

CHILD NEGLECT: KEY CONCEPTS AND RISK FACTORS

A REPORT TO THE NSW DEPARTMENT OF FAMILY AND
COMMUNITY SERVICES OFFICE OF THE SENIOR PRACTITIONER
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BACKGROUND

The NSW Department of Family and Community Services (FACS) Office of the Senior Practitioner commissioned the Australian Centre for Child Protection to work in partnership with FACS to provide evidence from the research literature to inform the development of an updated FACS policy on neglect and other practice resources. Specifically, the Australian Centre for Child Protection were contracted to provide a brief report comprising two components:

1. An overview of the key concepts in defining neglect; and
2. A systematic review of reviews investigating the common risk factors for neglect

Simultaneously, the NSW FACS Office of the Senior Practitioner will undertake a review of the literature on the impacts of neglect.

As the purpose of this report is to inform NSW FACS, the focus (particularly within Section 1: Key definitional concepts) is on identifying issues of particular relevance to statutory child protection and their implications for practice.

1. KEY CONCEPTS IN DEFINING NEGLECT

Neglect is a broad term describing one of the primary maltreatment types that refer to deprivation, or “*the absence of sufficient attention, responsiveness, and protection appropriate to the age and needs of a child*” (National Scientific Council on the Developing Child, 2012, p 2).

In section 1 of this report, key concepts related to neglect of particular relevance to statutory child protection are defined. The authors draw on their experience and expertise to consider how and why these definitional concepts relate to child protection practice.

1.1 AN ACT OF OMISSION

Child abuse and neglect (including all maltreatment types) involves any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm or threat of harm to a child (Gilbert et al., 2009).

Broadly *child abuse* involves acts of commission through words or overt actions that have the potential for harm to a child. *Child neglect*, on the other hand involves acts of omission where there is a lack of care to provide for the development of a child including their basic physical, emotional or educational needs, and failure to protect them from harm or potential harm (Connell-Carrick, 2003; English, Thompson, Graham, & Briggs, 2005).

Practice considerations

As an act of omission practitioners need to be alert to what may be missing or lacking for children in order to identify and substantiate neglect. It is much more difficult to observe and name the absence of parental actions or behaviours and to demonstrate that those omissions of care have caused or are likely to result in significant harm to the child. This is particularly so when harm as a result of care and attention which has not been provided accumulates incrementally, such as developmental delay or attachment difficulties.

1.2 TYPES OF NEGLECT AND NEGLECTFUL BEHAVIOURS

There is general consensus regarding five widely recognised domains or sub-types of child neglect: supervisory neglect, physical neglect, medical neglect, educational neglect and emotional neglect (Allnock, 2016; Blumenthal, 2015; Dubowitz, 2013; English et al., 2005; Hibbard, Barlow, & MacMillan, 2012; McSherry, 2007; Naughton et al., 2013; Scott, 2014). Examples of neglectful behaviours for each of these sub-types are presented in Box 1.

Box 1. Widely recognised domains (or sub-types) of child neglect

Domains of Child Neglect	Definition
Supervisory	Caregiver, guardian or parent of child are unable or unwilling to exercise adequate supervision and control of the child or young person. Examples include: children left alone for extended periods of time, exposure of children to drugs and inadequate protection from environmental changes, lack of appropriate supervision, exposure to hazards, inappropriate caregivers (leaving child in care of someone who is unable or should not be trusted to provide care for a child such as a young child, a known child abuser or someone with a substance abuse problem).
Physical	Basic physical needs are not met as the child is not provided with necessary food (resulting in hunger, malnutrition, failure to thrive), adequate clothing or adequate shelter. Parents provide inadequate hygiene (e.g. child may be extremely dirty or unbathed, have severe nappy rash or other persistent skin disorders or rashes from improper care or lack of hygiene) or show reckless disregard for child's safety and welfare (e.g. driving while intoxicated, leaving a young child in a car unattended). Child experiences abandonment, expulsion, or shuttling (child is repeatedly left in the custody of others for days or weeks at a time).
Medical	Denial or delay of health care: The child is not provided with medical care, parents fail to comply with health care recommendations, or fail to seek appropriate health care.
Educational	Parent or caregiver fails to ensure their child's formal educational needs are being met. For example, a school-aged child is not regularly attending school and this may be a result of failure to enrol or permitted and chronic truancy. Also includes inattention to special education needs.
Emotional	Inadequate nurturing or affection: The lack of care experienced by children when their parents or caregivers fail to provide conditions, contexts or environments conducive to their feeling secure, wanted, loved and worthy. Emotional neglect is characterised by an absence of parent-child interactions, such as not being hugged, validated or told they are loved. Children may be isolated, permitted to use drugs or alcohol, or permitted to engage in other maladaptive behaviour.

Sources: Allnock, 2016; Blumenthal, 2015; Dubowitz, 2013; English et al., 2005; McSherry, 2007; Scott, 2014; Hibbard et al., 2012; Naughton et al., 2013

In addition to these five widely recognised sub-types, there is continuing conceptual and definitional work in the field of neglect. For example, additional domains of neglect that have been proposed by some academics include environmental neglect, drug-affected newborn and drug-exposed children (e.g. exposure to smoking), neglect associated with cultural or religious practices, and failure to provide adequate nutrition leading to children being overweight/obese (Allnock, 2016; Dubowitz, 2013). However, to date the five sub-types described in Box 1 form the core of neglectful behaviours routinely recognised and incorporated into research, legislation and child protection practice.

Practice considerations

Neglect comprises a wide variety of parental actions and inactions. Practitioners need to be aware of and alert to the range of potential neglectful behaviours as some sub-types may be more obvious than others. For example, in the authors' experience, neglectful behaviours that are more likely to be detected and identified as neglect are more publicly observable, represent action rather than inaction, and/or are linked to shorter term impacts (e.g. school absenteeism, failure to provide medical treatment, child injured due inadequate supervision). Whereas neglectful behaviours which result in children living for prolonged periods in unsafe and unhygienic home environments, being persistently hungry, and not meeting developmental milestones are more difficult to detect. Once detected these children are less likely to have their cases prioritised due to the difficulty in demonstrating that their presentation (e.g. thin but not malnourished, language delay, skin rash) is (a) caused by parental omissions of care; and (b) reaches the threshold for statutory intervention. Gathering sufficient information to understand the daily lived experience of the child and presenting this against their developmental needs enables practitioners to utilise provisions in legislation to demonstrate that the child is at risk of significant harm as a result of neglect should the circumstances continue unchanged (i.e. cumulative harm provisions).

1.3 INTENT TO HARM

Intent to harm is not a requirement for parental actions or failures to be considered abusive or neglectful (Bromfield, 2005; Watson, 2005). The implications of this in relation to neglect are discussed below in the practice considerations section.

Practice considerations

Neglect can occur with or without intent for the child to be harmed (Bromfield, 2005). There will be cases in which caregivers are deliberately withholding food and starving a child, however this is unlikely to be the norm. Other possible examples, include the parent with a substance addiction who is aware of their child's needs and intends to provide them with regular meals but routinely fails to do so while intoxicated is neglecting their child without intending to harm them. This is different from a parent or caregiver who may not be aware of what they do not know or are not doing. For example, the parent who persistently ignores and fails to interact with their infant may lack parenting skills and not know that they need to be interacting with their baby and are therefore neglecting their child without either knowledge or intent. The concepts of knowledge and intent are important in practice as understanding the extent to which parents and caregivers knew and/or intended not to provide adequate care to their child may help practitioners to form their hypothesis as to the causes of neglect in each individual circumstance and to match their intervention accordingly.

1.4 THRESHOLD FOR INTERVENTION

In the context of statutory child protection, “*the absence of sufficient attention, responsiveness, and protection appropriate to the age and needs of a child*” (National Scientific Council on the Developing Child, 2012, p. 2) become "neglect" when it reaches the statutory threshold for intervention.

In NSW, the statutory threshold for intervention is defined in Section 23 of the NSW Children and Young Persons (Care and Protection) Act 1998 (see Box 2). The threshold is reached when the neglectful behaviour(s) have caused the child to suffer significant harm or where the child is likely to suffer significant harm as a result of these neglectful behaviours should they persist or be repeated.

Box 2. NSW Children and Young Persons (Care and Protection) Act 1998, Section 23.

Section 23 of the NSW Children and Young Persons (Care and Protection) Act 1998 defines a child or young person at risk of significant harm if current concerns exist for the safety, welfare or well-being of the child or young person because of the presence, to a significant extent, of any one or more of the following circumstances:

- a) the child’s or young person’s basic physical or psychological needs are not being met or are at risk of not being met,
- b) the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive necessary medical care,
- b) (1) in the case of a child or young person who is required to attend school in accordance with the Education Act 1990 -the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive an education in accordance with that Act,
- c) the child or young person has been, or is at risk of being, physically or sexually abused or ill-treated,
- d) the child or young person is living in a household where there have been incidents of domestic violence and, as a consequence, the child or young person is at risk of serious physical or psychological harm,
- e) a parent or other caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering serious psychological harm,
- f) the child was the subject of a pre-natal report under section 25 and the birth mother of the child did not engage successfully with support services to eliminate, or minimise to the lowest level reasonably practical, the risk factors that gave rise to the report.

Any such circumstances may relate to a single act or omission or to a series of acts or omissions.

1.5 NEGLECT IS OFTEN CHRONIC

Some acts of omission can have catastrophic consequences, including fatal neglect. For most children, neglect is experienced as repeated and persistent circumstances or events as opposed to a single acute episode (Allnock, 2016).

Definitions of abuse and neglect which incorporate chronicity are comprised of different dimensions (Bromfield, 2005; Bromfield and Miller, 2012), which each occur on a continuum, for example:

- Frequency: How many incidents are alleged to have occurred?
- Duration: Over what time period and/or stages of development?
- Severity: What would be the impact of the alleged neglectful action as an isolated incident or situation? What about if it were to persist over a prolonged period or critical developmental stages?
- Type: Is it one abusive or neglectful action or a combination of related actions?
- Source of harm: Who is responsible for the harm? Are there multiple caregivers involved?

Additionally, it is important to consider whether the familial or parental circumstances underpinning the neglectful behaviours are situational or enduring (Bromfield, Gillingham & Higgins, 2007). For example, high frequency short duration neglect arising when mother is hospitalised and under-involved father takes on caring duties (i.e. situational); or neglect arising due to lack of parenting knowledge and skills of parents who were themselves in care and present with trauma and attachment problems (i.e. enduring).

Practice considerations

Practitioners need to consider the different dimensions of neglectful behaviours and where they occur on a continuum when assessing the need for protective involvement, the intervention and the urgency of action required.

1.6 NEGLECT OFTEN CO-OCCURS WITH OTHER MALTREATMENT TYPES

Children who experience neglect also frequently experience other maltreatment types. A meta-analysis undertaken by Moore and colleagues (2015) examining the mental health burden attributable to child maltreatment in Australia reported that neglect co-occurred with at least one other maltreatment type in 73.6% of cases. Neglect most commonly co-occurred with emotional and physical abuse (27.9%) followed by emotional abuse (13.7%) and all other forms of maltreatment (13%). Smaller proportions of neglect cases involved the co-occurrence of neglect with physical abuse (8.5%), sexual abuse (4.5%), sexual and emotional abuse (4.1%), and sexual and physical abuse (1.9%). These data were derived from a large, longitudinal birth cohort study conducted in Queensland and linked with statutory child protection data on substantiated child maltreatment.

Similarly, Kim, Mennen, & Trickett (2016) examined patterns of multiple child maltreatment in a sample of 303 adolescents aged 9 to 12 years and found neglect most frequently co-occurred with physical and emotional abuse (19%) followed by emotional abuse (14%). Smaller proportions of cases involved the co-occurrence of neglect with all other forms of maltreatment (8%), physical abuse (7%),

sexual and emotional abuse (3%), and sexual abuse (3%). The 2008 Canadian and 2013 Ontario Incidence Studies of Reported Child Abuse and Neglect also identified that neglect co-occurs with exposure to intimate partner violence, emotional maltreatment, and physical abuse (Fallon et al., 2015; Trocmé et al., 2010).

While it is commonly accepted that maltreatment types often co-occur, few studies have examined the co-occurrence of individual sub-types of neglect with each other or with other maltreatment types. Kim et al. (2016) specifically examined neglect and its subtypes (i.e. care, environmental, medical, educational, and supervisory neglect) and found that children who experienced neglect with at least one other maltreatment type, compared to those who experienced neglect only, were more likely to experience more frequent neglect reports, a wider range of neglect subtypes, and have reports of educational or medical neglect.

1.7 CUMULATIVE HARM

Neglect has been identified to be most harmful to children when it persists across developmental stages with harm accumulating throughout the child's development (Allnock, 2016; Graham et al., 2010). Bromfield and Miller (2012) state:

Cumulative harm refers to the effects of multiple adverse or harmful circumstances and events in a child's life. The unremitting daily impact of these experiences on the child can be profound and exponential ... Cumulative harm may be caused by an accumulation of a single recurring adverse circumstance or event (such as unrelenting low-level care); or by multiple circumstances or events (such as persistent verbal abuse and denigration, and/or inconsistent or harsh discipline) (p. 5).

Bromfield, Gillingham & Higgins (2007) showed that if assessed episodically, low severity incidents are unlikely to reach the threshold for statutory intervention, but when the long-term impacts are taken into account, it is evident that frequent and persistent low severity maltreatment can result in significant harm.

Practice considerations

The often chronic nature of neglect, along with its frequent co-occurrence with other maltreatment types, means that consideration of cumulative harm is particularly pertinent in cases of child neglect. An episodic or incident based assessment of harm may mean many neglect cases fail to reach the statutory threshold for intervention prescribed in Section 23 of the NSW Children and Young Persons (Care and Protection) Act 1998. Considering the daily lived experience of the child in the context of their developmental stage is essential in cases of neglect. The likely impacts on the child of persistent and prolonged neglect are significant. The need to be alert to cumulative harm is signalled clearly in Section 23 of the Act in the note that "any such circumstances may relate to a single act or omission or to a series of acts or omissions".

1.8 CHILD DEVELOPMENT AND NEGLECT

Child neglect occurs on a continuum of developmentally appropriate to neglectful caregiver behaviours (Smith & Fong, 2004). As neglect is the failure to provide adequate care to meet the child's developmental needs, the nature of what constitutes neglectful behaviours changes with the care

requirements of the developing child. For example, it is essential to assist and supervise a 6-month old in the bath. Whereas assisting and supervising a well and physically able 16-year old to bathe would be considered developmentally inappropriate in most circumstances. Box 3 presents examples of parent-child interactions by child developmental stage in cases of neglect.

Box 3. Examples of parent-child interactions by child developmental stage in neglect and emotional maltreatment cases

Child's developmental stage¹	Parent-child interactions
Less than 12 months	Neglectful mothers may not be attuned or sensitive to their child's needs or feelings, and may be inconsistently attentive, interact and communicate less or less positively with their child, perceive their child as irritating and demanding, and fail to engage emotionally with their child when feeding.
Toddlers (1-3 years)	Neglectful mothers remain unresponsive and uninvolved with their child, are critical of their child, and lack developmentally appropriate understanding of child. Parenting style may lack affection or empathy and positive social interactions with child.
Early Years (3-6 years)	Neglectful mothers show little affection and less positive contact, offer less praise, are not engaged in playing with their child, may not attempt to relieve their child's distress, and speak less to their child which may contribute to language delay evident in emotionally neglected children. Neglectful mothers are more likely to resort to physical punishment.
Middle Childhood to Early Adolescence (5-14 years)	Relationships between neglected children and their parent(s) may be characterised by little information exchange, lack of emotional warmth, increased demands of children by their parent(s), and lack of response by a parent to their child's requests for support. Neglected children expect less support from their mothers than non-neglected children. Some neglecting parents are more negative compared to non-neglecting parents.
Adolescence (age undefined)	Adolescents may experience rejection and abandonment from family members, incur caring responsibilities as a result of parent mental health or substance abuse that impact on their parenting capacity, or experience overly restrictive parenting.

Source: (Cardiff Child Protection Systematic Reviews (CORE-INFO), 2014; Hanson & Holmes, 2014; National Society for the Prevention of Cruelty to Children [NSPCC], 2012; NSPCC, 2014; Naughton et al., 2013)

¹ Examples presented for ages 0 to 14 years are from 3 systematic reviews that examined features indicative of neglect or emotional abuse among pre-school (0-6 years) and school-aged (5-14 years) children (CORE-INFO, 2014; NSPCC, 2012; NSPCC, 2014; Naughton et al., 2013). Literature regarding parent-child interactions primarily related to children under 6 years, focused on the mother and child, and identified few studies that examined emotional maltreatment.

Some of the potential impacts commonly associated with the early onset of neglect in a child's life include insecure attachments, alterations in the body's stress response (the hypothalamic-pituitary adrenal system), delayed cognitive development, decreased language function, low confidence and self-esteem, negative self-representations, poor coping abilities and problem-solving skills, low academic achievement, and disorganised attachments (Allnock, 2016; Hanson, 2016). Potential that are more likely to in later adolescence and adulthood include depression, anxiety, poor affect/emotional regulation, anti-social behaviour, substance misuse and addiction, violence and delinquency, social withdrawal and isolation, poor educational achievement and longer-term mental health problems including PTSD and personality disorders (Hanson, 2016).

Practice considerations

Allegations of neglect need to be considered in light of the developmental stage and needs of the child. Taking into account the duration of neglect and the stage or stages of development over which it has occurred are essential in assessing the severity and impacts of neglect.

1.9 EMOTIONAL NEGLECT: MOST LIKELY TO BE MISSED?

Emotional neglect is the lack of care experienced by children when their parents or caregivers fail to provide conditions, contexts or environments conducive to their feeling secure, wanted, loved and worthy (Hibbard et al., 2012; Naughton et al., 2013). Thus emotional neglect could be characterised as an absence of parent-child interactions, such as not being hugged, validated or told they are loved.

Early child indicators of emotional neglect can include language delay and disordered or insecure attachment (Jordan & Sketchley, 2009; National Scientific Council on the Developing Child, 2012; Naughton et al., 2013). An infant who does not receive a helpful comforting response from an adult over time may learn to abandon crying (Victorian Government Department of Human Services, 2007).

Emotional abuse also pertains to the emotional security and wellbeing of the child, but refers to abusive acts of commission directed towards the child. Emotionally abusive behaviours may include: yelling, verbally abusing, denigration, threats and intimidation, isolating, terrorising, rejection, restricting or controlling a child's movements and other non-physical forms of hostile treatment (Bromfield, 2005; Child Family Community Australia [CFCA], 2015).

The distinction between emotional abuse and emotional neglect is complex, as there is an interplay of behaviours comprising both and acts of omission and commission in parent-child interactions. The more inclusive and broader term 'emotional maltreatment' has been used to encompass both emotional neglect (acts of omission) and emotional abuse (acts of commission) (Tonmyr, Draca, Crain & Macmillan, 2011 as cited in CFCA, 2014). Children's exposure to domestic violence, which represents a significant risk to their emotional wellbeing, is sometimes considered to be a distinct form of maltreatment, but in other definitions can be considered a form of emotional maltreatment (CFCA, 2015).

Emotional neglect is more difficult to assess than other types of neglect as it is difficult to determine at what point children not being hugged, validated or told they are loved reaches the threshold for neglect (Allnock, 2016). However, emotional neglect is thought to have more severe and long-lasting consequences than physical neglect (Gardner, 2016; National Scientific Council on the Developing

Child, 2012). Emotional neglect often occurs with other forms of neglect or abuse, which may be easier to identify (Gardner, 2016; CFCA, 2014).

Practice considerations

It is the authors' opinion, that emotional neglect is the most difficult form of any of the types or sub-types of maltreatment to identify. The nature of emotional neglect means that it is characterised by all of the definitional issues discussed earlier: it requires that practitioners can demonstrate a failure to act or behave (e.g. demonstrating affection), which may occur without parental intent to harm, is prolonged and persistent and as such when viewed cumulatively reaches the threshold for neglect.

The identification of emotional neglect is further compounded as the behaviours that characterise emotional neglect may be considered emotional maltreatment or neglect. However, as it is the less observable aspect of both of these maltreatment types, there is the risk that rather than being considered twice that it instead falls through the gaps and practitioners fail to actively assess whether emotional neglect is present where there are allegations of either neglect or emotional abuse.

Children at risk of emotional neglect are therefore in the authors' view at greatest risk of being missed in practice. Yet survivors characterise neglect as the pervasive and persistent feeling of being unloved, and emotional neglect is thought to have more severe and long-lasting consequences than physical neglect (Hibbard et al., 2012; Naughton et al., 2013). Thus greater priority and attention to intervening to protect children experiencing persistent and prolonged emotional neglect is important.

Finally, children of any age may experience emotional neglect and this will be harmful. However, the presence of emotional neglect during infancy and the early years can have a pronounced impact on the acquisition of developmental milestones such as language and attachment formation (Barlow, 2016; McAllister & Lee, 2016).

Within the context of statutory child protection, practitioners also need to be alert to the potential for children and young people within residential care to experience emotional neglect. In their research with care leavers in NSW, Cashmore and Paxman (2007) found that feeling emotionally secure during their time in care was a strong predictor of care leavers outcomes after care and had a greater impact on long-term outcomes than stability (i.e. accommodation stability) alone.

1.10 NEGLECT AND CULTURE

A child's culture defines who they are, their beliefs, customs, histories, values, sense of belonging, their way of thinking, way of life and how they relate to others. Different cultures have different child rearing practices (Lewig, Arney & Salveron, 2010; Jordan & Sketchley, 2009). In the authors' experience, these practices may become problematic in the context of neglect when families from culturally and linguistically diverse backgrounds are the minority and the dominant culture has different child rearing practices and expectations regarding adequate parental care. For example, collectivist child rearing practices in some cultures mean that supervisory practices of parents from those cultures are different to those within non-collectivist cultures (Lewig et al., 2010). An additional example highlighting potential cultural differences in parent-child interactions is emotional expression - child protection workers may assess an Aboriginal child as having an avoidant attachment if the child does not express negative emotion; whereas in some Aboriginal cultures such expression may be discouraged as it can be seen as disrespectful of elders (Ryan, 2011).

Practice considerations

When working with children and families from different cultural backgrounds, demonstration of cultural sensitivity, respect and competence is crucial. However, this does not mean prioritising culture over safety from harm. Kaur (2012, p 10) identifies three areas of consideration for culturally appropriate definitions of child maltreatment:

1. Acknowledgement of cultural difference in child rearing practices
2. Recognition that deviations from the culturally appropriate child-rearing practices of any specific cultural group are considered by that cultural group to be abusive/neglectful, and
3. Knowledge of the circumstances that exist where societal harm undermines children's well-being beyond the control of the parent (e.g. poverty).

It is worth noting that children's basic developmental needs are common across cultures. Different parenting practices may mean that these needs are provided for differently. For example, where extended family groups are living in the same household, parents may be less responsive to infant cues as they reasonably expect other caregivers within the household will be responsive (Jordan, Sketchley, Bromfield & Miller, 2012, p.10). Dependent on the family context, different child rearing practices may or may not need to change to secure the child's safety from harm within the dominant culture. For example, are the family living within a community in which the other adults and children around them have a shared understanding and expectations in relation to child supervision; if not cultural practices in relation to supervision may need to change to ensure the child's safety (Lewig et al., 2010).

Finally, while Aboriginal and Torres Strait Islander children share basic developmental needs of non-Indigenous children, they also have the additional developmental need to learn about and be connected to their culture and community (e.g. Ryan, 2011; Arney, Iannos, Chong, McDougall, & Parkinson, 2015). The Aboriginal and Torres Strait Islander Child Placement Principle (Lock, 1997) and the National Out-of-Home Care Standard for children in care to have Cultural Plans are ways in which this additional need is formally recognised (Department of Families, Housing, Community Services and Indigenous Affairs, 2011). Cultural and/or spiritual neglect is likely to be a particular risk for children forcibly removed from their parent(s) unless deliberate provisions are made to ensure a child's continuing connection to culture (Arney et al., 2015).

1.11 NEGLECT AND GENDERED PARENTING ROLES

Current child protection data in Australia show biological parents are more frequently recorded as being accountable for perpetrating neglect, with mothers more likely to be attributed as responsible for neglect than fathers (CFCA, 2014). A large, representative study conducted in the United States that examined characteristics of perpetrators of child abuse and neglect using case-level data from the National Child Abuse and Neglect Data System (NCANDS) found that neglect was the main maltreatment type in 66% of cases involving a female perpetrator compared to 36% of cases involving a male perpetrator (US Department of Health and Human Services, 2005).

However, some caution needs to be applied when interpreting these data. Any adult can perpetrate physically, sexually or emotionally abusive behaviours towards a child. Whereas in cases of neglect, there is a requirement for an individual to have a duty of care to the child in order for them to fail to

provide adequate care, thus making neglect predominantly a parental issue or responsibility (CFCA, 2014). Mothers predominantly hold the role of primary caregiving in society, even in two parent households (Allan, 2004). As mothers are more likely to hold the duty of care to the child, they are therefore more likely to be held responsible in cases of neglect for failing to provide adequate care.

Practice considerations

The 1998 NSW Children and Young Persons (Care and Protection) Act define the parent of a child to include a guardian and a person who has custody of the child. That is, a person, whether a biological parent, step parent, foster parent or caregiver has an obligation to provide care for a child. In two caregiver households, practitioners need to be aware of the parental obligations and duty of care of both caregivers. Solely and unduly holding mothers accountable for neglect may constitute 'mother blaming'.

Mother blaming in relation to neglect has particularly been noted as a problem in cases where the male caregiver has been abusive (towards the mother, the child or both), and where mothers have been deemed to have neglected their child by failing to protect them from family violence or exposure to family violence - rather than holding male caregivers responsible for their abusive behaviours (Bromfield, Lamont, Parker, & Horsfall, 2010).

1.12 CHILDREN AND YOUNG PEOPLE'S DESCRIPTIONS OF NEGLECT

'Children need parents to take care of them, give them cuddles and enough food; I was always hungry – I never knew what a chocolate biscuit was until I went into foster care'
(Burgess et al., 2014).

A recent study undertaken by Burgess et al. (2014) from the University of Stirling examined how children perceive neglect reported powerful descriptions of children's experience of being neglected. Children spoke about *'not getting loved – you're on your own back'*; *'never being hugged'*; and not knowing what it was like to be hugged because *'if you've never had one, you just don't know'*. Other children spoke about being *'left at home alone with no food'* while another spoke about experiencing different types of neglect. Children also described their experiences of getting into trouble with police, often arriving late or missing school, feelings of social isolation and not having friends, and feeling unable to talk to others about their experiences.

Practice considerations

Within practice, the single observable episodes of neglect that do or can result in imminent harm (e.g. the toddler found unattended at home, the baby in a hot car) may be prioritised. It is important not to forget the perspective of the child; children's accounts of being neglected are characterised by a pervasive sense of not being loved, attended to or provided basic care like food. While the threat to children's wellbeing from persistent and chronic neglect may not be imminent, the likelihood impact is significant. Failing to also prioritise low-moderate severity chronic cases for intervention is to fail to listen to what matters to children who have experienced neglect.

2. COMMON RISK FACTORS FOR NEGLECT

Risk factors are “measureable characteristic[s] of an individual [or the community and society within which they reside] that heightens the probability of a worse outcome in the future” (Masten & Wright, 1998, p. 9). In contrast, protective factors are “a correlate of resilience that may reflect preventative or ameliorative influences: a positive moderator of risk or adversity” (Masten & Wright, 1998, p. 10). When a child experiences risk factors combined with limited protective factors, their probability of experiencing child abuse or neglect is increased (Lamont & Price-Robertson, 2013).

It is important to note that the presence of risk factors does not mean these factors caused the child abuse or neglect to occur (Lamont & Price-Robertson, 2013). It is important that this difference is understood when interpreting the findings below on risk factors for child neglect. The research may indicate that a risk factor occurs at a statistically significantly higher rate in families with neglected children than in families with children who have not been neglected. This is a correlation which means there is a statistical relationship between the risk factor and child neglect but this does not necessarily mean that the risk factor caused the neglect to occur. For example, you might find a statistically significant correlation between ice-cream consumption and jelly fish bites, where a higher rate of ice-cream consumption is related to an increased rate of jelly fish bites. This does not mean that ice-cream consumption causes jelly fish attacks or vice versa – it may be that on hot days more people (a) eat ice-cream and (b) go swimming at the beach.

Risk factors do not have to be present for maltreatment to occur (Ronan, Canoy, & Burke, 2009) and families who experience a number of risk factors do not necessarily abuse or neglect their child (Lamont & Price-Robertson, 2013).

Section 2 of this report presents the findings from a review of 14 literature reviews of risk factors for child neglect. The search methodology and limitations for this review are provided in Appendix A.

The fourteen reviews included in this qualitative synthesis had a number of broad foci. Four reviews focused on a general overview of the risk factors for neglect (Akehurst, 2015; Liao, Lee, Roberts-Lewis, Hong, & Jiao, 2011; Schumacher, Smith Slep, & Heyman, 2001; Stith et al., 2009), although the review by Liao and colleagues is specific to research conducted with mainland Chinese participants; three focused on neighbourhood-level risk factors for neglect (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007; Freisthler, Merritt, & LaScala, 2006; Maguire-Jack, 2014); and another three focused on childhood disability as a risk factor (Govindshenoy & Spencer, 2006; Jones et al., 2012; Stalker & McArthur, 2012). One review examined general risk factors associated with maltreatment recurrence, including neglect (Hindley, Ramchandani, & Jones, 2006). One review was identified which focused on each of the following and included evidence on these issues as a risk factor for child neglect: criminal justice involvement (Austin, 2016); substance use (Staton-Tindall, Sprang, Clark, Walker, & Craig, 2013) and parental gambling (Lane et al., 2016). The 14 reviews are summarised in Tables 1 and 2.

The findings are presented in detail below using an organisational structure consistent with a developmental-ecological framework (Bronfenbrenner, 1979; Garbarino & Eckenrode, 1997). Findings regarding the developing child are presented first, followed by parent and family factors, neighbourhood factors, and broader societal factors. The limited cases in which findings distinguished the impact of risk factors on individual neglect types are reported in this review. However, the reviews

primarily grouped individual types of neglect together in their discussions and definitions of neglect. Some studies did identify the different types of neglect examined by individual studies in summary tables but discussed the findings in the review synthesis under the broad category of 'neglect'.

The 'neglect of neglect' has long been an issue highlighted by researchers in which, despite being one of the most common forms of child maltreatment, neglect is the least studied and most misunderstood form of child maltreatment (McSherry, 2007). Neglect appears to remain understudied as indicated by the small number of reviews identified in the current review of reviews and the even smaller number with a focus on general risk factors of neglect. Of the four reviews of general neglect risk factors, the most recent of these are either not comprehensive (Akehurst, 2015) or cannot be generalised to the Australian context (Liao et al., 2011).

Table 1. Summary of the literature examined in this review of reviews

Author, Date (article type)	Focus	No. of studies (neglect-related)	Study type(s)	Publication date range
Akehurst, 2015 (R)	Health visitor's role in identifying child neglect	26 (14 ¹)	Not specified for literature specific to risk factors. The full review comprised studies that used qualitative or quantitative measures, serious case review evidence, policy documents, and theoretical papers.	2000 - 2015
Austin, 2016 (SR)	Prior parental criminal justice involvement (CJI) and child maltreatment	10 (5)	9 longitudinal and 1 cross-sectional quasi-experimental studies (7 used probability- based samples).	1993 - 2014
Coulton et al., 2007 (SR)	Neighbourhood factors and child maltreatment	25 (11)	Not specified. Studies with geographically defined neighbourhoods as the primary unit of analysis (excluding larger units such as cities, countries or states).	1978 - 2004
Freisthler et al., 2006 (R)	Ecology of child maltreatment (neighbourhood factors)	18 (7)	Cross-sectional ecological studies with geographically defined neighbourhoods as the primary unit of analysis.	1978 - 2005
Govindshenoy & Spencer, 2006 (SR)	Childhood disability and childhood abuse and neglect	4 (2)	3 cohort (2 prospective, 1 retrospective); 1 study using a quasi-experimental research design (cross-sectional).	1998 - 2005
Hindley et al., 2006 (SR)	Risk factors for recurrence of child maltreatment	16 (8)	1 prospective, 14 retrospective, and 1 unspecified (8 database, 2 case-note, and 6 unspecified) studies.	1979 - 2002
Jones et al., 2012 (MA)	Prevalence and risk of violence (including neglect) against children with disabilities	17 (6)	10 cross-sectional (prevalence & risk); 1 cohort (risk only); 5 cross-sectional and 1 cohort (prevalence only).	1993 - 2010
Lane et al., 2016 (SR)	Problem gambling and child maltreatment	12 (2)	Cohort studies.	1996 - 2015
Liao et al., 2011 (SR)	Ecology of child maltreatment in mainland China	22 (4)	Not specified. Empirical studies that used qualitative or quantitative measures.	1996 - 2010
Maguire-Jack, 2014 (SR)	Community context of child maltreatment (neighbourhood characteristics and maltreatment)	5 (2)	Not specified. Studies that used multi-level modelling.	1999 - 2009
Schumacher et al., 2001 (SR)	Neglect risk factors	17 (17)	Studies that used quasi-experimental research designs.	1978 - 1997
Stalker & McArthur, 2012 (R)	Child abuse, child protection and disabled children	38 (4)	Studies that used quasi-experimental research designs, qualitative or quantitative measures, population studies, and systematic reviews.	1999 – 2008 ²
Staton-Tindall et al., 2013 (SR)	Caregiver substance use and child outcomes	22 (8)	Not specified. Empirical, data-driven studies.	2000 - 2009
Stith et al., 2009 (MA)	Risk factors of child maltreatment	155 (65)	Quasi-experimental (with non-abused comparison group)	1969 - 2003

Note: MA = meta-analysis; R = review with systematic methodology; SR = systematic review; ¹ Number of studies specific to risk factors of neglect; ² Date range of neglect specific studies.

Table 2. Summary of key findings and limitations in the literature examined in this review of reviews

Author, Date (article type)	Neglect-specific findings	Limitations
Akehurst, 2015 (R)	<p>Risk factors:</p> <ul style="list-style-type: none"> • Child: infancy/ younger age, low birth weight, prematurity, disability. • Parent: presence of domestic abuse, poor emotional well-being, substance misuse. • Societal: poverty, unemployment, low income, poor community resources and social support, inadequate or overcrowded housing, health inequality. <p>Highlights a complex interplay between risk factors (e.g. poverty also associated with substance misuse and mental health);</p> <p>Uses the term 'Toxic trio' to describe the frequent co-occurrence of domestic abuse, substance misuse, and mental ill-health.</p>	<p>None specified by review.</p> <p>Limited number of studies per factor.</p> <p>Whilst it met the inclusion criteria for the current review of reviews, the applicability of this review is limited as, given the search parameters and review type and scope, it is unlikely that the review has captured or outlined the full range of literature examining neglect risk factors. The review was not specifically focused on risk factors but on evidence-based strategies that could help health visitors to more effectively identify child neglect.</p>
Austin, 2016 (SR)	<ul style="list-style-type: none"> • Prior parental CJ is associated with increased risk of child abuse and neglect. Possible explanations include: parental CJ and child maltreatment may share common risk factors; parental CJ may increase stress which may then increase risk of subsequent child maltreatment; or parental CJ may be an independent risk factor for child maltreatment or the association between them is also mediated by other unmeasured factors; and increased visibility of families to mandatory reports in the months following parental CJ. • High prevalence of prior parental CJ among children in child welfare system. • Mothers sharing a child with a recently incarcerated father are more likely to engage in neglect and physical aggression than counterparts (effect partially mediated by parent relationship, economic insecurity, and maternal mental health). • Higher prevalence of family adversity found among children with CPS involvement and prior parental CJ compared to those with no prior parental CJ (i.e. parental substance abuse, mental illness, domestic and other violence, extreme poverty, difficulty meeting basic needs, community adversity). 	<p>Limited number of studies per factor.</p> <p>Most studies did not control for potential confounding risk factors.</p> <p>Samples from all studies were selected from special sub-populations and may not be representative of the general population. Some may not even be representative of the sub-populations from which they were selected as sampling was not probability-based.</p> <p>Family characteristics are reflective of family context at time of CPS involvement but not necessarily of context at time of parental CJ.</p>

Table 2. Summary of key findings and limitations in the literature examined in this review of reviews

Author, Date (article type)	Neglect-specific findings	Limitations
Coulton et al., 2007 (SR)	<p>Factors associated with neglect:</p> <ul style="list-style-type: none"> • Neighbourhood poverty, low socio-economic status and high violent crime rate, density of bars, household crowding, residential instability, economic resource variables but not social resource variables. <p>Tentative conclusion: There is a stronger association between neighbourhood structural characteristics and neglect as compared to other maltreatment types.</p>	<p>Limited number of studies per factor (most findings were from single studies).</p> <p>Variability in definition and measurement of maltreatment and neighbourhoods.</p> <p>Difficult to distinguish neighbourhood impact from family factors due to methods used.</p> <p>Studies have sample selection bias.</p> <p>Findings had small effect sizes.</p> <p>Studies do not account for spatial processes of neighbourhoods.</p>
Freisthler et al., 2006 (R)	<p>Factors associated with neglect:</p> <ul style="list-style-type: none"> • Neighbourhood poverty, bar density, low education, unemployment. <p>Protective factors:</p> <ul style="list-style-type: none"> • Higher proportion of women in the labour force <p>Findings are inconsistent regarding the association of family structure (i.e. single or two parent households) with child neglect.</p>	<p>Limited number of studies per factor (most findings were from single studies).</p> <p>Variability in definition and measurement of maltreatment and neighbourhoods.</p> <p>Studies are cross-sectional and have sample selection bias.</p> <p>Lack of understanding of how neighbourhood factors affect child maltreatment.</p> <p>Few studies account for spatial processes of neighbourhoods.</p>
Govindshenoy & Spencer, 2006 (SR)	<p>There is a very weak evidence base regarding the association of disability with neglect.</p> <p>Factors associated with neglect:</p> <ul style="list-style-type: none"> • Conduct disorder, non-conduct psychological disorder, speech/language disorder, learning difficulty, cerebral palsy (although not significant after adjustment), low verbal IQ, and anxious/withdrawn behaviour. <p>As participant numbers were too small, the association between sensory disorders and autism with neglect was unable to be analysed.</p>	<p>Limited number of studies (only two were neglect-specific).</p> <p>Small sample sizes in two neglect-specific studies.</p> <p>Variation in definitions of disability and child abuse and neglect.</p> <p>No study controlled for all other potential confounding risk factors.</p> <p>Meta-analysis unable to be conducted due to study heterogeneity.</p>

Table 2. Summary of key findings and limitations in the literature examined in this review of reviews

Author, Date (article type)	Neglect-specific findings	Limitations
Hindley et al., 2006 (SR)	<p>Four factors consistently predicted future maltreatment:</p> <ul style="list-style-type: none"> • Number of previous episodes of maltreatment, neglect (as opposed to other types), parental conflict, and parental mental health problems. <p>Rates of re-victimisation for neglect subtypes include: 13.17% physical neglect, 12.02% emotional neglect, 10.99% lack of supervision (Fryer & Miyoshi, 1994) or 44.4% gross neglect (Herrenkohl et al., 1979).</p> <p>Previously maltreated children around 6 times more likely to experience recurrent maltreatment than counterparts.</p> <p>Risk of recurrence highest within 30 days of index episode.</p>	<p>Only included studies of substantiated maltreatment.</p> <p>Lack of methodological detail and wide variation in study quality.</p> <p>Significant study heterogeneity.</p> <p>Possible publication bias regarding studies with positive results more likely to be published.</p> <p>Generalisability limited as all but one of the studies were conducted in United States.</p>
Jones et al., 2012 (MA)	<ul style="list-style-type: none"> • Children with any disability were 4.6 times more likely than children without a disability to experience neglect. • 10% prevalence rate for neglect (pooled estimate) for children with any disability (8% for children with a mental or intellectual disability). 	<p>Significant study heterogeneity.</p> <p>Reverse causation unable to be ruled out.</p> <p>Variability in definition and measurement of disability and violence.</p> <p>Varied sampling strategies.</p> <p>Only one study investigated whole population prevalence.</p>
Lane et al., 2016 (SR)	<ul style="list-style-type: none"> • 10-16.7% of problem gamblers reported various forms of neglecting their children (Bland et al., 1993), although these were not distinguished in the review. This study did not include a comparison group. • Children of parents with gambling problems are at increased risk of scabies (1.8 times) and ear infections (1.68 times) compared to their counterparts (Stevens & Bailie, 2012). 	<p>Lack of research on problem gambling and maltreatment of own child (two neglect-specific studies included in review).</p> <p>Variability in definition and measurement of problem gambling and child maltreatment.</p> <p>Lack of comparability due to changes in DSM definitions and terminology of problem gambling over time.</p>
Liao et al., 2011 (SR)	<p>Factors associated with neglect:</p> <ul style="list-style-type: none"> • Low socio-economic status, education attainment, and income; high cost of clothing; single-parent family; child disability, communication difficulties, and introversion; and poor/negative parent-child relationship. <p>Gender was not found to be associated with neglect, nor were older children any more likely to be neglected than younger children (<6 years).</p>	<p>Limited number of studies per factor (most findings were from single studies).</p> <p>China has not established a culturally appropriate definition of maltreatment and therefore there is a lack of consensus across studies regarding defining maltreatment.</p> <p>Few studies examined broader risk factors.</p>

Table 2. Summary of key findings and limitations in the literature examined in this review of reviews

Author, Date (article type)	Neglect-specific findings	Limitations
Maguire-Jack, 2014 (SR)	<p>Factors associated with neglect:</p> <ul style="list-style-type: none"> • Neighbourhood impoverishment and lower neighbourhood socio-economic status, child care burden, and violent crime rate. 	<p>One neglect-specific study only meets the minimum block unit requirement for statistical power.</p> <p>Generalisability is limited by geographic locations of samples and use of census tracts or block groups to define neighbourhood.</p> <p>Variability in outcome measures, and in definition and measurement of factors.</p> <p>Selection bias.</p> <p>Individual contributions of variables difficult to identify due to the analyses conducted.</p>
Schumacher et al., 2001 (SR)	<p>Risk factors of neglect:</p> <ul style="list-style-type: none"> • Less or less positive parent-child interaction (verbal and non-verbal). • Parent: low self-esteem, impulsivity, lack of social support, and stress. Impact of parent psychopathology is dependent on pathology type - significant findings for substance abuse, depressive disorders, and obsessive compulsive disorder. • Child problem behaviours, including conduct disorder symptoms, and number and intensity of these behaviours. No significant main effect of child age was found. • Child age and family structure interaction: Children 15-17 years at greater risk of physical neglect in father only households and of education neglect in two-parent households than younger children. • Family factors: family stress and cohesion. • Neighbourhood factors: poverty, school dropout, and fewer 2-parent families; risk for physical and education neglect higher in urban than rural communities. <p>Various parent personality characteristics / life experiences may also be risk factors although the measures used may lack validation.</p> <p>No significant differences were found for maternal attributions for child behaviour and parental annoyance, and in most studies examining maternal expectations of child.</p>	<p>Findings are very limited as most factors are only examined by 1-2 studies each (max 5) - not enough for a reliable evidence base.</p> <p>Individual ESs are calculated, but overall ESs were not (not a meta-analysis).</p> <p>Limited critique of studies - quality unknown, most had very small sample sizes.</p> <p>Mediating and moderating effects not examined - unable to determine if factors are specific to neglect or to wide range of issues.</p> <p>Research focused on mothers therefore findings are not representative of fathers as perpetrators.</p>

Table 2. Summary of key findings and limitations in the literature examined in this review of reviews

Author, Date (article type)	Neglect-specific findings	Limitations
Stalker & McArthur, 2012 (R)	<ul style="list-style-type: none"> • Disability increases risk of neglect but this appears to differ by disability type. • Disabled children are more likely to experience emotional abuse and neglect than non-disabled children (Morris, 1999). • Children with disabilities often experience multiple forms of maltreatment, but neglect is the most common (Sullivan & Knutson, 2000). <p>There is very little research regarding cultural or social factors and neglect; however, one study found that African-American and white children had a similar risk of neglect but Hispanic and children of ‘other’ ethnicities were less likely to be neglected than white children (Jaudes & Mackey-Bilaver, 2008).</p>	<p>Limited number of studies per factor (most findings were from single studies).</p> <p>Lack of research on the association between type of impairment and maltreatment types.</p>
Staton-Tindall et al., 2013 (SR)	<ul style="list-style-type: none"> • Children with at least one caregiver with substance misuse are at increased risk of physical abuse and neglect. • Caregiver substance misuse is most commonly associated with neglect and physical abuse than other maltreatment types. 	<p>Most studies analysed unreliable secondary data sources and had a high reliance on child welfare data which can lack reliability and validity.</p> <p>Studies do not control for other co-occurring factors.</p>

Table 2. Summary of key findings and limitations in the literature examined in this review of reviews

Author, Date (article type)	Neglect-specific findings	Limitations
Stith et al., 2009 (MA)	<p>20 significant risk factors of neglect were identified:</p> <ul style="list-style-type: none"> • Microsystem (parent-child relationship): poor parent-child relationship, parent perceives child as problem (med ESs). • Parent characteristics (independent of child): Increased personal stress, anger/hyper-reactivity, poor self-esteem (med ESs); psychopathology, unemployment, depression, poor relationship with own parents, parent experienced childhood abuse, poor social support, younger parent age (small ESs); and single parenthood (very small ES). • Child characteristics (excluding parents): Poor social competence (med ES); externalising behaviours and internalising behaviours (small ESs). • Family factors (small ES): larger family size, low SES <p>Child age and gender did not have a significant association with neglect.</p> <p>Studies could not be identified for 17 risk factors:</p> <ul style="list-style-type: none"> • Unplanned pregnancy; parent gender, alcohol and drug abuse, coping and problem solving skills, health problems, anxiety, past criminal behaviour, and use or approval of corporal punishment; child pre- or neo-natal problems and disability; and family conflict or cohesion, spousal violence, marital satisfaction, and non-biological parent in home. 	<p>Variability in definition and measurement of child neglect.</p> <p>Studies may have been missed - only one database searched (as well as reference lists) and some were excluded as results could not be converted to ESs.</p> <p>Some ESs were calculated with few studies - greater risk for bias due to omission.</p> <p>Literature biases - Studies with no significant results less likely to be published. Also fail to distinguish between offending and non-offending caregivers, most focus on mother as offender thus applicability to fathers is limited.</p> <p>Lack of homogeneity - variability in construction and definition of risk factors, methodology and sample differences.</p> <p>Mediating and moderating effects not examined - some factors may be correlated or overlap.</p> <p>Review examined the relationship between factors and neglect but was unable to determine the direction of causality.</p>

Note: ES = effect size; CJI = criminal justice involvement; CPS = child protective services; DSM = Diagnostic and Statistical Manual of Mental Disorders.

2.1 THE DEVELOPING CHILD

A number of risk factors directly related to the developing child were examined in the reviews, including age, gender, behaviour, and disability. It is important to acknowledge the characteristics of children that are associated with increased risk of neglect as this helps identify children who are most vulnerable. It is also important to highlight that these associations do not in any way indicate that a child is responsible for their own ill-treatment and reiterate that statistical correlation does not imply causation. For factors such as behaviour and disability, it is the responses of parents or caregivers to these factors that determine if neglect or other maltreatment will occur.

AGE

Theoretically, child age could be a risk factor for neglect as younger children are more dependent on their parents to meet their basic needs and keep them safe from harm (e.g. feeding, supervision), and are more physically vulnerable. Infancy and the early years are also a developmentally critical time in the formation of attachments. Thus it would be anticipated that infants and young children would be more vulnerable to neglect.

In contrast to theoretical expectation, literature examining the association between age and neglect has produced variable results. A meta-analysis of 155 articles examining risk factors of child physical abuse and neglect by Stith et al. (2009) found no association between age and neglect (examined by nine studies). Akehurst (2015) reported that young children and infants were more vulnerable to neglect, citing two national serious case reviews conducted in England in 2001-2003 and 2003-2011 (one included 40 cases and the other over 800 cases). All findings reported by Akehurst (2015) are limited as the review lacks a critical assessment of the included studies, did not provide adequate information to determine the quality of these studies, and likely did not capture all literature relating to risk factors given this was not the focus of the review. Schumacher et al. (2001) identified a single study examining child age and neglect that found child age was not associated with neglect overall but when combined with other factors (e.g. gender and family structure), there were significant interaction effects. Children aged 15-17 years who were female or in father-only households were at increased risk of physical neglect and children aged 15-17 years who were in two-parent households were at increased risk of educational neglect. Additionally, a more recent review of studies conducted with participants from mainland China (Liao et al., 2011) identified a single study examining child age and neglect that found children over 6 years of age were no more likely to be neglected than those 6 years or under.

Greater weight must be given to the meta-analysis when interpreting these findings as it provides a higher quality of research that combines findings across a number of studies compared to the other reviews which reported findings from single or very small numbers of studies.

GENDER

Theoretically, child gender was not expected to be a risk factor for neglect as there has been no evidence to suggest that neglect is a gendered form of maltreatment in western developed countries. Few reviews specifically examined child gender as a risk factor. Stith et al. (2009) found no statistically significant association between a child's gender and their risk of experiencing neglect. Two additional reviews identified a single study each that examined child gender and neglect. Liao et al. (2011)

reported no significant association whilst Schumacher et al. (2001) reported that child gender was not associated with educational neglect at all ages but, in children aged 15-17 years, females were at higher risk of physical neglect than males.

BEHAVIOUR

Theoretically, child behaviour could be a risk factor for child neglect as it may influence both the extent of children's care needs, parenting stress and parental perceptions of their children, contributing to the risk of parental neglect of children with behaviour problems.

Findings indicate that child behaviour may be a risk factor for neglect but this depends on the types of behaviour exhibited. An early review by Schumacher et al. (2001) found that children who display more problem behaviours may be at increased risk of experiencing neglect. Individual studies included in this review found that parent-reported child behaviour problems had large influence on increasing the risk for neglect, including: conduct disorder symptoms, socialised aggression, attention problems, and verbal and physical aggression towards mother.

Stith et al. (2009) found that children with poor social competence, internalising behaviours, or externalising behaviours may be at increased risk of experiencing neglect. These associations had moderate (social competence) and small (internalising/externalising) effects on the risk of neglect. Liao et al. (2011) identified a single study that found children who were introverted were at greater risk of experiencing neglect. No effect size was reported in the review.

Whilst evidence indicates that child behaviour may be a risk factor for child neglect, child behaviour may also be considered an outcome of neglect. Stith et al. (2009) noted that for some factors, such as child behaviour, the direction of the relationship could not be determined (i.e. it could not be determined if internalising/externalising child behaviours are risk factors for or outcomes of child neglect or whether this relationship is bi-directional). Additionally, the authors noted that whilst child behaviour was associated with increased risk of neglect, parent perceptions of their child's behaviour were more strongly associated with increased risk than other indicators of child behaviour.

DISABILITY

Theoretically, some forms of disability could result in children being more vulnerable to neglect, particularly disabilities where the child has greater care needs, is more physically dependent, and less able to communicate. Disabilities that are associated with complex medical needs may also increase the child's vulnerability to medical neglect.

Given the vast differences in types of disability and their impact on the lives of people with them, it is not surprising that research into disability as a risk factor for neglect has produced mixed findings. These mixed results are likely attributable to a combination of the limited amount of research that has been conducted, as well as the substantial variability in study methodologies, particularly in the definition and measurement of both disability and child maltreatment (Jones et al., 2012).

An early review by Govindshenoy et al. (2007) was only able to draw limited conclusions that neglect was associated with psychological and emotional problems, learning difficulties, and physical disability as only two moderate-high quality studies specific to neglect were identified. One study retrospectively examined a large birth cohort and found that children with disabilities were more likely

to experience neglect than children with no disability after controlling for other factors (i.e. socio-economic status, maternal age, birthweight, and gestational age): 8.2 times more likely for conduct disorders, 5.3 times for learning difficulties, 3.8 times for speech/language disorders, 2.7 times for cerebral palsy, and 2.7 times for non-conduct psychological disorders. Analyses were unable to be conducted examining the association between sensory disorders and autism with neglect due to the sample sizes being too small. The other study prospectively examined a large longitudinal cohort of families and found children were 2.7 times more likely to experience neglect if they had low parent-reported verbal IQ and 2 times more likely if they exhibited anxious or withdrawn behaviour (parent-reported). No association was found between handicapped (defined as requiring special education) children and neglect.

Recently, Jones et al. (2012) found that children with a disability (including physical, mental, intellectual or multiple impairments, and mental illness) were at greater risk of experiencing all forms of maltreatment, including neglect (comprising lack of supervision, medical neglect, inadequate housing, hygiene neglect, and or non-responsive parenting), than their counterparts who were not disabled. The authors reported that children with disabilities were 4.6 times more likely to experience neglect. This finding was supported (albeit in a limited manner) by Akehurst (2015) who reported that children with a disability may be at greater risk of experiencing neglect as a result of the increased strain experienced by parents caring for a child with a disability (e.g. the greater need for practical, emotional, and financial support). This was based on findings from two serious case reviews that examined very few cases involving disability. Similarly, Liao et al. (2011) found that children who had a disability or displayed communication difficulties were at greater risk of experiencing neglect.

Jones et al. (2012) highlighted that they were unable to rule out reverse causation between disability and child neglect because this relationship may be bi-directional. While disability may increase the risk of a child experiencing neglect, experiencing neglect itself may be a risk factor for developing a disability. This is particularly relevant if considering mental illness within the definition of disability (as in Jones et al., 2012) as mental illness may be both a risk factor for and an outcome of neglect.

Box 4. Key messages: The developing child

- Child gender does not appear to influence risk of neglect.
- Child age does not appear to influence risk of neglect. Notwithstanding these findings, the authors of the current review wish to highlight that the impacts of neglect may be different across different developmental stages (e.g. infancy), with increased harm potential in the early years of a child's life.
- Children with behaviour problems may be at increased risk of neglect; however, the risk of neglect depends on the types of behaviours exhibited. While problematic child behaviours may increase the risk of a child experiencing neglect, experiencing neglect itself may be a risk factor for developing problem behaviours.
- Children with disability were at increased risk of neglect; however, the risk of neglect depends on the type of disability and the child's associated additional needs. While disability may increase the risk of a child experiencing neglect, experiencing neglect itself may be a risk factor for developing a disability.

2.2 PARENT FACTORS (INDEPENDENT OF THE CHILD)

A range of parental stressors were identified across multiple reviews as being associated with an increased risk of neglect, as was social isolation, adverse childhood experiences, and lack of parenting knowledge and skills. Parental substance use, criminal justice involvement and problem gambling were each examined in-depth in reviews focused upon these problems and are reported upon separately below. Theoretically, it makes sense that these factors would be associated with neglect as they could compromise a parent's ability to understand or focus on their child's needs and to form stable and secure attachment relationships with their child.

It is important to reiterate here that a statistically significant relationship between a risk factor and an increased rate of neglect does not necessarily mean that the factor caused the neglect to occur and should not be interpreted as such. As discussed in relation to specific findings below, this is particularly important when interpreting the research in parent and family environment factors.

AGE

Theoretically, younger parents (i.e. adolescents) would be at greater risk of neglecting their children than older parents due to their limited life skills and experience, lack of financial and housing security, and aspects of brain development among adolescent parents impacting judgement and affect regulation.

Stith et al. (2009) identified that younger parent age was a risk factor for child neglect, although the effect was small. Hindley et al. (2006) identified a single study that examined parent age and recurrent child neglect but did not find a significant association. Schumacher et al. (2001) identified two studies that examined parent age and neglect and found significant associations. The results of these studies contrasted each other as one found neglecting parents to be of younger age than non-neglecting parents whereas the other found neglecting parents to be older than non-neglecting parents.

The small effect size in the meta-analysis and the inconsistent findings in the reviews suggests that while parental age may have an impact on neglect risk, this impact is likely to be relatively small.

PARENT GENDER

Theoretically, parent gender could be a risk factor for child neglect as responsibility for neglect is assigned to mothers more often than fathers because mothers are predominantly considered the primary caregiver in society and to hold the duty of care to the child, even in two parent households.

Only Schumacher et al. (2001) and Stith et al. (2009) examined parent gender and neglect. Schumacher et al. (2001) identified a single study that examined sex of parent as a risk factor for neglect and did not find a significant association. Stith et al. (2009) did not find any literature that examined the relationship between parent gender and neglect and met their meta-analysis inclusion criteria. As such, it cannot be determined whether parent gender is a risk factor for child neglect.

The lack of evidence examining gender as a risk factor is not surprising given research often focuses on mothers as the primary caregiver and extend limited attention towards fathers.

GENERAL STRESSORS

The authors anticipated that experience of one or more general life stressors would increase the risk for child neglect. For example, social isolation means that parents are unlikely to have access to informal support and practical assistance when it is needed; unemployment could lead to financial stress and inability to provide essential items for child rearing; and levels of parent stress, emotional or affect regulation, or self-esteem could influence parenting behaviours.

Parent stress (daily and personal stresses), poor self-esteem, affect regulation (impulsivity and anger/hyperactivity), unemployment, and lack of social support, have all been identified as risk factors for child neglect (Schumacher et al., 2001; Stith et al., 2009). Stith et al. (2009) identified that parent personal stress, poor self-esteem, and anger/hyperactivity all had moderate effects on increasing the risk of child neglect. Parent lack of social support and unemployment had small effects on the risk of child neglect. Schumacher et al. (2001) identified two studies that found poor parent self-esteem had an effect on the risk of neglect, of which one reported a moderate effect size. Furthermore, two studies were identified that found decreased social support had a large and very large effect on the risk of neglect and two studies associated increased impulsiveness with increased risk of neglect, although no effect sizes were reported. Two studies found increased parent daily stress was associated with an increased risk of neglect – of which one reported a small effect size and the other a large effect size. The study that reported a small effect size also examined the effect of major life stressors and found no significant association, suggesting high-levels of daily stressors may increase risk of neglect occurring but acute major stressors do not.

Greater weight must be given to the meta-analysis (Stith et al., 2009) when interpreting the findings regarding the size of the effects of each factor on risk of neglect as it provides a higher quality of research that combines findings across a number of studies compared to Schumacher et al. (2001) which reported findings from single or very small numbers of studies.

ADVERSE CHILDHOOD EXPERIENCES

The authors anticipated that adverse childhood experiences would impact risk for neglect, as it was assumed parents may have failed to learn positive parenting skills or continued to suffer from trauma symptoms or attachment difficulties which in turn impacted their parenting.

Stith et al. (2009) found that a parent's experience of abuse as a child and poor relationship with their own parents were risk factors for child neglect; however, the effects of these associations were small.

PARENTING KNOWLEDGE AND BEHAVIOURS

Theoretically, it would be expected that parenting knowledge and behaviours would be risk factors for neglect as lack of appropriate caregiving could result from lack of parenting knowledge and skills.

Schumacher et al. (2001) identified a very small number of studies that examined parenting behaviour. Whilst the validity of the findings were limited, it was clear that neglecting parents interact less or less positively with their children, both verbally and non-verbally, than non-neglecting parents. Akehurst (2015) also reported that parents' insensitivity to their children's physical and emotional needs, unrealistic expectations of their child, and preoccupation with their own needs may be risk factors for neglect and may be manifestations of poor emotional wellbeing.

MENTAL HEALTH

Bromfield, Lamont, Parker, and Horsfall (2010) report that unmanaged parent mental health problems can impact on a wide range of parenting behaviours, thus it was anticipated that mental illness would be associated with risk of neglect.

As anticipated, findings indicated that poor parental mental health and wellbeing is a potential risk factor for child neglect (Akehurst, 2015; Schumacher et al., 2001; Stith et al., 2009). In their meta-analysis, Stith et al. (2009) identified that parent psychopathology and depression had small effects on increasing the risk of a child experiencing neglect. Akehurst (2015) identified a small number of studies that report children whose parents had poor emotional wellbeing were more at risk of experiencing neglect as this may impact their parenting knowledge, skills, and behaviour. Schumacher et al. (2001) identified two studies that indicated neglect may be associated with specific psychiatric disorders but not with generalised symptoms of psychopathology. One study found no difference between neglectful and non-neglectful mothers in scores on the SCL-90-R (a self-report psychometric instrument that assesses a broad range of psychological problems and symptoms). The second study found that more self-identified neglectful mothers were likely to receive a diagnosis of substance abuse (moderate effect), depressive disorders and obsessive compulsive disorders (small effects) than their self-identified non-neglectful counterparts. No significant differences were found between these groups for diagnoses of panic disorder or schizophrenia.

As previously noted, greater weight must be given to the meta-analysis (Stith et al., 2009) when interpreting these findings. No systematic reviews were identified in this literature search that specifically focused on mental health of caregivers and child neglect. This indicates either an absence of research or, more likely, a need for research synthesis in this area.

SUBSTANCE USE

Staton-Tindall et al. (2013) examined substance use by caregivers and found it has consistently been associated with higher rates of referrals and re-referrals to child protection systems for both physical abuse and neglect as well as higher rates of substantiations. Akehurst (2015) also identified two studies that found a relationship between substance use and neglectful parenting. It was also noted that a parent may emotionally neglect their children due to being preoccupied with their substance abusing partner.

The link between parental substance use and neglect makes sense given what is known about the cycle of addiction. Bromfield et al. (2010) report that parents with substance addiction may find maintaining household tasks and routines difficult as a result of the symptoms of both intoxication and withdrawal, experience financial difficulties or forgo purchasing essential items to purchase the substance instead, and experience mood swings that result in inconsistent parenting behaviours - symptoms which may impact a parent's ability to attend to the needs of their children.

DOMESTIC VIOLENCE

As domestic violence involves and impacts all family members, research that examines the link between domestic violence and child neglect is reported in sub-section 2.3 below within the context of familial environment risk factors rather than as an individual parenting risk factor. However, it is important to note that domestic violence could be considered as either an individual parent risk factor

or a family environment risk factor. For example, research into the link between domestic violence and child neglect could examine a parent's past domestic violence victimisation or perpetration (an individual parental risk factor) or the presence of domestic violence in the current relationship/family system (a family environment risk factor).

CRIMINAL JUSTICE SYSTEM INVOLVEMENT

Austin (2016) recently examined parental involvement with the criminal justice system (defined as arrest, incarceration, probation, or parole) as a risk factor for subsequent child maltreatment. To be included in this review, studies had to clearly identify that criminal justice involvement (CJI) preceded the maltreatment. While the author found that there was a high prevalence of maltreatment among children of parents with prior CJI, few studies focused specifically on neglect.

Of those that did focus on neglect, one study reported that mothers who shared a child with a recently incarcerated father were more likely to be neglectful and physically aggressive than mothers who did not (Turney, 2014 as cited in Austin, 2016). However, this relationship was partially mediated by changes to the relationship between the parents (as well as with the child), economic insecurity, and maternal mental health, indicating the increased financial, social and emotional burden of having an incarcerated partner may increase the risk of child neglect around the time of incarceration.

Austin (2016) identified four potential explanations for the association between prior parental CJI and child maltreatment, three of which were indicated in part by studies that reported neglect-specific findings. The first potential explanation is that child maltreatment and parental CJI may share some common factors that increase a child's risk of experiencing either event. This was hypothesised as a number of studies identified that families with prior parental CJI and child maltreatment had a higher prevalence of parental substance use and mental illness, extreme poverty, difficulty meeting basic needs, active domestic violence, and community adversity than their counterparts. The second hypothesised explanation was that the relationship between prior parental CJI and child maltreatment is mediated by the stress of parental CJI which increases the risk of subsequent maltreatment. This arose from the findings reported above by Turney (2014) which also informed the third hypothesised explanation which suggests that, due to the association being only partially mediated by other factors, prior parental CJI may be an independent risk factor for child maltreatment or the association is also mediated by other unmeasured factors. The fourth explanation was hypothesised on the basis of one study that reported findings for child maltreatment generally. It noted that prior parental CJI increases the family's visibility to mandatory reporters around the time of incarceration and may lead to increased reporting of maltreatment that may otherwise have gone unrecognised. As such, it may not be that a child is more likely to be neglected during this time, but that the increased visibility of the family during this time may identify neglect that has been occurring for some time.

The high prevalence of parental and familial adversities among children whose parents had prior CJI identified in Austin (2016) highlights the complex interaction between risk factors as these co-occurring factors have also been associated with increased risk of child neglect. More research is required to accurately determine if prior parental CJI is a cause or correlate of increased risk of neglect.

GAMBLING

Theoretically, problem gambling could be a risk factor for child neglect as a parent's focus on attending to their gambling addiction and the problems and stressors that commonly co-occur with gambling addiction could impact parenting capacity.

A review examining child maltreatment as a risk for problem gambling later in life (Lane et al., 2016) identified a small subset of studies that examined gambling as a risk factor for perpetration of child abuse. Of these, a single study examined health conditions in children that may be indicative of neglect (Stevens & Bailie, 2012 as cited in Lane et al., 2016). This study found that children of problem gamblers had an increased risk of developing scabies and ear infections after controlling for socioeconomic, psychosocial, and hygiene factors (respectively, 1.8 and 1.68 times more likely than children of parents without gambling problems).

As only one review was found that included a single study exploring the association between parental problem gambling and neglect, additional research is required to accurately determine whether parental gambling is a risk factor for the occurrence of neglect. Given the single research study identified suggested rather than showed a link between parental gambling and child neglect, practitioners need to interpret these findings with caution. Where a parent reported to child protection has a gambling addiction, practitioners need to unpack if and how the addiction is contributing to the parent's failure to provide adequate care to their child.

Box 5. Key messages: Parent factors (independent of the child)

- Younger parent age may be a risk factor for child neglect, although its impact is likely to be small.
- Parent stress, poor self-esteem, affect regulation ability, unemployment and lack of social support have all been identified as risk factors for neglect.
- Parent adverse childhood experiences may have a small effect on increasing the risk of neglect.
- Limited findings indicate that parenting behaviour (i.e. less or less positive interaction with child, unrealistic expectations of child, insensitivity to child needs, preoccupation with own needs) may be a risk factor for child neglect.
- Poor parental mental health and wellbeing is a risk factor for neglect, although the impact of psychopathology on risk of neglect may depend on pathology type.
- Parent substance use appears to be a risk factor for child neglect.
- Limited findings indicate that parent prior criminal justice involvement may increase the risk of child neglect. This may be an independent risk factor or the association may be mediated by other factors arising from incarceration (i.e. increased stress on non-incarcerated parent or visibility to mandatory reporters). Parent criminal justice involvement and child maltreatment may share common risk factors.
- Due to the lack of research, it could not be determined whether parent gender, gambling problems, and experience of domestic violence have an association with child neglect.
- Multiple adverse family contexts and factors were found to co-occur in families with parental criminal justice involvement and subsequent child maltreatment which may have a cumulative effect on increasing the risk of neglect.

2.3 THE FAMILIAL ENVIRONMENT

The reviews examine the association between neglect and a number of factors present within the familial environment, including: family structure and relationships, domestic violence, and socio-economic status. The findings are presented below.

DOMESTIC VIOLENCE

Bromfield et al. (2010) suggest domestic violence may be a risk factor for neglect where mothers experiencing domestic violence struggle to cope with the effects of violence and focus on their violent partner and in so doing fail to attend to the needs of their children. Akehurst (2015) identified two studies that examined domestic violence as a risk factor for child abuse and neglect. One study indicated that the presence of domestic violence negatively impacts parenting capacity, particularly when a parent is unable to nurture and protect their child due to their condition following physical assault. The other found that domestic violence and child neglect co-occurred in 40% of cases and perpetrators of domestic violence were more likely to be the perpetrators of child physical abuse, whilst victims of domestic violence were more likely to be the perpetrators of child neglect.

No reviews or meta-analyses specifically examining the association between domestic violence and child neglect were identified in this review of reviews. This indicates either an absence of research or, more likely, a need for research synthesis in this area.

PARENT-CHILD RELATIONSHIPS

The authors anticipated that relationships between a parent and a child could influence a child's risk of experiencing neglect, particularly emotional neglect. These relationships do not occur in isolation from the broader familial environment, reflecting the complex interplay of relationships between multiple family members. As such, findings regarding the direct parent-child and broader family relationships are discussed here.

Three reviews identified that quality of family relationships may be a potential risk factor for neglect occurrence. Stith et al. (2009) found poor parent-child relationships and the parent perceiving the child as a problem were both associated with child neglect and had moderate effects on increasing the risk of neglect. The authors found that parenting behaviours (not defined) and level of parenting-related stress were also associated with child neglect but these had small effects on the likelihood of neglect occurring. The review by Liao et al. (2011) found that a negative parent-child relationship increased the risk of a child experiencing maltreatment, although only one study that found this association focused on neglect (Liu et al., 2010 as cited in Liao et al., 2011).

Schumacher et al. (2001) identified a single study (with a very small sample size) that found no difference between maternal ratings of family adaptability (i.e. ability to change) or family cohesion (i.e. emotional bonding) by neglectful and non-neglectful mothers. However, neglected children did not differ on ratings of family adaptability but reported less family cohesion than non-neglected children.

No research was identified in this review of reviews that examined any typologies of families (e.g. chaotic to highly-organised) and how this may have impacted a child's risk of neglect or the type of neglect experienced.

FAMILY STRUCTURE

Research has produced mixed findings on whether children raised in single-parent families are at increased risk of experiencing neglect. An early review by Freisthler et al. (2006) noted that there is insufficient evidence to draw conclusions about the role of single parenthood and female-headed households as potential risk factors for the occurrence of neglect. Stith et al. (2009) found a significant association between single-parenthood and risk of neglect; however, it only had a small effect on increasing the risk of neglect.

Practitioners need to be cautious about identifying family structure as a risk factor for neglect. The results from this review of reviews are ambiguous. It is important to reiterate that a statistical correlation does not necessarily indicate causation and the presence of this factor does not mean that it caused the child abuse or neglect to occur. For example, Richardson, Higgins, Bromfield, Tooley, & Stokes' (2005) analysis of data from the Longitudinal Study of Australian Children found the significance of single parent households on child outcomes were negated if socio-economic status was taken into account.

FAMILY/HOUSEHOLD SIZE

It could be expected that a larger family size or greater number of children in the home may increase the risk of child neglect as a consequence of the increased child care burden.

Stith et al. (2009) found a small effect of family size on child neglect – as family size increases, so too does the likelihood of neglect occurring. Coulton et al. (2007) and Freisthler et al. (2006) identified the same study which found household crowding had a stronger association with neglect than physical or sexual abuse combined. Schumacher et al. (2001) identified two studies that indicated neglectful parents as compared to non-neglectful parents report greater numbers of people living in the household. Whilst examining neighbourhood-level child care burden and child maltreatment, Maguire-Jack (2014) highlighted that the individual level care burden must be considered as this may also have an association with child maltreatment, noting that increased family size leads to increased stress on parents to adequately meet the needs of and provide for their children.

SOCIO-ECONOMIC STATUS

The association between socio-economic status (comprising individual or family income, education, and employment) and child neglect is complex but the literature has consistently identified that low socio-economic status is associated with an increased risk of child neglect (Akehurst, 2015; Schumacher et al., 2001; Stith et al., 2009). In their review, Schumacher et al. (2001) reported findings for education, employment and income individually. One study found self-identified neglectful mothers scored lower on a composite socio-economic status measure than non-neglectful mothers, but the two groups did not differ significantly on level of education. In contrast, another study found neglectful mothers had significantly less education than non-neglectful mothers and were less likely to have ever worked, although this effect was small. One study reported that low income was a risk factor for both physical and educational neglect.

Evidence for the complexity of this relationship, the interaction between risk factors and how they may have a compounded effect on increasing the risk of neglect was found by Austin (2016) and Liao et al. (2011). Austin (2016) identified that poverty, among many other factors, often co-occurs with

parental CJI – a potential risk factor for neglect - and Liao et al. (2011) identified that the effect of low socio-economic status on risk of neglect is likely to be compounded by its interaction with a number of other parent and familial risk factors (e.g. parenting and financial stress from unemployment). As such, it will be important in practice to unpack if and how the family’s socio-economic status is contributing to the parent’s failure to provide adequate care to their child.

Box 6. Key messages: The familial environment

- Domestic violence may be a risk factor for both child abuse and neglect.
- The quality of parent-child relationships and parental knowledge/behaviours may be risk factors for neglect.
- Family structure (i.e. single parent families) may influence risk of child neglect.
- Low socio-economic status has consistently been associated with increased risk of neglect.
- Risk factors of this nature must be interpreted cautiously, to determine whether the presence of these risk factors is directly contributing to neglect or whether the risk factor is correlated with other problems which are also contributing to neglect.

2.4 NEIGHBOURHOOD FACTORS

It is important to consider the impacts of the child, parent, and familial factors at the neighbourhood level as “the context in which families live does seem to have an impact on their maltreatment behaviours, above and beyond the impact of these variables at the individual level” (Maguire-Jack, 2014, p 245).

Three reviews examined the association between neglect and a number of factors present within the broader neighbourhood environment, including: socio-economic factors, neighbourhood instability, neighbourhood quality, child care burden and population density, and alcohol availability. The findings presented below indicate that evidence regarding neighbourhood-level factors beyond socio-economic factors is limited as very few studies examined each factor and findings are often inconsistent. This may be due to the wide variability in the definitions and measurement of these factors and child abuse and neglect. Of these reviews, two were published a short time apart and reviewed a large number of the same studies (Coulton et al., 2007; Freisthler et al., 2006). Maguire-Jack, (2014) examined the literature using a stringent set of inclusion criteria and only included studies that used statistical models to control for the individual-level impact when examining the relationship between neighbourhood-level factors and child maltreatment. Whilst the number of studies examined was small, this means that the findings reflect the neighbourhood-level effects without inadvertently capturing the individual-level effects.

SOCIO-ECONOMIC FACTORS

Research has consistently identified associations between child maltreatment and many indicators of low socio-economic status and resource availability, including income level, property values, unemployment rate, and poverty rate (Coulton et al., 2007; Freisthler et al., 2006; Maguire-Jack, 2014). This association appears to be particularly strong for child neglect. Maguire-Jack (2014) reported that neighbourhood impoverishment was the only factor whose association was consistently in the expected direction, that greater neighbourhood poverty is associated with higher levels of child

neglect), even though the measures used to capture this factor varied across individual studies. Measures consistent across these studies included proportion of single-parent or female-headed households, poor persons, residents unemployed, and vacant housing. Akehurst (2015) also highlights two studies that suggest neighbourhood variables associated with poverty, including poor community resources and social support, and inadequate or overcrowded housing, are potential risk factors for neglect.

When examining studies investigating the association between social support and child abuse and neglect, Freisthler et al. (2006) identified that neighbourhoods at high risk of child abuse and neglect had fewer social supports and neighbourhood resources than those at low risk of child abuse and neglect.

NEIGHBOURHOOD INSTABILITY

Findings regarding the impact of neighbourhood instability on risk of child neglect are inconsistent and do not provide strong support for an association. Four out of the five studies examined by Maguire-Jack (2014) found no relationship between neighbourhood instability and child abuse or neglect. A possible explanation for this is the difference in child maltreatment measures used. The four studies with non-significant findings utilised validated self-report measures of maltreatment whereas the single study that identified a significant relationship between increased neighbourhood instability and risk of neglect used official maltreatment records. Whilst significant, the latter study did not control for individual-level factors that may have contributed to the relationship. Coulton et al. (2007) and Freisthler et al. (2006) both identified the same individual study that found an association between increased instability and risk of neglect, although Freisthler et al. (2006) also reported another study that did not find a relationship.

NEIGHBOURHOOD QUALITY

Maguire-Jack (2014) identified two studies that examined indicators of neighbourhood quality including quality, facilities, disorder, lack of control of children, perceptions of the neighbourhood, feelings of safety, and violent crime rate. Only one of these studies, also identified by Coulton et al. (2007), found a significant association between high violent crime rate and higher reports of child neglect.

CHILD CARE BURDEN AND POPULATION DENSITY

Neighbourhood-level child care burden relates to the resources and level of adult supervision available to care for children and has been measured using a number of indicators such as ratio of children to adults, ratio of men to women, and the proportion of women in the workforce or residents older than 65 years (Freisthler et al., 2006; Maguire-Jack, 2014). Maguire-Jack (2014) identified two studies specific to neglect which examined child care burden at the neighbourhood level. One found the risk of child neglect increased as child care burden rises but his study did not control for individual level factors and had a relatively small sample size. The other did not find a significant relationship. Freisthler et al. (2006) also identified studies that found an association between increased child care burden and child abuse and neglect. The reverse association was found in studies that used proportion of women in the workplace as an indicator of child care burden in which a higher proportion of women in the workplace was associated with reduced risk of neglect.

Neighbourhoods with more household overcrowding have also been associated with increased risk of a child experiencing abuse and neglect, although this evidence is limited (Akehurst, 2015; Coulton et al., 2007; Freisthler et al., 2006). Freisthler et al. (2006) identified one study that indicated rate of abuse and neglect does not continue to increase with greater population density, but stabilises when density reaches a certain level.

ALCOHOL AVAILABILITY

Coulton et al. (2007) and Freisthler et al. (2006) also identified the same study that found a relationship between child abuse and neglect with alcohol availability as measured through neighbourhood density of bars and off-license liquor stores. Neighbourhoods with greater access to take-away alcohol had increased risk of child abuse, whilst neighbourhoods with a high density of bars in the area had an increased risk of neglect.

Box 7. Key messages: Neighbourhood factors

- “The context in which families live does seem to have an impact on their maltreatment behaviours, above and beyond the impact of these variables at the individual level” (Maguire-Jack, 2012, p.245)
- Factors indicating neighbourhood impoverishment and low socio-economic status have consistently been associated with increased risk of neglect.
- Neighbourhoods with inadequate or overcrowded housing, fewer community resources and social supports, and greater alcohol availability have been found to have higher risk of neglect.
- Evidence regarding neighbourhood-level factors beyond socio-economic factors is limited as very few studies examined each factor or findings were inconsistent.
- Evidence regarding the impact of neighbourhood instability on risk of child neglect is inconsistent and does not provide strong support for an association.

2.5 BROADER SOCIETAL FACTORS

Broader societal factors may be a risk factor for child neglect due to their influence on beliefs, perceptions, knowledge, and behaviour. For example, parenting behaviour is influenced by cultural norms regarding child rearing and perceptions of children.

Few reviews and meta-analyses identified in the systematic literature search examined any broader societal factors.

Liao et al. (2011) highlight that cultural values such as familial piety, migration associated with emerging industry, children being viewed as an extension to and property of their parents, and use of corporal punishment were relevant to the discussion of child abuse and neglect in mainland China. However, the extent to which these findings can be generalised to the Australian context is limited due to vast cultural differences between the two countries.

Four reviews briefly discussed culture or ethnicity as a risk factor for neglect specifically and noted a significant lack of research into culture and child maltreatment generally. Three of these reviews did not find any statistically significant results regarding the impact of culture or ethnicity on risk of child neglect or maltreatment, although they only included one (Hindley et al., 2006; Maguire-Jack, 2014)

or two (Freisthler et al., 2006) studies that examined this factor and the variables used varied substantially (i.e. race or ethnicity, arrival to the US in the past five years, and neighbourhood dispersion in racial composition). Stalker and McArthur (2012) identified a single study that examined ethnicity and found that African American children were at similar risk of neglect to white children compared to Hispanic children. Children of 'other race ethnicities' were less likely to be abused or neglected than white children.

No evidence was found in this review of reviews regarding cultural neglect or how oppression, trauma, or migration may influence a child's risk of experiencing neglect.

Box 8. Key messages: Broader societal factors

- Little research has been conducted into broader societal factors that may influence risk of neglect, such as differences in culture or ethnicity and cultural values.
- While not generalisable to the Australian context, one review with research conducted in mainland China identified a number of cultural values (i.e. familial piety, migration associated with emerging industry, children being viewed as an extension to and property of their parents, and use of corporal punishment) that were likely to influence risk of neglect demonstrating the need for research into whether and how socio-legal factors impact the risk of neglect occurring.

3. REVIEW SUMMARY AND PRACTICE CONSIDERATIONS

The review of the literature has identified a number of key findings that have significant implications for practitioners working with families at risk, or with substantiated cases, of child neglect. These key findings are discussed below.

3.1 MANY FACTORS ARE ASSOCIATED WITH INCREASED RISK OF NEGLECT

The literature identified a vast number of factors associated with increased risk of child neglect, although the strength of these associations varied. The factors were presented consistent with a development-ecological framework and represent individual child, parent, family, neighbourhood, and societal factors.

Limited findings indicate that child gender does not appear to influence the risk of neglect. The highest quality evidence reviewed found children of all ages were equally vulnerable to experiencing child neglect. However, the impacts of neglect may be different across different developmental stages (e.g. Infancy) warranting prioritisation of some cases over others due to the harm potential. Children with behaviour problems may be at increased risk of neglect, the influence of child behaviour on risk depends on the types of behaviours exhibited. Children with disability were at increased risk of neglect, however the risk of neglect depends on the type of disability and the child's associated additional needs. While child behaviour and disability may increase the risk of a child experiencing neglect, experiencing neglect itself may be a risk factor for developing problem behaviours or a disability.

Individual parent factors including stress, poor self-esteem, affect regulation ability, unemployment, younger age, lack of social support, adverse childhood experiences (such as own experience of maltreatment and poor relationship with own parents), parenting knowledge and behaviours, mental health, substance use, gambling and criminal justice involvement have all been associated (to varying degrees) to increased risk of neglect. Multiple factors were found to co-occur in families with parental criminal justice involvement which may have a cumulative effect on increasing the risk of neglect.

Domestic violence was a risk factor for both child abuse and neglect. Specifically, one study indicated that perpetrators of domestic violence were more likely to be the perpetrators of child physical abuse, whilst victims of domestic violence were more likely to be the perpetrators of child neglect. The quality of parent-child relationships and parental knowledge/behaviours were a risk factor for neglect. Single parent families were found to be at increased risk of experiencing neglect in some studies. Additionally, low socio-economic status has consistently been associated with increased risk of neglect. However, risk factors of this nature must be interpreted cautiously, to determine whether the presence of these risk factors is directly contributing to neglect or whether the risk factor is correlated with other problems which are also contributing to neglect.

“The context in which families live does seem to have an impact on their maltreatment behaviours, above and beyond the impact of these variables at the individual level” (Maguire-Jack, 2012, p.245) Neighbourhood impoverishment is the most frequently examined neighbourhood factor and has consistently been found to increase risk of neglect. Neighbourhoods with inadequate or overcrowded housing, fewer community resources and social supports, and greater alcohol availability (i.e. density

of bars) have been found to have higher risk of neglect. Findings for other neighbourhood factors are mixed and evidence beyond neighbourhood impoverishment and socio-economic factors is limited.

Little research has been conducted into broader societal factors that may influence risk of neglect, such as differences in cultural values. While not generalisable to the Australian context, one review with research conducted in mainland China identified a number of cultural values that were likely to influence risk of neglect demonstrating the need for research into whether and how socio-legal factors impact the risk of neglect occurring.

3.2 FACTORS OFTEN OCCUR TOGETHER (CUMULATIVE RISK)

Findings indicate that risk factors often occur in circumstances where a number of other risk factors are also present. For example, Austin (2016) identified that families with parental criminal justice involvement often experience parental substance use, mental illness, domestic and other violence, extreme poverty, difficulty meeting basic needs, and community adversity. These findings highlight the complex interaction that occurs between each individual factor. Factors from both within and between the developmental-ecological levels may interact and have a combined influence on the risk of a child experiencing neglect. Practitioners need to consider not just what factors may be present, but the number of risks present, how multiple risks might be inter-related, and whether and if the presence of multiple and complex needs within a family increases the risk of child neglect occurring.

3.3 CORRELATION DOES NOT IMPLY CAUSATION SO CASE CONCEPTUALISATION IS CRITICAL

Regardless of the associations found between a number of factors and neglect, these findings cannot be interpreted from the research as causing neglect to occur. Instead, the findings should be interpreted as factors that could help practitioners identify potentially vulnerable children and families who may benefit from services and support to reduce the risk of child neglect.

If practitioners come across a family presenting with one or more of the risk factors presented in this report, they cannot assume that child neglect has occurred. The presence or absence of these risk factors does not necessarily mean that child neglect will or will not occur. It is important to assess each family individually. When developing their case conceptualisation, practitioners need to unpack if and how these factors contribute to the parent's failure to provide adequate care to their child (either individually or combined).

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APPENDIX A: LITERATURE SEARCH METHODOLOGY

Systematic reviews, meta-analyses, and reviews with systematic search strategies published between the earliest date available and July 2016 were identified through searches of the following electronic databases: CINAHL, Informat, Medline, PsycINFO, Science Direct, Scopus, and the systematic review libraries of the Campbell and Cochrane Collaborations. The initial search terms used were child AND (neglect OR maltreatment) AND risk AND (“systematic review” OR “meta-analy*”). Supplementary searches were conducted using the terms “failure to thrive”, “failure to provide”, and “inadequate care” in place of neglect or maltreatment, although these terms produced very few relevant results. The return of literature relevant to this review was limited so additional searches using the following terms were also conducted to ensure all available literature was identified: (“child neglect” OR “child maltreatment”) AND risk AND review.

Articles were included in this review if they were peer-reviewed systematic reviews, meta-analyses, or reviews with a systematic search methodology published in English with a focus on risk factors for child neglect or on child maltreatment generally but with clear discussion of specific risk factors for neglect. Articles were excluded if the full-text was unavailable or not in English, a systematic search methodology was not utilised or there was insufficient detail to determine if the review was systematic, the article was not a review or meta-analysis, or it did not focus on (or clearly report) specific risk factors for neglect.

Figure 1 illustrates the screening process utilised in this review. Articles were reviewed for relevance by title and abstract within the source databases then articles identified as relevant were exported to Endnote X7 for further screening. The articles were first screened based on review focus and methodology then a second round of screening was conducted to determine if risk factors specific to neglect were reported in the results. Thirteen articles from the literature search were identified as relevant and included in this review. Additionally, another meta-analysis relevant to the current review not captured in the literature search was identified through the authors' knowledge of the literature and included in the analyses (Jones, et al., 2012). A total of 14 articles were examined in this review.

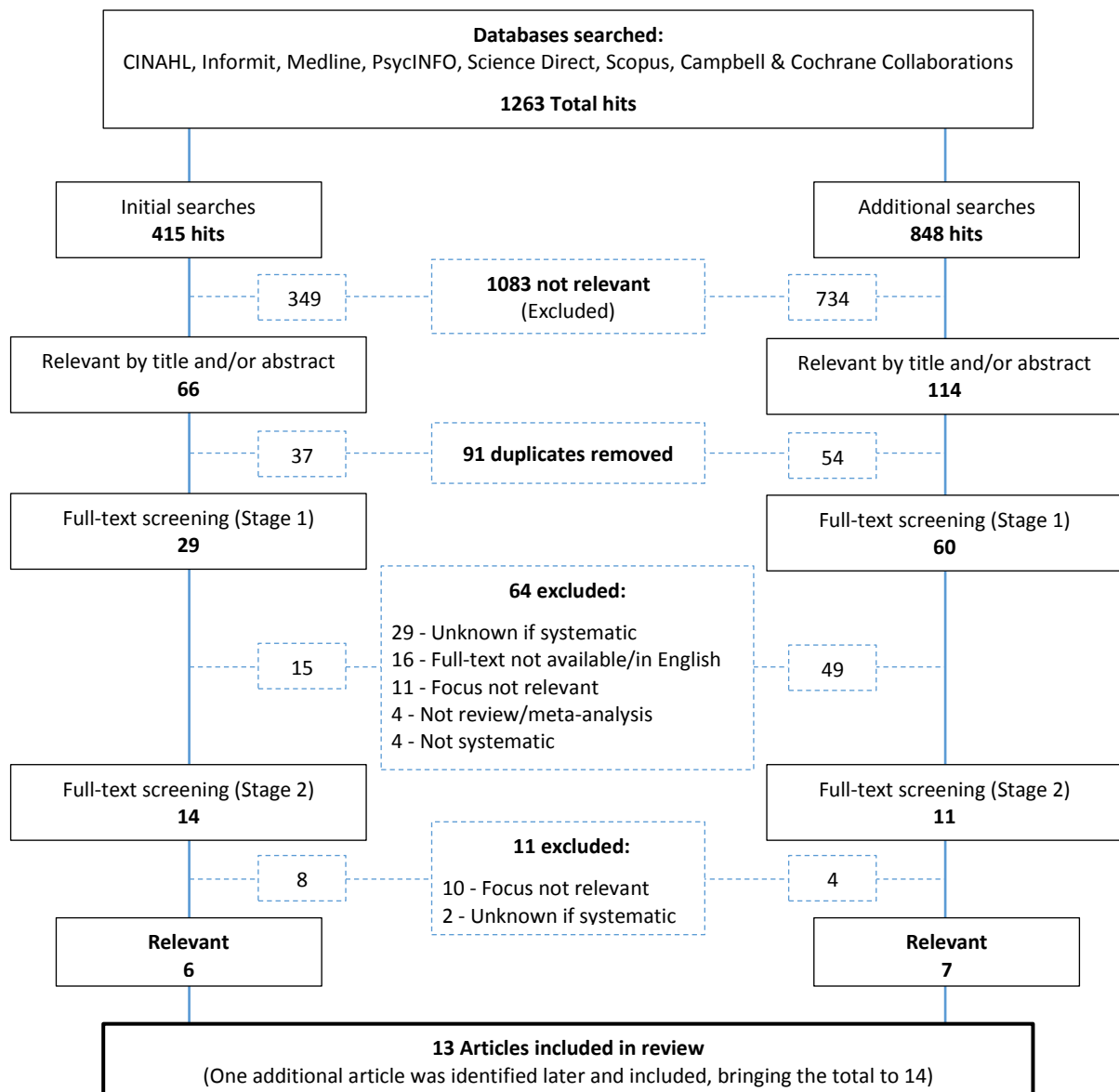


Figure 1. Search methodology: Article inclusion screening process

A.1 LIMITATIONS

The review of reviews presented in this report is subject to a number of limitations. Consideration of research quality for the reviews and meta-analyses included in this report is twofold. The quality of the studies included in each review article needs to be considered, as well as the quality of the review or meta-analysis itself. In depth quality assessment utilising standard tools has not been conducted as these tools are not suitable to the reviews examined. However, the authors have made some informal judgments regarding the quality of the research included in this report. Similarly, the review of reviews is limited by the accuracy of the findings presented in the reviews examined. Any extraction errors or misreporting of primary study findings present in the original review were unable to be identified as it was beyond the scope of the review of reviews to examine all primary studies.

Comparability of findings between studies both within and between reviews may be difficult due to a number of methodological issues and the wide variability in definitions and measures of child neglect or maltreatment and the individual factors. For example, Staton-Tindall et al. (2013) in their review of

the research on substance misuse by caregivers identified a number of methodological limitations in the research they examined, including the use of weak, largely dichotomous measures and unreliable secondary administrative data sources to determine substance use. There was variability in the measurement and assessment of substance use and its relationship to child abuse and neglect, and no study considered co-occurring factors (e.g. poverty, extreme living conditions, mental health issues, criminal activity, and high risk behaviours in the home) in their analyses.

During the review of the individual risk factors, it was evident that either there has been a lack of research conducted on a number of the factors or that no recent data syntheses of this research has been conducted. With the exception of the review by Liao et al. (2011) which was specific to the mainland China context, few quality reviews synthesising the current knowledge base of neglect risk factors have been conducted. Given the vast cultural differences of mainland China and western populations, this lack of data or data synthesis produces significant gaps in the literature that need to be addressed before findings for some potential risk factors of neglect can adequately inform practice. Reviews of the primary research studies need to be conducted to determine if this knowledge gap is a result of lack of research or lack of contemporary data synthesis.