

**UNDERSTANDING THE MANY FACES OF CHILD NEGLECT:  
A REVIEW OF DENIAL OF CRITICAL CARE CASES IN IOWA, 2005**

by  
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In recent years, Iowa leaders and the general public have focused on the abuse children have suffered from several causes, including sexual abuse, methamphetamine manufacturing, and serious physical injury. While this public attention and concern is welcome, the harm that children suffer from neglect, which Iowa law calls *denial of critical care*, has received little attention, despite representing almost three-quarters of all child abuse cases.

With financial assistance from the Greater Des Moines Community Foundation in 2003-2004, Prevent Child Abuse Iowa started a Child Neglect Awareness Project, with the goal of creating greater understanding and awareness of child neglect in Iowa. In its first three years, PCA Iowa:

- conducted and published a research study on child neglect prevention programs
- hosted a statewide child abuse prevention conference focused on the theme of neglect
- published studies on the expansion of child neglect cases in Iowa
- held a series of focus groups to determine the perspective of practitioners, community leaders, and marketing professionals on child neglect and how to engage the public on that concern

A common theme in the three focus groups was a lack of public understanding of what represents child neglect in Iowa and the need to provide a fuller picture of what this harm represents. Here are a few quotes from the community leaders group:

“Well, with abuse you think physical, maybe verbal, but neglect is so wide a category it’s not as easy to define, or to put in silos (like verbal, physical, mental). It takes on so many forms it’s hard to assign consequences to it.”

“There are changes in society’s standards. How many of us got spanked when they were growing up? It’s abuse today, a phenomenal change in how we raise our children.”

“What about families that travel a lot and leave their kids at home? It’s neglect to leave children alone, but if you’re not disciplining or them setting rules and standards, if they had a car accident you would be a neglectful parent.”

“You’re concerned when you see a snapshot of the picture and think maybe there’s something you can do to make it better or prevent someone from making mistakes.”

“There has to be a face behind the issue.”

“...You can tell scenarios, like the baby in the back seat of the car while mom’s smoking. Such a message has a number of visuals, and you can focus on the different ages of kids where they are unsupervised and something happens.”

“Somewhere in the denial of critical care numbers there’s some sort of neglect that’s more prevalent. Identify what that is and target that. Is it being home alone? Lack of medical care?”

These quotes are a snapshot of the group's full conversation and illustrate the general belief that neglect is a confusing category of abuse that needs to be made more comprehensible to the public. Is a parent neglectful when she allows her child to play too many video games? Is it only neglect when something severe happens, such as a two-year-old child wandering from home and found several blocks away? To some focus group participants, in their nostalgia for their own childhoods, the standard of neglect has changed. Likewise, they saw a change in the standard of accountability to one's neighbors. Several participants remembered entire summer days spent free of adult supervision, except when the child did something wrong in which case her parents somehow knew before she even got home. How does one reconcile these memories with today's standards of parenting and community?

Current research supports the need to redefine neglect from a model that focuses on parents' actions or inactions towards a model focusing on the unmet needs of children. This model has the potential to reframe the issue into a community's problem, instead of the problem of certain individual families, by acknowledging the influence of larger societal issues such as poverty or lack of acceptable child care on the potential for neglect. When neglect is defined as a community problem, the definition leaves room for shared responsibility and thus the opportunity for intervention on a variety of levels.

In order to address the above quoted sentiment that there exists "somewhere in the denial of critical care numbers...some sort of neglect that's more prevalent..." our team of researchers reviewed Iowa Department of Human Services case reports to see what the face of child neglect looks like, to understand what factors must be present to warrant a finding of child neglect, and to use this information to better encourage community involvement in the prevention of child neglect. Financial support from the Mid-Iowa Health Foundation supported this research.

### **Method**

#### *Sample*

We reviewed 376 randomly selected Iowa Department of Human Services' case reports initiated in 2005 in which denial of critical care, otherwise known as neglect, was confirmed. Only reports related to familial neglect were considered. Cases of neglect committed by individuals who are charged in a professional manner with the care of a dependent child were omitted.

#### *Coding*

The Iowa Department of Human Services recognizes seven sub-categories of *denial of critical care*:

- Failure to provide adequate food and nutrition to such an extent that there is danger of the child suffering injury or death.
- Failure to provide adequate shelter to such an extent that there is danger of the child suffering injury or death.
- Failure to provide adequate clothing to such an extent that there is danger of the child suffering injury or death.
- Failure to provide adequate health care to such an extent that there is danger of the child suffering serious injury or death.
- Failure to provide the mental health care necessary to adequately treat an observable and substantial impairment in the child's ability to function.
- Gross failure to meet the emotional needs of the child necessary for normal development

evidenced by the presence of an observable and substantial impairment in the child's ability to function within the normal range of performance and behavior.

- Failure to provide proper supervision of a child which a reasonable and prudent person would exercise under similar facts and circumstances, to such an extent that there is danger of the child suffering injury or death.

To illustrate beyond these subcategories the types of situations that leading to a finding of denial of critical care, we developed a more detailed coding tool. We first previewed several neglect case reports in order to create a coding tool that would capture the myriad details of each report. As an example, if a case was founded as denial of critical care due to failure to provide proper supervision, the more detailed coding tool allowed reviewers to further indicate if the case involved drugs and, if so, the type of drug present. The coding tool can be found in Appendix A.

*Counties represented*

Seventy-eight of Iowa's 99 counties were represented in our sample. The following counties were most heavily represented in the number of reviewed reports (in parentheses): Black Hawk (24), Cerro Gordo (15), Dubuque (12), Linn (29), Polk (49), Pottawattamie (10), Scott (17), Webster (13), and Woodbury (18). The relatively high incidence of reports reviewed from these counties was generally in line with their higher populations.

*Victims represented*

Victims implicated in reports totaled 649, ranging in number per case from one to six, were, on average, 6.2 years of age. A majority, fifty-four percent, of the cases involved a single victim. Table 1 (below) shows the frequency and percentages of victim ages. More than half of the victims from the sampled reports were less than six years old.

**Table 1**  
**Summary of Victim Age**

| <b>Victim Age</b> | <b>Frequency</b> | <b>Percentage</b> |
|-------------------|------------------|-------------------|
| <1                | 48               | 7%                |
| 1 to 5            | 367              | 50%               |
| 6 to 12           | 191              | 29%               |
| 13 to 17          | 90               | 14%               |

*Perpetrators represented*

Perpetrators implicated in reports totaled 476, ranging in number per case from one to two, were, on average, 29.1 years of age. Perpetrator gender breakdown and perpetrator relationships to their victims are presented in Table 2 (next page). A majority of the cases reviewed involved only one perpetrator (73.3%). Subsequently there were very few cases (15.9%) in which both biological parents were listed as perpetrators. As shown in Table 2, the vast majority of perpetrators were biological parents (86.5%), and 59.8% of the perpetrators were female.

**Table 2**  
**Summary of Perpetrator Characteristics**

| <b>Relationship</b>        | <b>Frequency</b> | <b>Percentage</b> |
|----------------------------|------------------|-------------------|
| Biological parent          | 412              | 86.5%             |
| Significant other          | 31               | 6.5%              |
| Step-parent                | 11               | 2.3%              |
| Extended biological family | 10               | 2.1%              |
| Other                      | 9                | 1.8%              |
| Biological sibling         | 2                | 0.4%              |
| Step-sibling               | 1                | 0.2%              |
|                            |                  |                   |
| <b>Gender</b>              | <b>Frequency</b> | <b>Percentage</b> |
| Female                     | 281              | 59.8%             |
| Male                       | 191              | 40.1%             |

#### *Characteristics of the households*

The household composition of the reviewed reports varied markedly. Approximately half of the reports involved two parents that lived in the home and were responsible for the child's care (N = 185, 48.9%). It is worth noting that these were not always both biological parents, as the reports were not always clear about the relationship of the other people living in the home to the victims or perpetrator. Therefore, this category includes all households in which there were two adults responsible for the care of the child. For example stepparents, and live-in significant others would fall in this category. A significant proportion of the cases we reviewed involved single parent families (N=149; 39.4%). The remaining percentage involves cases in which there were non-custodial parents involved in the picture bringing the total number of individuals responsible for the child's care to 3 or more (N=42; 11.7%).

The number of additional children residing in these homes that were not included as victims of abuse ranged from one to six, with most households being found to have one (N=117; 31%) or two (N=165; 43.7%) additional children. A smaller number of households (N=64; 16.9%) had three additional children residing in them. Less than 10% of the households had 4 or more children residing in them.

A small percentage of cases (N=30; 7.9%) involved additional family members and friends in the household. These individuals were people that were not involved in the neglect case themselves aside from residing in the home with the neglected child.

#### *History with DHS*

We examined reported histories of any DHS involvement, overall founded or confirmed child maltreatment reports, and within the founded/confirmed report domain, child neglect reports, specifically. Nineteen reports were excluded due to insufficient data. Slightly more than half (53.2%) of reports reviewed listed no prior DHS involvement for the perpetrators or victims in question. Information for those with known prior DHS involvement of some kind is provided in Table 3. (In Iowa, a confirmed child abuse report is also founded unless it is deemed to be "minor, isolated, and unlikely to reoccur.")

**Table 3**  
**Summary of Prior Involvement with DHS**

| Type of Involvement             | Frequency | % of cases |
|---------------------------------|-----------|------------|
| Any Prior DHS Cases             | 176       | 46.8%      |
| Founded/Confirmed Cases         | 168       | 44.7%      |
| Founded/Confirmed Neglect Cases | 156       | 41.5%      |

Table 4 (below) provides detail on the extent of the family's previous DHS history. The left-hand column lists the total number of prior DHS cases the family was involved in. Approximately 22% (N=76) of the reviewed cases had one prior DHS case, 12% (N=42) had two priors, and 8% (N=28) had three. Of the 176 total prior DHS cases listed in the reviewed reports, 88.6% were prior neglect cases. [NOTE: A family that had two prior cases with DHS might have had only one prior founded case. Thus, the table below does not read across, but rather each column is to be read separately from the others.]

**Table 4**  
**Number of Prior DHS Cases**

| Total # of cases | All prior DHS cases |            | Prior founded cases |            | Prior founded neglect cases |            |
|------------------|---------------------|------------|---------------------|------------|-----------------------------|------------|
|                  | # of cases          | % of cases | # of cases          | % of cases | # of cases                  | % of cases |
| 1                | 76                  | 21.2%      | 82                  | 22.9%      | 75                          | 21.0%      |
| 2                | 42                  | 11.7%      | 39                  | 10.9%      | 40                          | 11.2%      |
| 3                | 28                  | 7.8%       | 22                  | 6.1%       | 20                          | 5.6%       |
| 4                | 14                  | 3.9%       | 10                  | 2.8%       | 7                           | 1.9%       |
| 5-12             | 16                  | 4.4%       | 15                  | 4.2%       | 14                          | 3.9%       |

### Results

Data shared by the Iowa Department of Human Services in recent years has indicated that the largest subcategory of denial of critical care in Iowa has been that of *failure to provide proper supervision of a child*. The cases reviewed for this study support this. Approximately ninety percent of the sampled cases were classified as *failure to provide proper supervision of a child*. Table 5 (next page) lists the frequency of each DHS subcategory of denial of critical care as noted by the case worker.

**Table 5**  
**Primary Reason Report was Founded or Confirmed by Case Worker**

| DHS Category of Neglect                                | Frequency | % of total cases |
|--|-----------|------------------|
| Failure to provide proper supervision of a child       | 334       | 89.1%            |
| Failure to provide adequate shelter                    | 19        | 5.1%             |
| Failure to provide adequate health care                | 13        | 3.5%             |
| Gross failure to meet the emotional needs of the child | 6         | 1.6%             |
| Failure to provide the mental health care necessary    | 3         | 0.8%             |
| Failure to provide adequate food and nutrition         | 0         | 0.0%             |
| Failure to provide adequate clothing                   | 0         | 0.0%             |

Given the enormity of the subcategory *failure to provide proper supervision of a child*, we wanted to delve further into these cases to illustrate the types of situations this category encompasses. The major categories included in our coding tool, along with the frequencies with which they occurred, are listed in Table 6 (below). We used major categories similar to the DHS subcategories, with the exception of the following: alcohol and drug related offenses, exposure to family violence, failure to protect from physical abuse, and exposure to sexual activity. Under each of these categories are several subcategories explored later in this report. It is worth noting that we often used multiple categories to justify a single charge of denial of critical care, depending on the information included in the report.

**Table 6**  
**Researcher-Identified Sub-Categories of Denial of Critical Care**

| <b>Concern</b>                           | <b>Frequency</b> | <b>% of total cases</b> |
|--|------------------|-------------------------|
| Failure to properly supervise            | 201              | 53.4%                   |
| Alcohol and drug related offenses        | 163              | 43.3%                   |
| Exposure to family violence              | 62               | 16.4%                   |
| Dangerous or unclean living conditions   | 35               | 9.3%                    |
| Failure to protect from physical abuse   | 28               | 7.4%                    |
| Exposing child to risk of sexual abuse   | 20               | 5.3%                    |
| Failure to provide medical treatment     | 13               | 3.4%                    |
| Failure to provide proper food/nutrition | 7                | 1.8%                    |
| Failure to meet child's emotional needs  | 5                | 1.3%                    |
| Failure to meet child's hygienic needs   | 5                | 1.3%                    |

#### *Failure to Provide Proper Supervision*

Researchers coded most frequently *failure to provide proper supervision* as the reason for a finding of denial of critical care (N=201; 53.4%). This category is broad but is most often characterized by the parent not being physically present or being present but not in a condition to supervise. Substance abuse was the most frequent reason given if a parent was present but unable to supervise the child. Table 7 provides more detail on cases represented by failure to properly supervise.

**Table 7**  
**Description and Frequencies of Concerns Involved in Failure to Supervise**

| <b>Concern</b>  | <b>Frequency</b> | <b>% of category</b> | <b>% of total cases</b> |
|---|------------------|----------------------|-------------------------|
| Child in unsafe circumstances   | 51               | 25.4%                | 13.6%                   |
| Parent present, but not in a condition to supervise                           | 44               | 21.9%                | 11.7%                   |
| Child wandering outside the home  | 42               | 20.9%                | 11.2%                   |
| Child left with inappropriate or unsafe caretaker                             | 21               | 10.4%                | 5.6%                    |
| Child left alone in the house   | 18               | 9.0%                 | 4.8%                    |
| Abandonment (including attempted suicide)                                     | 10               | 5.0%                 | 2.7%                    |
| Child left alone in car   | 6                | 3.0%                 | 1.6%                    |
| Parent acting inconsistent with medical advice regarding child's health needs | 5                | 2.5%                 | 1.3%                    |
| Child left alone in a room in the home without supervision                    | 4                | 2.0%                 | 1.1%                    |

*Child in unsafe circumstance*

The most common subcategory researchers recorded under *failure to provide proper supervision* was that it involved a *child in an unsafe circumstance*. To illustrate what these situations looked like even further, we examined what other types of abuse and neglect were coded with this category (see Table 8, below).

**Table 8**  
**Child in Unsafe Circumstances**

| Type of situation                         | Frequency |
|---|-----------|
| Child in unsafe circumstances coded alone | 18        |
| Substance abuse                           | 16        |
| Family violence                           | 11        |
| Parent not in a condition to supervise    | 6         |
| Child wandering unsupervised              | 5         |
| Living conditions dangerous               | 4         |
| Exposure to sexual activity               | 3         |
| Child with inappropriate caretaker        | 2         |
| Failure to meet hygiene needs             | 2         |
| Abandonment                               | 1         |
| Child left alone in home                  | 1         |
| Failure to meet emotional needs           | 1         |

Of the 18 reports that were only coded as *child in unsafe circumstances* that 12 involved some sort of unsafe driving situation, including children in cars with intoxicated caregivers, children in cars or other vehicles without seatbelts or helmets, and caregivers allowing children in cars with intoxicated drivers. The original coding tool developed by researchers did not include unsafe driving situations as a subcategory.

*Substance abuse or manufacturing*

One hundred sixty-three reports (44%) listed exposure to caregiver substance abuse and/or manufacturing as a primary concern. As demonstrated in Table 9, a majority of these reports involved a parent using the drug either directly in front of the child or while the child was in the same dwelling as the user. There were very few cases in which the drug had been found in the child’s system or the parents had been charged with either manufacturing or distributing illegal drugs.

**Table 9**  
**Concerns Related to Substance Abuse**

| Concern  | Frequency | % of category | % of total cases |
|--|-----------|---------------|------------------|
| Parental use in the presence of a child (directly or indirectly) | 121       | 75.8%         | 32.1%            |
| Manufacturing or distributing drugs                              | 15        | 8.2%          | 3.9%             |
| Giving drugs to a child or allowing the child to use drugs       | 14        | 8.2%          | 3.7%             |
| Drugs found in the child’s system                                | 13        | 7.6%          | 3.4%             |

Table 10 details the types of substances involved in the reports. Methamphetamine (N=66) and marijuana (N=63) were the drugs most commonly involved, followed by alcohol (N=22). The “Other” category included one case each of “speed,” Xanax, and heroin.

**Table 10**  
**Type of Substance Involved in Report**

| Substance       | Frequency | % of category | % of total cases |
|-----------------|-----------|---------------|------------------|
| Methamphetamine | 66        | 38.0%         | 17.5%            |
| Marijuana       | 63        | 36.0%         | 16.7%            |
| Alcohol         | 22        | 12.5%         | 5.8%             |
| Cocaine/Crack   | 18        | 10.2%         | 4.7%             |
| Other           | 3         | 1.7%          | 0.8%             |
| Prescriptions   | 2         | 1.1%          | 0.5%             |
| Unidentified    | 1         | 0.5%          | 0.3%             |

#### *Presence of family violence*

Sixty-two neglect reports (16.5%) indicated the presence of family violence as a concern. The types of violent situations are described in Table 11. The majority of the family violence perpetrated in the presence of a child involved confirmed physical harm to one adult (N=28). Twenty of these 28 cases were coded only as confirmed physical harm to one adult, eight were coded with some form of substance abuse, and six were coded with other forms of neglect.

Adults yelling or threatening violence against other adults was the second most frequent form of family violence perpetrated in front of children (N=16). Also included in this category was confirmed or attempted harm to an adult and confirmed harm to a child (N=11), as well as situations in which it was confirmed one adult had been harmed and there was a threat of harm to a child (N=7).

**Table 11**  
**Presence of Family Violence**

| Concern   | Frequency | % of category | % of total cases |
|---|-----------|---------------|------------------|
| Confirmed physical harm to one adult                        | 28        | 45.1%         | 7.5%             |
| Adult yelling or threatening violence against another adult | 16        | 25.8%         | 4.3%             |
| Confirmed or attempted harm to adult and harm to child      | 11        | 17.7%         | 2.9%             |
| Confirmed harm to one adult and threat of harm to child     | 7         | 11.3%         | 1.8%             |

#### *Exposure to sexual activity*

Twenty neglect reports (5.3%) indicated *exposure to sexual activity* as an area of concern. The types of exposure are detailed in Table 12 (next page). The most common situation reflected in this category involved exposing a child to a registered sex offender either (N=12) by allowing the child to be near the offender or through cohabitation. Four of the cases included in this category were co-coded with *sexual abuse*, and four cases were co-coded with *living with registered sex offender*.

**Table 12  
Exposing Child to Risk of Sexual Abuse**

| <b>Concern</b>  | <b>Frequency</b> | <b>% of category</b> | <b>% of total cases</b> |
|---|------------------|----------------------|-------------------------|
| Exposing child to or cohabiting with registered sex offender  | 12               | 63.2%                | 3.2%                    |
| Exposure to sexual activity                                   | 4                | 21.1%                | 1.1%                    |
| Forcing child to have sex                                     | 2                | 10.5%                | 0.5%                    |
| Exposing child to pornography                                 | 1                | 5.3%                 | 0.3%                    |
| Exposure to relative who previously sexually abused the child | 1                | 5.3%                 | 0.3%                    |

### Discussion

The results of our inquiry into child neglect cases in Iowa illustrate the complicated and multi-faceted nature of this type of abuse. Implicit in the cases described above are issues of domestic violence, poverty, inadequate child care, mental health, lack of parenting skills, and substance abuse. Indeed, almost half of the reports (N=163, 44%) indicated parental substance abuse as a concern. Fifty-four percent of cases (N=201) involved a parent's direct lack of supervision, with 12% of cases (N=42) involving a child found wandering outside the home and another 12% (N=46) involving parents in the home but in no condition to supervise their children, generally due to parental drug/alcohol use.

Given the myriad behavioral and societal factors involved in these cases, our goal to paint a single picture of child neglect was not realized. Instead, we are faced with a complex collage of scenarios that make up the largest category of child maltreatment.