

# Child Neglect



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The Kempe Center  
FOR THE PREVENTION AND TREATMENT  
OF CHILD ABUSE AND NEGLECT



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# What is Neglect?

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- Neglect is
  - failure to act by a caregiver that results in death, serious physical or emotional harm, sexual abuse, or exploitation.
  - failure to act that presents an imminent risk of serious harm.



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# It's not "Just Neglect"

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Annual estimate: **1,770 children died from abuse and neglect in 2018**

Of the children who died, **72.8% suffered neglect**

It is estimated that between 50-60% of maltreatment fatalities are **not recorded on death certificates.**

Parents (alone or with someone else) responsible for 80.3%  
*child abuse or neglect fatalities*

Mothers (alone) responsible for 26.8%

Fathers (alone) responsible for 16.4%

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# Types of Neglect

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- Physical Neglect

- Nutritional
- Supervision / Abandonment
- Safe/clean home environment
- Exposure to toxic substances

- Medical Neglect

- Not seeking or delay in seeking medical care
- Dental care
- Growth/development

- Educational Neglect

- School
- Special education
- Excessive absences

- Emotional Neglect

- Nurturing environment
- Exposure to domestic violence (including abuse of a sibling or pet)

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# Case 1

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Omar is a 10 year old with asthma, who is admitted to the ICU for an asthma exacerbation. You receive a referral for concerns of medical neglect.

Omar has had 7 admissions to the hospital in the past 2 years for asthma attacks and 3 other emergency room visits. He has a primary care physician who sees him about every 6 months.



# Case 1

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Hospital and clinic records indicate that the family has received extensive, repeated education regarding asthma prevention and medication strategies. His medications have inconsistently been picked up from the pharmacy. Mom reports that Omar forgets to use his inhalers until his asthma starts to act up. Mom admits that she does smoke, but only outside.



# Case 1

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## Assessment:

- Child neglect – Omar’s mother has received repeated education about the importance of preventative care for Omar’s asthma. Despite this, Omar’s use of his medication is inconsistent, and mom’s expectation that he is capable of managing his own medication is not realistic for Omar’s age and development. Omar’s prescriptions are not consistently obtained from the pharmacy, which may limit his access to them. Additionally, Omar’s mother minimizes the impact of her smoking on Omar’s asthma. All of these circumstances are consistent with medical neglect.



# Case 1

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## Assessment (cont):

- Omar's history of repeated hospital admissions, particularly to the Pediatric Intensive Care Unit, indicate that he is at high risk of death due to asthma. Consistent preventative asthma care is essential in decreasing Omar's risk of death.



# Medical Neglect

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Studies estimate that up to 10% of deaths due to neglect are because of medical neglect.

Kids with asthma, diabetes, and cancer are at increased risk of death due to medical neglect.

Consider the child's

- developmental ability to self-treat
- developmental ability to understand consequences
- psychological state

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## When is it *not* neglect?

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- The caregiver has made reasonable attempts to obtain necessary health care services.
- The health condition is a known and expected complication of the child's diagnosis or treatment.
- The overall benefit of care is limited, or the side effects of treatment are worse than the benefit.
- The caregiver received conflicting medical recommendations from multiple practitioners.



## Case 2

- Mariah is a 13 month old who presents for evaluation after Mom and Dad got into a “tug of war” over Mariah during a domestic violence event. Mom states that Mariah didn’t get hurt.
- In the past, Mom reports that Mariah has been in the room when Mom and Dad had physical altercations but she has never been involved.
- Dad has promised Mom that this will never happen again, and they are planning to reconcile.



Mariah’s exam is reassuring

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## Case 2

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### Assessment:

- Exposure to Domestic Violence / Emotional neglect – Mariah’s mother describes Mariah witnessing domestic violence between her parents on more than one occasion. Exposure to repeated episodes of domestic violence is emotionally harmful to Mariah and increases her risk of developing mental illness, engaging in risky behaviors earlier than her peers, having poorly attached relationships, and poor academic performance. Repeated exposure to domestic violence is consistent with child neglect.



## Case 2

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### Assessment (cont):

- Children who live in homes where domestic violence occurs are at increased risk for physical abuse. Additionally, children may be injured during domestic violence incidents (accidentally or intentionally), and caregiver stress or injury may impair the caregiver's awareness of injury to the child.

Because of Mariah's age and these risks, she will have a skeletal survey to assess for occult injury.



## Case 3

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Kaden and Kalil are 4 month old twins seen for WCC.

- Parents have no concerns, but since the last visit mom has “failed” at breastfeeding and switched to formula.
- Mom’s EPDS is 15.
- The boys had comparable weights from birth to 2 months, but today Kaden’s weight has plateaued and is considerably lower than Kalil’s.



## Case 3

- Kaden is significantly less interactive on exam, and his parents describe him as “whiny” and “not as advanced as his brother,” who is already rolling over and engaging in reciprocal cooing.
- You observe a feeding, and Kaden eats eagerly and without difficulty.
- Though mom wakes throughout the night to feed “the babies,” careful history reveals that Kaden does not wake through the night and sleeps for up to 14 hours.



# Case 3

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## Assessment:

- Failure to thrive / Concern for Nutritional and Emotional neglect – Kaden’s growth has plateaued over the last two months. He was previously healthy, he takes a bottle in clinic without difficulty, and his parents describe him sleeping for up to 14 hours without feeding. Based on this history, inadequate caloric intake is the most likely cause of Kaden’s abnormal growth. Infants require appropriate nutrition to maintain normal electrolytes, as well as for growth and brain development. Inadequate nutrition is consistent with physical neglect.



# Case 3

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## Assessment (cont):

- Additionally, Mom's post-partum depression screen is concerning, and both parents ascribe negative attributions to Kaden. These circumstances are concerning for lack of an emotionally nurturing environment. Infants require a nurturing environment for normal, healthy development. The inability to provide a nurturing home environment is consistent with emotional neglect.

Parental understanding and education, mental health conditions, poverty, and access to resources are all potential risk factors (not justifications) for neglect.



# Case 3

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## Next steps / Plan?

This family needs a DHS referral.

Neglect doesn't necessarily mean *deliberate* harm. It just means the child isn't getting what he needs.

A DHS referral doesn't necessarily mean removal. It means getting help for a family so that they can provide what the child needs.



# Facts about Dental Neglect

Dental decay, if left untreated, can lead to pain, infection, and loss of function, which can adversely affect learning, communication, nutrition, and other activities necessary for normal growth and development.

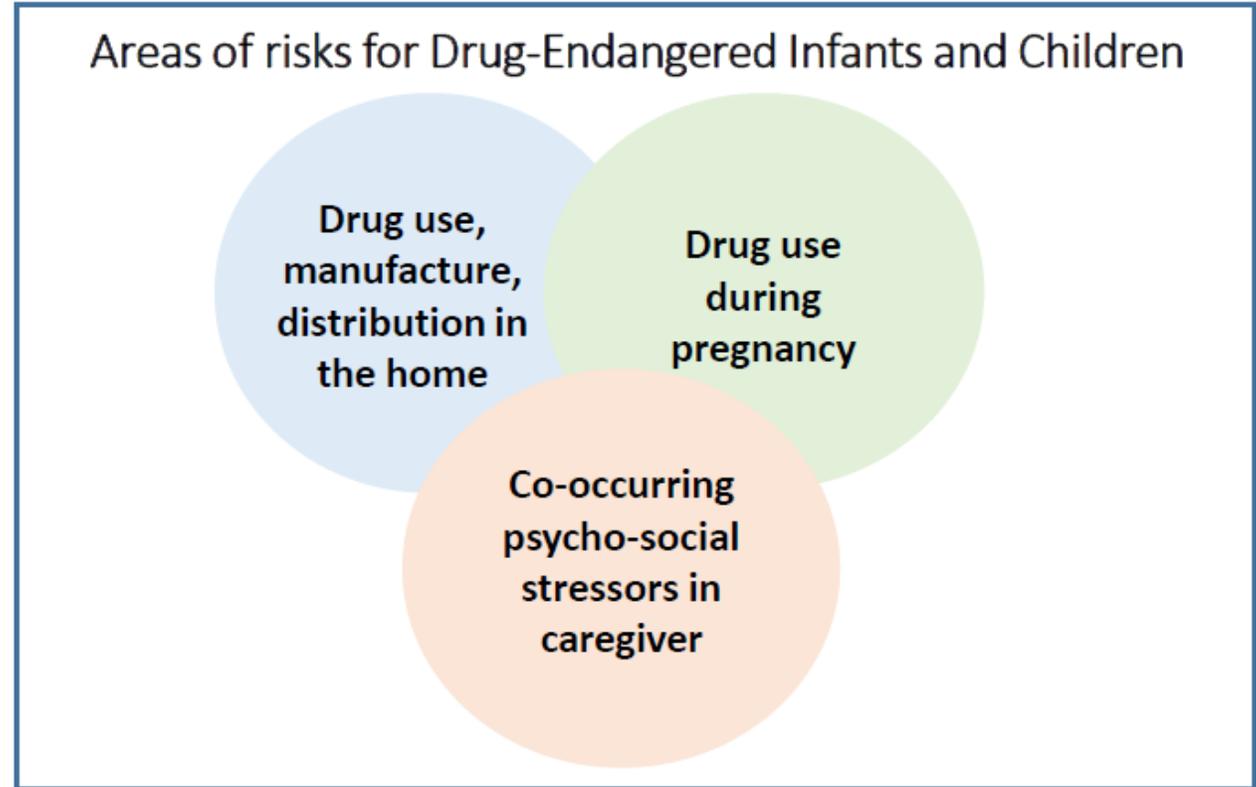
Cavities in baby teeth can cause damage and decay in the permanent teeth.

Socially, this is terribly embarrassing for children.



# Substance Use and Infants/Children/Youth

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# Children of Parents with Substance Abuse Problems

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- Have poorer developmental outcomes (physical, intellectual, social and emotional)
- 3X more likely to experience physical, verbal, or sexual abuse
- 4X more likely to be neglected
- 3 to 8X greater risk for substance abuse themselves

(Source: CASA Columbia, 2005)

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# Substance Exposed Newborns

## Defining the Problem

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- Little data exist on the extent of the problem and successful approaches to address it
- Fear of criminal prosecution and child welfare reduces utilization of medical and treatment resources
- Need early identification to reduce risks to the infant and enhance success



# Colorado Legislation

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**CRS 13-25-136** reduces risk of prosecution of pregnant women:

*No information relating to substance use not otherwise required to be reported pursuant to C.R.S. 19-3-304, obtained as a part of a screening or test for purposes of prenatal care, of a woman who is pregnant or determining if she is pregnant, shall be admissible in any criminal proceeding. Nothing in this section should be interpreted to prohibit prosecution of any claim or action related to such substance use based on independently obtained evidence.*

Created through HB12-1100 & Signed 3/9/12



# Prenatal Exposure Effects Vary Widely

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- Effects are variable -- on mother, baby or both
- **Alcohol is most dangerous to fetal brain & body**
- Illegal drugs – data are often confounded by poly-substance use, poverty, violence, genetics, etc.
- Poor prenatal care
- Poor nutrition/poor weight gain
- Good home environment helps

***No Safe Amount of Drugs or Alcohol During Pregnancy***

(Source: *Peds* 129:e540/2/2012)

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# Screening and Testing Protocols

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- Screening vs. testing
- Universal vs. targeted approaches
- Benefits
- Limitations
- Ethical considerations
- Disparities (race, ethnicity, and/or socioeconomic status)
- Consent



# Screening vs. Testing

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- Screening = global assessment using self report
  - If done utilizing skillful interviewing, may identify more use than toxicology testing (Chasnoff et al, 2005; Kennedy, Finkelstein, Hutchins, & Mahoney, 2004)
  - More accurate if mothers repeatedly asked over time by medical personnel with whom they have a trusted relationship
  - Postpartum interviews have high reliability when conducted immediately after birth (Jacobson, Chiodo, Sokol and Jacobson, 2002)
  - Self-protection can cause underreporting of use



# Screening vs. Testing

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- Testing = specific laboratory toxicology assessment that identifies drug in a body substance
  - Relying solely on testing under-identifies SEN because:
    - Not all mothers are tested
    - Not all prenatal substance use is revealed by testing
  - If toxicology testing is used alone, 25-47% of infants may be missed
  - Implications of false positives
  - Reliance upon testing



# Targeted Testing

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- Consider universal initial and then repeat as indicated
- Consent issues
- Prenatal or postnatal
- Mother, infant or both



# Screening vs. Testing

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- Combination of screening and testing throughout pregnancy, at delivery and postnatally is recommended
- Multiple methods can increase detection 4-fold (Bergin et al, 2001)



# Duration of Positive Urine Tests

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Amphetamines	48 hours
Alcohol	12 hours
Barbiturates	10 – 30 days
Valium	4 – 5 days
Cocaine	24 – 72 hours
Heroin	24 hours
Marijuana	3 – 30 days (rare)
Methadone	3 days

(Source: USDHHS, SAMHSA, CSAT TIP #5, 1993)

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# Other Testing Options

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- Meconium
  - High sensitivity – except for methamphetamine
  - Relatively easy collection
  - Detects illicit drug use from 24 weeks gestation until birth
- Umbilical cord (available sample)
  - Newer, more expensive, delayed results
  - Looks similar to meconium in sensitivity
- Hair of Baby
  - Reflects 3<sup>rd</sup> trimester exposure
  - May stay positive for 3 months after birth
- Serum
  - Better for medications that require levels
  - Alcohols



# Colorado Revised Statutes (changes)

## 19-3-103(1)(a)

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### 19-3-103(1). Definitions.

(1) (a) “Abuse” or “child abuse and neglect” ... means an act or mission in one of the following categories that threatens the health or welfare of a child:

(VII) Any case in which a child ~~tests positive at birth for either a schedule-I controlled substance, as defined in section 18-18-203, C.R.S., or a schedule-II controlled substance, as defined in section 18-18-204, C.R.S., unless the child tests positive for a schedule-II controlled substance as a result of the mother’s lawful intake of such substance as prescribed~~ ***is born affected by alcohol or substance exposure, except when taken as prescribed or recommended and monitored by a licensed health care provider, and the newborn child’s health or welfare is threatened by substance use;***



# Colorado Revised Statutes (changes)

## 19-3-102(1)(g)

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### 19-3-102(1). Neglected or dependent child.

(1) A child is neglected or dependent if:

(g) ~~The child tests positive at birth for either a schedule I controlled substance, as defined in section 18-18-203, C.R.S., or a schedule II controlled substance, as defined in section 18-18-204, C.R.S., unless the child tests positive for a schedule II controlled substance as a result of the mother's lawful intake of such substance as prescribed is~~ ***born affected by alcohol or substance exposure, except when taken as prescribed or recommended and monitored by a licensed health care provider, and the new born child's health or welfare is threatened by substance use.***



# Colorado Revised Statutes (added)

## 19-3-216 and 27080-121 (2.5)

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**19-3-216. Rules.** The state board of human services shall *promulgate rules* to determine whether there is child abuse or neglect as defined in section 19-1-103 (1)(a)(VII) or is a child is neglected or dependent as described in section 19-3-102 (1)(g)

**27-80-121. Perinatal substance use data linkage project – center for research into substance use disorder prevention, treatment, and recovery support strategies – report.**

(2.5) The statewide perinatal substance use data linkage project may conduct ongoing research related to the *incidence of perinatal substance exposure or related infant and family health and human service outcomes* based on the standards specified in sections 19-1-103 (1)(a)(VII) and 19-3-102 (1)(g) for determining child abuse or neglect or whether a child is neglected or dependent.



# Child Abuse Prevention & Treatment Act and Comprehensive Addiction and Recovery Act

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106(b)(2)(B)(ii) “Policies and procedures ... to address the needs of infants born and identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder, 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...”

(iii) “The ***development of a plan of safe care*** for the infant born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of healthcare providers...”



# SEN Plans of Safe Care Work Group

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- Created and finalized a Plans of Safe Care Discharge Guidelines and Checklist to guide practice around CAPTA/CARA implementation and began planning for dissemination.
- **Current Objectives:** Support dissemination of guidelines, plan around ongoing technical assistance, and troubleshooting what the Plan of Safe Care would look like for Child Welfare workers.



# Substance Abuse Affects Parenting

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- Impaired attachment
- Impaired judgment and priorities
- Inability to provide the consistent care, supervision, necessities, and guidance children need
- Substance abuse is a critical factor in ~7 out of 10 child welfare cases



# Impact on Children

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- Impaired Caregivers
  - Lack of Supervision
  - Lack of Necessities
  - Abuse or Neglect
  - Overdoses
  
- Injurious Environment
  - Access to Drug
  - Access to Paraphernalia
  - Dealing and trafficking
  - Growing and cultivating



# Indications for Testing Beyond the Perinatal Period

- Exploratory ingestions
- Clinical scenarios/physical findings in the child (seizures, altered mental status)
- Known/suspected caregiver substance use
- Illness or injury potentially related to abuse and/or neglect
- Manufacture, cultivation or distribution in the home



# Ingestions

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- Opioids and sedative-hypnotics such as benzodiazepines are the most common classes of pharmaceutical agents involved with overall ingestions and those that lead to fatality in young children
- Usually unintentional
- Potential for intentional poisoning
  - Most common reported categories are analgesics, stimulants/street drugs, sedatives/hypnotics/antipsychotics, cold and cough preparations, and ethanol
  - History may be lacking



# Testing Protocols Beyond the Perinatal Period

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- Drug testing can be used as a tool to guide medical treatment and identify children at risk from factors related to substance use by their caregivers (Farst et al, 2011; Grant et al, 2010)
- Clearly document objective indicator(s) for testing – relate to concern for health and/or safety



# Factors to Consider

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- Age & Vulnerability of the Child
- Children's Medical & Developmental Needs
- Accessibility of the Substance
- Sober Caregivers
  - Level of Impairment
  - Use Patterns
  - Presence of Other/Sober Caregivers
- Environmental Risk/Threats
  - Second Hand Smoke
  - Cultivation Aspects
  - Distribution Risks
  - Living Conditions
  - Intimate Partner Violence



# THANK YOU!

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