protection team to work with children who experienced the abuse to identify, recognize, verify and quantify child neglect. Determining the adequacy or inadequacy of care within the child's family depends on the assessment, narrative and perception of care by the healthcare providers. Repeated failure to meet a child's needs is one of the major indicator. Other assessment should include the developmental necessities, parenting ability to fulfil those needs, family dynamic, child safety and other environmental influences (10,11). In a child-focused approach, a child's needs are considered to be neglected when the basic needs are not met regardless of intent, culpability of the caretakers and the sociocultural or ethnic background (6). Healthcare providers should also be aware of their own cultural biases and it is essential to have cultural competency for different group of people.

It is universally agreed that basic needs of a child, either developmentally, emotionally, educationally, or nutritionally, must be recognized. Variations in the social practice in different societies and countries also exist. For example, female genital mutilation (FGM) is considered as a form of child abuse. However, this is still a cultural practice in Asia and Africa. The severity of FGM practice is viewed as part of child abuse and practicing this against western values would lead to legal issues. There are two sides to the coin here; if the assessment of child neglect is inaccurate, it would lead to serious long term consequences for the children involved. Paradox to this, if the assessment is too tightened, imposing culturally inappropriate assessment and values as per Anglo-Saxon definition, this would lead to the unwanted characterization of child neglect especially within the Eastern cultural values. Cultural differences are likely to influence volatile debates on various issues such as the age of maturity for a child to make an appropriate decision or the cut-off ability of a

Table II: Type of neglect

Neglect	Subcategory
Physical neglect	general neglect (e.g. failure to provide adequate food, clothing and shelter) medical neglect abandonment and expulsion
Supervisory neglect	inadequate supervision dependent on the age of the child involved
Emotional neglect	inadequate nurturance or affection chronic or extreme spousal abuse permitted drug or alcohol use permitted maladaptive behavior refusal of psychological care delay in psychological care other emotional neglect
Educational neglect	permitted or chronic truancy failure to enroll or inattention to special educational need

child to adequately care him/herself (6).

Child protection teams need to carefully examined the contextual event in the case of child neglect. This is probably true in borderline cases, where parents may fail to provide the basic needs due to various reasons (10). The inactions and intent of the caretakers and consequences to the child safety should be cross-examined thoroughly. In a third-world countries, especially Malaysia, the basic needs of a child may not be fulfilled due to poverty and destitution. The survival, such as getting daily food or financial means to live, is more important than fulfilling the basic requirement of their child's needs. They may view the problem differently, so as to the developmental demand of their child. The impoverishment and cultural practice would be applied this scenario. Cases of chronic and severe neglect cases should be managed seriously and the child safety is paramount. Occasionally, trivial events may be a presenting feature of child neglect. Child abuse cases are complex, possessing poly-abuse episodes and may co-exist with other type of abuse (11). The dynamic of family interaction and the presence of external risk factors such as domestic violence or parental drug abuse are vital piece of information in the history taking. 'At-risk' families are those who may run into trouble to meet up with the child's needs without support due to potential barriers that would affect their roles to provide sufficient care (6). Table III illustrates some of the examples and challenges in deciphering situations deemed as child neglect in developed versus developing countries.

Neglect is also relevant to the indigenous and refugee communities. The plurality of this is not well documented. We often applied our standards according to our cultural expectations to these groups' practices resulting in the backlash of understanding. Refugee children may experience harsher treatment as they are being an illegal and unwanted group. The authority often has taken inappropriate actions without consideration of their plight and the basic human rights. Children who

Table III: Challenges in interpreting child neglect

Challenges	Neglect (Developed nations)	May be non-neglect (Developing nations)
Lack of definition consistencies	Toddler left unsupervised in a car	Infant left with a 7-year-old child at home
Basic developmental needs	Living in with family in unkempt condition	Living with family under the bridge, due to poverty
Adequate to meet these needs	Giving one meal per day despite enough financial income	Giving one meal per day, family earn by begging or child labor
About actual/ potential harm	Parental refusal for standard care and immunization schedule such as meningococcal type B vaccine	Parental refusal for vaccination when the child is well
Social conditions	Living in a non-poverty state, but not meeting child's needs	Poverty life, unable to meet child's needs
Levels of chronicity	Defaulting and delay bringing the child for cancer treatment	Not bringing the child for treatment due to palliation/ late-stage disease
Cultural beliefs	Applying Anglo-culture belief for children's who undergo female genital mutilation	Khitan (grade I female genital mutilation) which is perceived as an acceptable cultural practice in the society
The severity of the incidents	Failure to provide school uniform leaving an emotionally disturbed child	Failure to provide clothing (one-off)
The intent of caregivers.	Children work in prostitution	Children work as fruit seller to help the family destitution

are involved in the migration and settlement in a new country could experience sociocultural isolation, poor medical support, lengthy refugee camps detention, secondary trauma, chronic grief, and even stricken poverty. They also have lived in different child-rearing practices that may be inadequately identified in our assessment (12). Neglected children are vulnerable to self-internalizing problems such as depression, social withdrawal and helplessness. This often is compounded by their cognitive understanding, language development and interpersonal relationships (6). Exploring neglect cases in refugee and among the indigenous would need various other team members to help in defining what is norm or not for them.

The national guideline for child abuse has been readily available to different child abuse cases including physical, sexual, emotional and neglect (11). However, this guideline needs refurbishment and updating parallel to the complexity of abuse cases. During the investigations and assessment, parents may conceal information rather than admitting to neglectful behaviours especially when they perceived the possibility of legal action. Neglect can be difficult to diagnose when parents do not feel safe in disclosing their behaviour. There are a number of risk assessment instruments that are primarily focused on a child who may experience future maltreatment, by identifying risk factors and assessing the likelihood of neglect (6,13). In unreported cases, using a standardized toolkit is vital to identify of 'at-risk' children. The toolkit composed of six key areas – physical care, health, safety and supervision, love and care, stimulation and education, and parental motivation to change (11). However, it is only used to adjunct and support in the child protection procedures and assessment.

The basis of assessment would come from the history taking of parent. Three risk factors to explore which are harmful parental attributes, forms of adult ill-treatment

to the child and indicators of child's impairment, which would be crucial and pivotal assessment. The continuum of child and caretaker's interaction varies with time. For example, when stress appeared in a family, a caretaker may abandon the child unjustly because of reactive neglect. This undesired attitude is as a result of the emotional turmoil of the caretaker. But when the inaction leads to harm, such as leaving the child without safety support, then final judgment must be based on the likelihood of harm - whether it has already present or likely to pose harm in the future (14,15). Familial factors place children at a more risk of neglect for example mental health and substance abuse limit parental ability to make accurate decision and judgment.

Once a thorough assessment is completed (Table IV), all information should be put together to provide an unbiased report. This is based on the non-judgmental opinion and what is the most realistic and ideal care should be. If there is 'significant harm' to the child's development, the healthcare professionals do not need a 'decisive' event to occur first before making the diagnosis (16). Professional judgment and knowledge of the case are still crucial in deciding whether significant harm is imminent. Important consideration factors may include the degree, extent, duration and frequency, whether the act is premeditated, or associated with threats. Good professional judgment is dependent upon a good knowledge of the child's development and overall assessment of the impact of neglect. However, the unavailability of standardised legal or medical criteria remains a significant hurdle for progress in ameliorating child neglect prevention.

CONCLUSION

Child protection service needs to be vigilant on the increasing number of child neglect. Although there is no standardized approach to diagnose child neglect, it is

Table IV: Suggested items to prevent missing information

Outcome	No current or future harm likely No current harm, future harm likely Current harm but no future harm Current and future harm
Nurture	Attachment, relationship and wellbeing of the child
Emotional needs	Family violence, a child feeling
Growth and nutrition	Diet, growth, nutritional deficiency
Learning and development	Homework, attendance to school, parental cooperation
Environment at home	Stability, environmental neglect, exposure to danger, supervision
Clothing	Clean and appropriate
Teeth	Good dental hygiene
Immunisations, infections, infestations	Up to date, no head lice and unwanted infection i.e. worms
Normal social activity	Time to play, suitable toys, good interaction with other children
General health	Good mental, sexual, vision, hearing. Check for factitious illness by proxy

important to be thorough in the assessment and measure all facets of information to arrive at the final conclusion. The social and situational dynamic may influence the outcome of such a quandary in our clinical context.

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