

JOINING FORCES



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REAL WORLD RESEARCH FOR FAMILY ADVOCACY PROGRAMS

FEATURED INTERVIEW

Child Emotional Neglect — The Failure to Nurture

An Interview with Howard Dubowitz, M.D.



Howard Dubowitz, M.D.

Howard Dubowitz, MD, is a Professor of Pediatrics and the Director of the Center for Families and Children at the University of Maryland. His medical training includes the University of Cape Town, South Africa; an internship in Israel at the Tel Hashomer Hospital, Ram Gan, Chaim Sheba Medical School; a pediatric residency at Boston City Hospital; and a fellowship in child abuse and neglect at the Children's Hospital, Boston. He also worked as a general practitioner in London and has a Master of Science degree in epidemiology from the Harvard School of Public Health. Dr. Dubowitz serves in a wide variety

of professional capacities in teaching, research, and administration, and has received numerous professional honors and awards including, most recently, the American Academy of Pediatrics' Special Achievement Award. Widely published in scientific journals and books, Dr. Dubowitz is one of the principal investigators on the LONGSCAN study, a prospective research project involving five independent centers in the U.S. that examines the antecedents and consequences of maltreatment of children (see Runyon et al., 1998).

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Dr. McCarroll: Is child emotional neglect getting more attention in the academic and professional communities?

Dr. Dubowitz: There is quite a bit of awareness and interest. Many would probably agree that this is an especially damaging form of maltreatment. It is not that there is a lack of interest. It has been around for a long time. Spitz (1945) and others did their work many decades ago and more recently there has been the research on the Romanian orphans (Colvert, Rutter, Beckett, et al., 2008). One of the big challenges is that it has been tricky to define and operationalize. For example, pediatricians might encounter many situations in which

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In This Issue

This issue of *Joining Forces Joining Families (JFJF)* focuses on child emotional neglect, the least understood form of child neglect. Our interview is with Howard Dubowitz, MD, an internationally recognized expert on child neglect who has appeared previously in *JFJF* (Volume 10, No. 1, March 2007) in which he discussed child neglect prevention and intervention.

Our statistics article presents estimates of the community prevalence of child maltreatment from the most recent national sample survey. These data are compared to the Army and U.S. national child maltreatment statistics on founded incidents with emphasis on the prevalence of child neglect.

Websites of interest gives links to major sources of child neglect statistics, Child Maltreatment 2011 and the National Incidence Study-4 (NIS-4). We also present the CDC website that features child maltreatment prevention information. Finally, there is a link to the video of a recent conference on child neglect.

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One of the important elements of parenting is to be nurturing and emotionally supportive of their children.

parents are not as nurturing as you would like. Maybe there are real deficits, but it is not easy to discern at what point to label it as neglect and the threshold for referring or reporting to CPS is generally very high. The response is hindered by some of the practice and practical issues rather than by disinterest or lack of awareness of how very damaging this can be to children.

Dr. McCarroll: How familiar is the child protection community with the issue of emotional neglect?

Dr. Dubowitz: Good question. I think they are pretty familiar with it, but in terms of the practice it gets hugely shortchanged. I remember a few years ago in talking with the person who runs a state CPS, who explained that “they really don’t do” emotional neglect. I would say there are two circumstances where typically CPS does get involved. First, and more typically, they are more concerned with other types of abuse and neglect. Emotional neglect might be part of the mix and it gets noted and, hopefully, addressed, but by itself it is unlikely to get a CPS response. The second is if it is really severe, but even there it is typically mixed up with other circumstances such as not

attending to the kid’s physical needs. For example, I am thinking of a kid who, say, is severely depressed, possibly suicidal and if the parent did not respond you might think that might be grounds for emotional neglect. However, by and large, even under such gross and relatively severe circumstances, it is unusual for CPS to respond. It’s a problem that is really not well dealt with by child protection systems.

Dr. McCarroll: How do you speak about child emotional neglect when you teach?

Dr. Dubowitz: We use a lot of case material in training pediatric residents. In the case of a 12-year old boy whose father was killed, the boy was severely depressed and his school performance plummeted. Part of what I am trying to convey is that we be mindful not only of children’s physical needs, but also the emotional. We discuss with the residents and other students how they can or should approach situations like that.

Understandably, physicians and others often have a high threshold for labeling circumstances as neglectful — given the implication of having to report or thinking they have to report to CPS. The way that I teach about this is that they are going to encounter many situations where a situation might not cross that threshold, depending on the state legal requirements, where they label it as neglect. Nevertheless, we can recognize how these circumstances jeopardize the kid’s health and development and they could or should still intervene. One focus in prevention work is to try to identify parents who are depressed (Dubowitz, Feigelman, Lane et al., 2009; Dubowitz, Lane, Semiatin, et al., 2011). If a mom or a dad is depressed that can impede their parenting abilities. Responding to the depressed parent can help both the parent and then the kid.

Dr. McCarroll: In your writing and your teaching you emphasize children’s needs. A research instrument that is based on child needs is the Multidimensional Neglect Behavior Scale (Kantor & Straus, 2003; Dubowitz, Villodas, Litrownik, et al., 2011). Many of the items measure parent-child interactions. Examples are “Do you watch your child play?”, “Do you play games with your child?”, “Do you talk to your child?” Many of these interactions could be recommended to parents to remind them to do such activities or to increase them.

Dr. Dubowitz: I think you are really talking about one of the important elements of parent-

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BUILDING BRIDGES TO RESEARCH: National Statistics on Child Emotional Neglect

By James E. McCarroll, Ph.D., and Robert J. Ursano, M.D.

The estimated number of emotionally neglected children under the Endangerment Standard more than doubled in the interval between 1993 and 2005–2006.

Child neglect occurs in many forms, from what may appear to be mild and simple omissions in the daily lives of children to the extreme cases of child death. In this article, we will explore child emotional neglect, a subtype that has received less attention than other types of neglect. However, as described in other articles in this newsletter, child emotional neglect is a recognizable and an important type of child maltreatment.

Child Neglect in the Army

Child neglect has the highest percentage and rate per thousand children of child maltreatments. Over the past 10 years, from 2001 to 2011, child neglect has accounted for between 50% in 2001 to 64% in 2011 of all child maltreatments.

Subtypes of child neglect are not identified in the incidents reported to the Army (Army Regulation 608-18 The Family Advocacy Program), but the following are the types of acts that can be considered: abandonment, lack of supervision, exposure to physical hazards, educational neglect, health care neglect, and deprivation of necessities. None of these categories recognizes emotional neglect.

National Statistics on Child Neglect

The latest national statistics on founded cases of child maltreatment are reported in Child Maltreatment 2011, published by the Administration on Children and Families (<http://archive.acf.hhs.gov/programs/cb/pubs/cm10/cm10.pdf>). About 78% of victims were reported for neglect and an additional 2.4% for medical neglect. No additional subtypes of neglect were reported. The CDC repeats many of these statistics from the same source, Child Maltreatment, as it is the only national annual report of child maltreatment incidents.

National Estimates of Child Neglect

Another source of data on child neglect in the U.S. population is the Fourth National Incidence Study (the NIS-4) (see http://www.acf.hhs.gov/programs/opre/abuse_neglect/natl_incid/index.html). The NIS estimates the national prevalence of child maltreatment. It is a congressionally mandated, periodic research

project of the United States Department of Health and Human Services. NIS-4 data were collected in 2005 and 2006. Earlier NIS studies used data from 1993 (NIS-3) and 1986 (NIS-2). The NIS differs from Child Maltreatment 2011 in that it uses founded Child Protective Services (CPS) cases of abused and neglected children and an additional source of estimates, those children who have not come to the attention of CPS, but have come to the attention of professionals (these professionals are called sentinels) who encountered them during the normal course of their work in a wide range of agencies in U. S. representative communities.

The NIS reports three subtypes of neglect: physical, educational, and emotional. Emotional neglect is defined as inadequate nurturance or affection, chronic or extreme domestic violence in the child's presence, knowingly permitting drug or alcohol abuse or other maladaptive behavior, failure or refusal to seek needed treatment for an emotional or behavioral problem, overprotective treatment, inadequate structure, inappropriately advanced expectations, exposure to maladaptive behaviors and environments, and other inattention to the child's developmental or emotional needs.

NIS Harm Standard and Endangerment Standard

The NIS applies two definitional standards in parallel: the Harm Standard and the Endangerment Standard. The Harm Standard is relatively stringent in that it generally requires that an act or omission result in demonstrable harm in order to be classified as abuse or neglect. In order for the child to be counted as emotionally neglected, the maltreatment had to cause serious harm to the child.

The Endangerment Standard includes all children who meet the Harm Standard, but adds those children if a CPS investigation substantiated or indicated their maltreatment and those that the sentinel thought were in danger of maltreatment. Thus, the Endangerment Standard is slightly more lenient than the Harm Standard.

Under the Harm Standard, almost one-half

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A Brief Review of Child Emotional Neglect as Child Maltreatment

By James E. McCarroll, Ph.D., and David M. Benedek, M.D.

The emotionally unavailable parent (or caregiver) is preoccupied with their own needs and unable to respond to a child's emotional needs.

What is Child Emotional Neglect?

Child emotional neglect (also called psychological neglect) is a form of child emotional maltreatment, which includes child emotional abuse and emotional neglect. Child emotional maltreatment refers to the emotional unavailability of the parent or caretaker (Glaser, 2002). Glaser describes parental insensitivity as a situation in which caretakers are preoccupied with their own difficulties such as mental ill health, substance abuse, or overwhelming work commitments, and are unable to respond to their child's emotional needs. Child emotional neglect was once called hospitalism (Spitz, 1945). This term was used to describe the cause of high morbidity and mortality in infants institutionalized at an early age and for a long time: the severe and lasting deprivation of maternal care. These infants showed developmental deterioration, relational or affective expression reduced to silence, motor and behavioral deficiencies, and increased morbidity and mortality rates. This behavioral pattern occurred generations later with Romanian orphans who were later adopted by British families (Colvert, Rutter, Beckett et al., 2008). Less severe child emotional neglect occurs when there is a lack of parental (or caregiver) warmth, physical affection and nurturance or when signs of needed comfort or attention are ignored (Strathearn, 2011). Thus parents may be withdrawn, unresponsive, unmotivated and unable or unwilling to respond to their children's needs for emotional connection.

Definitions of Child Emotional Neglect

There are two conceptual approaches to the definition of child emotional neglect: (1) by the intentions of the parents and (2) by the child's needs. Child protection professionals and state statutes typically focus on parent or caregiver behavior such as in feeding, clothing, and providing the necessities of daily living for the child (Trocme, 1996). The focus on child needs is based on the needs for emotional support and nurturance of children.

Conceptualizing emotional neglect in terms of children's unmet needs is challenging (Straus & Kantor, 2005). First is the difficulty of specifying the unmet needs, which is very

different from specifying abusive actions. Second is whether the purpose of the definition is for statutory reasons, for research, for interventions or for educational purposes. Straus and Kantor stress that the definition of neglect must not confound the behavior (omission) with possible causes. They also note that neglectful behavior and harm must also be measured separately. Most state statutes and instruments do not do this. Categories often include whether the child has suffered harm. If only harm is found, it is impossible to evaluate the effects of neglect separate from harm. If neglect is measured only by harm, the prevalence of neglectful behavior will be vastly underestimated.

How is child emotional neglect measured?

The Ontario Child Neglect Index (Trocme, 1996) evaluates the caregiver's behavior in supervision, physical care, and provision of health care. Omission of psychological care is given under the subset of Mental Health Care. The standards include anticipating and responding to the child's emotional needs, inconsistent response to emotional distress, and not providing services for emotional distress. One of the problems of all standards is establishing a threshold (Dubowitz, 1994). Milder forms of child emotional abuse may not be brought to the attention of the authorities since they are difficult to prove. More common and less severe privation can appear when parents or caregivers do not ignore their children, but may think they are doing the right thing by providing only the minimal nurturance. This is more often seen with boys. Military families may be more prone to this as they want their sons to be "masculine" and not "needy". There are research instruments that also measure failure to respond to child needs such as the Multidimensional Neglectful Behavior Scale (MNBS) (Kantor, Holt, Mebert, et al., 2004). The MNBS measures four domains of child neglect: cognitive, emotional, physical and supervisory. It assesses exposure to violence, alcohol-related neglect, abandonment, and children's appraisal of parenting. The emotional subscale includes eight items that evaluate the affection, support, and companionship within the parent-child relationship. In addition to the emotional neglect subscale, the other

Child emotional neglect is more likely when there is a lack of parental (or caregiver) warmth, physical affection and nurturance or ignoring signs of needed comfort or attention.

subscales have many items that require parent-child interaction. For example, “The child’s parent does not talk to him or her a lot.” There are versions of the MNBS. One is for adult recall of their own experiences and another for adults to rate their own behavior toward their own children. These items can also be clinically useful for parents and professionals (counselors or home visitors) for increasing parent-child interaction and for possible prevention of child emotional neglect.

What are the consequences of emotional neglect?

A longitudinal study of children at three years of age found that emotional neglect was the only type of child neglect (other possible types of neglect were emotional, physical, or environmental) associated with externalizing or internalizing behavior problems at age 3 (Dubowitz, Papas, Black et al., 2002). They concluded that it is important to identify psychological neglect as early as possible.

In a study of 1,700 children ages 11-15, a small group (3%) perceived their parents as almost always emotionally neglectful and controlling. When these children were later examined, they had over twice the odds of a psychiatric disorder at age 15 (Young, Lennie & Minnie, 2011).

Can The Effects of Child Emotional Neglect Be Reversed?

Severely neglected Romanian orphans who were later adopted by well-functioning families in the U. S. and Great Britain suffered pervasive emotional neglect in that they received adequate nutrition and physical care, but little dependable social interaction with an adult caregiver. When examined some years later, the adopted Romanian orphans showed considerable heterogeneity compared to non-deprived children who were also adopted (Rutter, Kreppner & O’Conner, 2001). While many of the Romanian orphans showed considerable catch-up, many still had attachment problems, inattention and over-activity, quasi-autistic features and cognitive impairment. The greater the duration of deprivation, the more disturbances in attachment behavior (O’Conner, Marvin, Rutter, et al., 2003). However, one-fifth of the children who had spent the longest time in institutions showed normal functioning, perhaps reflecting resilience to this particular stressor. Children who spent less than six months in the Romanian orphanages showed almost complete recovery.

Recommendations

It is important that parents and other caregivers who work with children be aware of (1) the harmful effects of child emotional

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Reading to children can be an emotionally intimate time that promotes closeness and bonding.

ing — 101 — the many different ways that parents can be more nurturing and emotionally supportive of their children. One interesting program in pediatrics has been to encourage parents to read to infants. Aside from the advantages that it has shown in terms of cognitive stimulation is that reading, looking at pictures, talking with one’s child can be and should be a rather emotionally intimate time. More important than hearing the words, the bonding and the closeness that this experience can foster is perhaps even more valuable.

Most of my first-hand experience has been with very high risk families in which some of the most basic aspects that one would think of in parenting are often not appreciated. I will give you one example. It is pretty common of parents of 6–7 month old babies that we see here to worry that if the baby is crying, picking up and comforting him or her will spoil

the child. I do not mean to blame, but there is enormous ignorance of child development in recognizing that at six months of age, the baby needs to feel securely attached and know there is a responsive adult who is going to take care of him or her. Many parents do not recognize that.

Stepping away from the child abuse and neglect area, to a broader concern, how can we really better equip parents with some very important fundamental knowledge that ought to help them be better parents? Parenting takes massive patience. It’s a tough job, there is no instruction manual, the extended family is often not available, everyone’s busy, and a lot of people struggle with really poor judgment. They need better support and guidance.

Dr. McCarroll: The concept of attachment is a basic tenet of child development. How do you explain this to high risk families? Are

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there terms that you have found that are more applicable and understandable and practical to use than attachment?

Dr. Dubowitz: I would say that attachment is not on their radar screen I think that there is, hopefully, some recognition of the need for bonding with their baby, but there is a lot of variation. Some parents are better equipped to recognize that. For example, there is the importance of consistency in responding, but often there is not a cognitive awareness or mindfulness of what it takes to foster secure attachment.

Dr. McCarroll: The scientific literature on emotional neglect also includes a lot of papers on emotional abuse. How different are those, in your view? Are they separable or are they two aspects of the same phenomenon?

Dr. Dubowitz: I think they are pretty intertwined, but there are some differences. Humiliating a child is different from ignoring and not being responsive. What they share is that neither of them provides the essential emotional support that kids — and all of us — need. They often hang together. The child who is emotionally abused is very likely to be neglected as well, but I would think that there would well be some added harm to the child who is also emotionally abused, like being frequently belittled. I have not seen research on this, but clinically I have heard kids indicate that abuse feels like it is worse, yet I have also heard that getting nothing can actually feel worse than getting negative attention. We know a fair amount of what the emotional needs of children are. We need to find a variety of strategies to help parents respond to those needs and this is something that can and should happen in different settings. It is really at the heart of parenting. Some basic knowledge of child development will help parents to bond in healthy ways.

Dr. McCarroll: Seeing children develop is a source of pleasure and pride for parents. There are many positive effects on adult development from nurturing a child.

Dr. Dubowitz: Sure. Absolutely right. Being a terrific parent and, hopefully, seeing the fruits of one's efforts should be deeply enriching. In my work with dads, we discuss the enormous gifts of being an involved dad — what they give and what they get.

Dr. McCarroll: How do you help parents work toward being a terrific parent?

Dr. Dubowitz: I am, after all these years, stubbornly holding on to the idea that most parents want to be terrific parents. Something gets in the way that impedes their ability. I think they need guidance and support in learning how to parent.

Dr. McCarroll: There have to be many avenues to working on this.

Dr. Dubowitz: This is something that ideally should be pervasive, in many settings — throughout the culture, the media, in Head Start, with pediatricians, neighbors, and child care centers. This is the big broad goal: a society that really values kids, that really understands and recognizes the importance of raising them well, and takes advantage of different opportunities to help achieve the goal.

Dr. McCarroll: Thank you for your work and your thoughts

Dr. Dubowitz: You are welcome.

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The child who is emotionally abused by humiliating or belittling is probably emotionally neglected as well.

Building Bridges to Research, from page 3

The NIS applies two definitional standards in parallel: the Harm Standard and the Endangerment Standard.

of the neglected children experienced educational neglect (47% of neglected children), 38% third were physically neglected and 25% were emotionally neglected. The rate of emotional neglect under this standard was 2.6/1,000 children. (The rate of overall child neglect was 10.5/1,000).

The difference in rates of emotional neglect between the NIS-4 (2.6/1,000) and NIS-3 (3.2/1,000) were not significantly different, but were significantly different from the NIS-2 rate (0.8/1,000).

Under the Endangerment Standard, more than one-half of the neglected children were physically neglected (53%, of neglected children), 52% were emotionally neglected and 16% were educationally neglected. The rate of emotional neglect was 15.9/1,000 children. (The rate of overall child neglect was 30.6/1,000).

The rates of emotional neglect significantly increased from the NIS-2 (3.2/1,000) to the NIS-3 (8.7/1,000) to the NIS-4 (15.9/1,000). The estimated number of emotionally neglected children under the Endangerment Standard more than doubled in the interval between the NIS-3 and NIS-4 studies, rising from 584,100 in 1993 to 1,173,800 in 2005–2006 (a 101% increase in number, an 83% increase in the rate). The increase in the rate of emotional neglect since 1993 could, in part, signify a real increase in the occurrence of maltreatment, but it is fairly clear that it also reflects some change in policy and focus. Since the NIS-3, a number of CPS systems have undertaken initiatives to increase collaboration between CPS and agencies that serve domestic violence and alcohol and drug problems.

Summary and Conclusions

Child abuse statistics reported above represent cases from the Army specifically and for the U. S. population on the whole, Child Maltreatment 2011 and the NIS-4. The NIS-4 statistics estimate the prevalence (overall counts and rates) for an earlier time period (2005–6), but it is unlikely that there has been a dramatic change since then. Overall, these reports show the high prevalence of child neglect. Unfortunately, case reports (Army and Child Maltreatment 2011) do not reflect subtypes with the exception of medical neglect in Child Maltreatment 2011. However, the NIS-4 data do present subtypes and show both the high prevalence

and increasing rate of emotional neglect. Particularly striking is the vastly increased percentage of emotional neglect (15.9%) of all neglect cases reported in the Endangerment Standard compared to the Harm Standard (2.6%). This is not surprising as it is likely that most emotionally neglected children, especially young children, will not be seen as harmed by observers who might more easily qualify the same observation as endangering. What is important, however, is that these emotionally neglected children are noticed by sentinel reporters, reflecting many possible relationships with parents and other caretakers who are likely to be detrimental to the children's welfare. These reports from the NIS-4 indicate the need for child protection workers and other sentinels to be increasingly aware of child emotional neglect as a harmful type of child maltreatment.

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neglect, and (2) work to see that the behaviors of parents and caregivers enrich children's lives by providing them with emotionally supportive contacts. Parenting programs can help parents recognize the variety of interactions they can have with their children to improve mutual attachment and the emotional quality of children's lives.

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Websites of Interest

- A link to the Child Welfare Information Gateway provides a wide variety of material on the National Incidence Study-4 and the other three NIS studies. <https://www.childwelfare.gov/systemwide/statistics/nis.cfm>. Additional material includes links to resources on domestic violence, mental health, laws and policies and many other topics of interest.
- The Children's Bureau of the Department of Health and Human Services gives the link to the latest national child maltreatment statistics: <http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2011>. The site allows the viewer to search by chapter and to download tables of interest.
- The CDC Injury Center for Violence Prevention gives a wide variety of helpful information in addition to child maltreatment such as intimate partner violence, sexual violence, suicide and many others. <http://www.cdc.gov/violenceprevention/childmaltreatment/>.
- A very interesting and informative video is available at the website below. It is presented by the NIMH Translational Research on Child Neglect Consortium: Research on Child Neglect, Progress Over a Decade. It features research by David Olds on home visiting and many other topics specific to child neglect. <http://video.cast.nih.gov/summary.asp?live=11900&bhcp=1>



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Emotional neglect is inherently painful to humans and deprives them of sharing feelings with others.
