



## Food neglect and maltreatment re-report ☆☆☆☆☆



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### ABSTRACT

This study examines the time to re-report following the close of a maltreatment investigation for cases involving food neglect. Data on families of children 0 to 17 involved in Child Protective Services (CPS) investigations from a merger of the 2010 cohort of the National Survey of Child and Adolescent Well-Being (NSCAW II) and the National Child Abuse and Neglect Data System (NCANDS) were used ( $n = 3580$ ). More than half of the families had a history of CPS involvement, a third received CPS services, and one-in-ten families had their child place in out-of-home care following an investigation. After controlling for other types of maltreatment allegations and multiple covariates, families investigated for food neglect had a greater chance of being re-reported for a subsequent CPS investigations in a shorter length of time than families without an allegation of food neglect. While only a small percentage of families had a food neglect allegation, problems adequately feeding a child - whether due to severe poverty, inattentiveness, or abusive negligence - placed a family at a higher risk of a future CPS investigation.

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### 1. Introduction

A child's first and most basic need is to be fed. When parents fail to provide regular and nutritionally adequate food, they can be reported to child protective services (CPS). Although neglecting basic nutritional needs of a child can result in immediate and very severe health problems (Lozoff & Georgieff, 2006), very little is known about families investigated for food neglect and their potential for chronic maltreatment. This study examines the time to re-report following the close of a maltreatment investigation comparing families with and without an allegation of food neglect. The below literature review will define food neglect, discuss its prevalence in the United States, and review previous studies linking it with CPS involvement. It will also explore why parents who are unable or unwilling to feed their children adequate food may be at an increased risk of repeating abusive and neglectful acts. The introduction will conclude by linking food neglect with broader child welfare literature relating to physical neglect allegations and chronic maltreatment.

#### 1.1. Defining food neglect

Inadequate provision of food is one type of child physical neglect allegation and may affect a substantial number of families in the US.

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National studies have shown that inadequate provision of food is a common problem for families, although conflicting definitions make it difficult to know the true extent of the problem. *Food insecurity* is the term most commonly described in research and policy when a family is struggling with feeding themselves. It is defined as lacking physical and economic access to sufficient quantities of affordable and nutritious food (Coleman-Jensen, Rabbitt, et al., 2015). One-in-ten children under the age of eighteen in the US were living in food insecure families in 2014 (Coleman-Jensen et al., 2015). This number increases to one-in-four children if families are below the federal poverty line (Gundersen & Ziliak, 2014). However, the term food insecurity is rarely used in family violence or child welfare research. In large-scale family violence studies, parents are not asked about physical or economic access to food, but only if they were unable to adequately feed their child at some point in the previous year - defined here as *food neglect*. Food neglect should be considered a different construct than food insecurity, as studies have shown that many parents struggling with food insecurity will decrease their food intake to protect their children from being hungry, except in extreme circumstances (McIntyre et al., 2003). These parents would not be considered neglectful of their child's needs.

When the term *food neglect* was used in research, it ranged from 3% in a North and South Carolina sample (Theodore, Runyan, & Chang, 2007) to 11% in a national study in the late 1990's (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). In a study of families at risk for maltreatment in Hawaii, Duggan et al. (2004) found that 8% of mothers reported at least one instance of child food neglect in the previous year. There are no nationally representative reports of child food neglect in the last fifteen years, and no study to date has examined if or how food neglect is correlated with food insecurity. It is difficult to estimate

the true number of cases of child food neglect as most CPS reports lists it along with other omissions of basic care, for instance as part of one allegation for “food, clothing, or shelter neglect”.

### 1.2. Food neglect and CPS

Feeding children is perhaps the most basic responsibility of parents. Parents are genetically predisposed to invest resources in their children – such as food and shelter – to increase their chance of surviving to an age where they can reproduce (Trivers, 1972). Although feeding offspring is an innate behavior, it is one that may still be conditional on environmental risks, economic conditions, and maternal mental health. Life history theory (Belsky, Steinberg, & Draper, 1991) states that parents, due to limiting environmental resources, make trade-offs throughout the life course on how to invest resources in offspring (Wilson & Daly, 1997). Overburdening environmental threats to the parent-child dyad are more prominent in homes with fewer financial resources – homes that are more likely to struggle with chronic physical neglect. Further, severely impoverished families are more likely to experience more difficulty in purchasing food for their children (Gundersen & Ziliak, 2014). Food neglect may be a manifestation of impoverished parents observing their harsh and unpredictable environmental cues and then reallocating food and nutritional resources for their child into another area of investment (Belsky, Schlomer, & Ellis, 2012). For example, parents living in severe poverty may pay for other necessities like medical prescriptions or utility bills instead of purchasing food for their children (America, 2014). In conclusion, parents may prioritize their own, or others, health and wellbeing ahead of their child's, potentially resulting in the child's nutritional needs being neglected.

Maternal mental health problems may also lead to suboptimal parenting practices, including food neglect. Studies have shown a link between maternal depression and deficient infant feeding (Dennis & McQueen, 2009), an increased likelihood of food insecurity, and a reduction in food assistance participation (Casey et al., 2004). Analyses of the Early Childhood Longitudinal Survey-Birth Cohort have shown that food insecurity does not have a direct effect on mothers' reports of children's health, secure attachment, or cognitive development, but was related to maternal depression and less positive parenting, which in turn negatively affected child well-being (Bronte-Tinkew, Zaslow, Capps, Horowitz, & McNamara, 2007; Zaslow et al., 2009). The relationship between food insecurity and maternal mental health may also be bidirectional where food insecurity may lead to maternal mental health problems, and conversely, maternal mental health problems may lead to food insecurity (Huddleston-Casas, Charnigo, & Simmons, 2009).

Although different in many regards from food neglect, food insecurity may increase a family's chance of being investigated for abuse and neglect. A study by Yang (2015), using data on families using Temporary Assistance to Needy Families (TANF) from 2001 to 2004 found that those parents reporting food insecurity were 1.3 more likely to be investigated by CPS than parents reporting food security. Using three different national datasets of families at risk for abuse and neglect, Slack et al. (2011) found that both food pantry use and parent report of cutting the size or frequency of meals predicted CPS investigations for child neglect in two out of three studies. However, parent self-report of child food neglect did not predict child neglect investigations in any of the three datasets. In a sample of low-income families recruited from an urban pediatric clinic Dubowitz et al. (2011) found that more families participating in the Supplemental Nutrition Assistance Program (SNAP; sometimes referred to as food stamps) were investigated by CPS within ten years compared to families not using SNAP. In conclusion, families struggling with food availability, whether defined by caregiver report of cutting meals or food pantry use, are more likely to be investigated by CPS than families not struggling with food related problems.

### 1.3. Physical neglect and re-reports

In families investigated for abuse or neglect, only a small proportion of children are removed from their parent's care (DHHS, 2016). CPS caseworkers work to match parent and child needs with formal services and informal supports to preserve families. However, a considerable number of families investigated by CPS will have an additional investigation subsequent to the close of the initial investigation due to new allegations of abuse or neglect, anywhere from 22% (Fluke, Shusterman, Hollinshead, & Yuan, 2008) to 67% (Proctor et al., 2012) of families. There are many different child, parent, and family risk factors that are linked with subsequent CPS investigations. In a systematic review of factors associated with re-reports, White, Hindley, and Jones (2015) found the following factors positively associated with increased risk of re-reports: younger child age, child developmental disability, parental substance abuse, parental mental health problems, family poverty, increase in household size, and previous history of CPS investigations prior to index report. Likewise, investigation factors, such as whether the allegations were substantiated or CPS services were provided during or following investigations, have been correlated with both increased and decreased risk of re-reports (White et al., 2015).

The type of maltreatment investigated at the initial report is also predictive of future re-reports. There is mounting evidence that re-reports are more likely to occur when physical neglect is part of the initial maltreatment allegation (Connell, Bergeron, Katz, Saunders, & Tebes, 2007; Drake, Jonson-Reid, & Sapokaite, 2006; Fuller & Nieto, 2014; Jonson-Reid, Emery, Drake, & Stahlschmidt, 2010; Putnam-Hornstein, Simon, Eastman, & Magruder, 2014; White et al., 2015). Unlike physical or sexual abuse, which are defined by a set of abusive acts inflicted on children, physical neglect encompasses a variety of unmet child needs—food, shelter, medical care, clothing, and hygiene. Physical neglect tends to be more chronic in nature, which is a poor fit for CPS services that are predominantly stopgap and focused on parenting skills (Choi & Ryan, 2007). It has been proposed that until CPS develops programs to effectively address chronic poverty, service provision will continue to be ineffective in reducing future child maltreatment (Fuller & Nieto, 2014; Chaffin, Bonner, & Hill, 2001). Even though there are different types of physical neglect which may have different causes and require different interventions, few studies have separated out these categories of unmet physical needs to assess their individual correlations with future re-reports.

### 1.4. Present study

Parents neglecting to feed their children may be at an increased risk of CPS re-reports. Two research questions are examined in this study: (1) are families with an allegation of child food neglect reported back to CPS for investigation faster than families without an allegation of food neglect; and (2) does the hazard of re-report increase for families with an allegation of child food neglect once other maltreatment types, caregiver mental problems, and covariates are controlled? Kaplan-Meier survival curve is used to estimate the time to re-report for families investigated for food neglect compared to families not investigated for food neglect. Cox regression analysis is utilized to assess the independent effects of food neglect while controlling for other maltreatment types, caregiver mental health problems, and covariates.

## 2. Methods

### 2.1. Sample

Data were derived from the second cohort of the National Survey of Child and Adolescent Well-Being (NSCAW II) and the corresponding administrative data files from the National Child Abuse and Neglect Data System (NCANDS). NSCAW II used a two-stage stratified sampling design, which first selected nine sampling strata consisting of the eight

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