

# Neglect

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# Learning Objectives

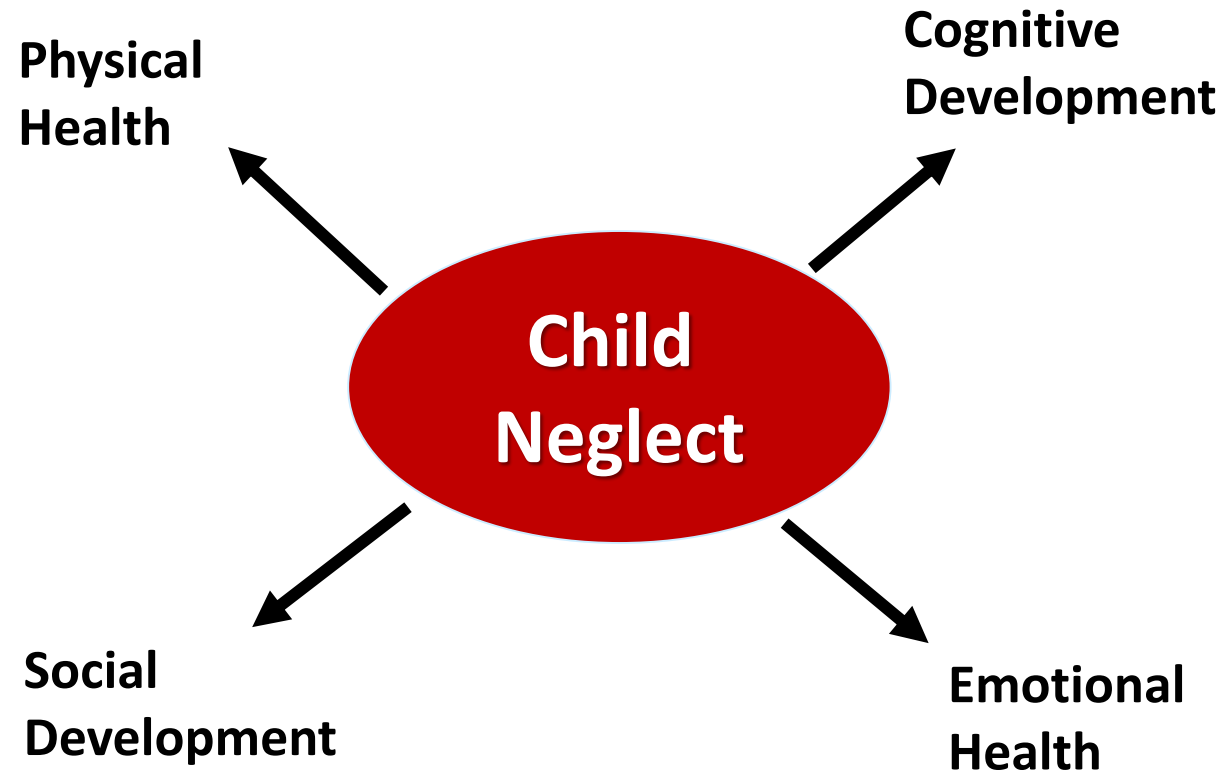
- Recognize common myths and misconceptions related to neglect
- Understand importance of brain development as it relates to Failure to Thrive (FTT)
- Recognize the two most common types of medical neglect deaths in Colorado

# Child Neglect: Myths and Misconceptions

1. Neglect is overt and purposeful.
2. It is easy to recognize.
3. Once neglect is corrected it will not leave any lasting harm to the child.
4. Child neglect only happens in lower socioeconomic strata or in families with less education.

# Why is addressing child neglect so important?

- It's common
- Morbidity & mortality
- Our opportunity to intervene



# The Potential for Neglect

- Caregiver's **Family History**
  - History of abuse in caregiver's childhood
  - Violence in the Home
  - Learned Behavior/Parenting skills
- Caregiver's **Expectations** of the Child
  - Unrealistic expectations and demands
- Caregiver's Network of **Support**
  - Social/physical isolation

## Children's Needs Vary

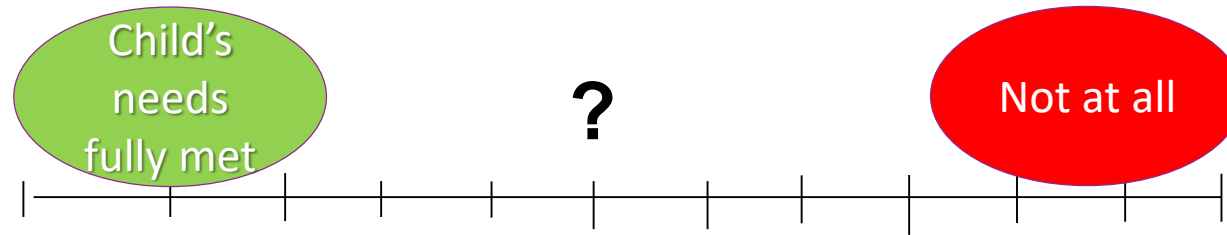
Implementing  
a definition of  
neglect must  
take into  
account...

- Age
- Development
- Mental health
- Physical health

### **“Basic Needs” For Children:**

Emotional Support  
Stimulation  
Social Connection  
Instruction

## Neglect: On a Continuum



- Often arbitrary where we draw the line & call it “neglect”
- For situations that don’t qualify as “neglect” - intervention often still appropriate



# Neglect

- Most difficult form of abuse to define
- Influenced by social, racial, ethnic, and regional norms and values
- Simply:
  - acts of omission on part of caretaker
  - omissions place the child at risk and in danger for serious physical, developmental, emotional and cognitive difficulties
- Basic needs of child are not met

# Types of Neglect

- Psychological/  
Emotional
- Physical
- Medical
- Dental
- Supervision
- Abandonment
- Educational
- Fatal Neglect

# Psychological Maltreatment

“Psychological Maltreatment” means a repeated pattern of caregiver behavior or extreme incident(s) that convey to the children they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another’s needs.”

# Psychological Maltreatment

Rejecting  
Terrorizing  
Ignoring  
Isolating  
Corrupting

# Physical Neglect

- Personal hygiene
  - Dirty
  - Infections
  - Lack of proper clothing
- Nutrition
  - Lack of food
  - Poor weight gain
  - Obesity
  - Nutritional deficiencies
- Housing hazards and poor sanitation

# Medical Neglect

- When there is a persistent failure to seek timely medical care for illness or injury and a lack of following a prescribed treatment
- The worsening of a condition that should improve with proper treatment
- Chronic failure to keep appointments
- Failure to fill prescriptions/unused medication

# Medical Neglect

- More common with chronic conditions such as asthma and diabetes which are treatable conditions
- Need to ensure families are properly educated
- Often there are objective measures to determine lack of appropriate treatments (admissions, lab values, symptoms)
- Very important to review all records, establish patterns, work with medical colleagues

# Medical Neglect

- The potential risks and benefits are understood by the caretaker
- Delay or refusal of treatment will increase the probability of either immediate or long-term harm
- Barriers to care have been assessed and addressed by medical system
- **The parent has access to and the wherewithal to get to medical care**



# Children With Disabilities: Higher Risk for Maltreatment

- Families experience
  - Greater demand on available energies: physical, emotional, economic, social
  - Less access to appropriate alternative caretakers, therefore, never have respite
  - Challenges in meeting special needs for: discipline, special education, healthcare
- Children experience
  - Magnified power imbalance with adults
  - Lack of personal safety and sexual abuse prevention education
  - Untrained caretakers if in foster care

# Dental Neglect

- Untreated rampant caries easily detected by a lay person
- Untreated pain, infection, bleeding or trauma affecting the orofacial region
- History of a lack of continuity of care in the presence of identified dental morbidity

# Supervisional Neglect

- Failure to supervise child's activities taking into consideration child's competence, judgement, intellectual capability, physical competence, temperament
- Inappropriate substitute caretaker
- Child factors to be considered
  - Experience, temperament, development, maturity
- Chronicity and frequency also important to consider

# Educational Neglect

- The minimum education needed to prepare the child for independent living and enjoyment as an adult
- Laws and standards for every state
- Indicators: lack of follow through, unexcused absences
- Commonly seen with other psychosocial risk factors and forms of neglect
  - Family conflict, chaos, poverty, cultural issues
- Children with special needs at risk but not an excuse

# Failure to Thrive (FTT)

# FTT Definitions

- To thrive: to grow lustily, to flourish
- Failure to Thrive/Failure to Gain Weight: A child who crosses the percentile curves of weight by two standard deviations, or has a persistent deviation below his or her established weight curve is failing to gain weight

# Components of FTT

- Developmental Delay
- Behavioral Disturbances
- Affective/Interactional Disturbances
- Failure to Gain Weight

# Model of Failure to Thrive





# Failure to Gain Weight

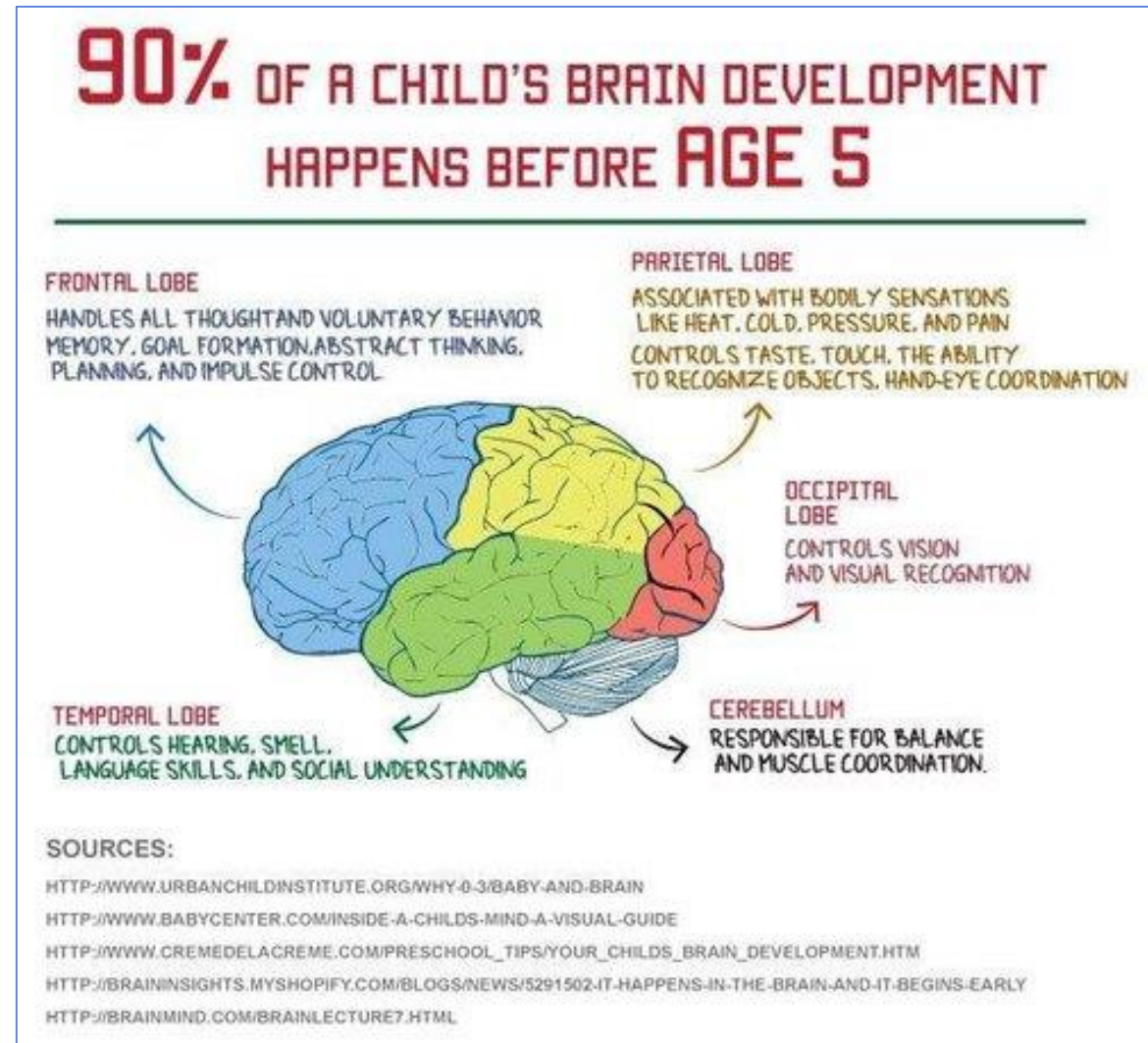
## Differential Diagnosis

- Physiologic, metabolic and anatomic factors
  1. Neurologic (diencephalic syndrome, CP)
  2. Cardiopulmonary (heart disease, chronic lung disease)
  3. Endocrine/metabolic
  4. Renal (renal tubular acidosis)
  5. Chronic infection
  6. Genetic/structural abnormalities
  7. Hematologic/Oncologic
- Psycho-social (developmental disorder, maltreatment, poverty)
- Combination of Physiologic/Metabolic/Anatomic & Psycho-social

# Brain Development

Child Neglect is associated with smaller brain size.

This can impact all aspects of learning, language, social skills, emotion, and behavior.



# Failure to Thrive: A Team Effort

- Medical Staff
- Nurse
- Psychologist
- Social Worker
- Nutritionist
- Occupational Therapist
- Physical Therapist
- Recreational Therapist

# Failure to Thrive Evaluation

- Complete History and Physical Examination
- Social History
- Dietary History
- Feeding Observation
- Developmental Evaluation
- Laboratory Evaluation—highlight that this is usually not very extensive

# Failure to Thrive Laboratory Evaluation

- Complete Blood Count
- Urinalysis
- Urine Culture
- Blood Urea Nitrogen
- Serum Electrolytes
- Serum Creatinine
- Stool
  - reducing substance, fat, pH
  - ova and parasites, bacteria, viruses
- Liver function studies, thyroid profile

# Provider Traumatic Stress

- It is real
- Be intentional about self care
- Support your team and they can support you
- Please reach out to discuss challenges as needed

*If you are experiencing a mental health crisis,  
please call the crisis line at  
**Colorado Crisis Services: 1-844-493-8255**  
or visit one of their locations as a walk-  
in <https://coloradocrisiservices.org/#map>*



**Questions/Comments?**

**Thank you!**

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Child Protection Team

720-777-6919