

# What is medical neglect?



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# What is neglect?

## Federal law

CAPTA : The Federal Child Abuse Prevention and Treatment Act

Neglect is behavior by a caregiver that constitutes a failure to act in ways that are presumed by the culture of a society to be necessary to meet the developmental needs of a child and which are the responsibility of a caregiver to provide.

# Federal definition contin.

- Medical neglect: gives specific reference to the care for infants and failure to respond in a life-threatening situation
  - <sup>4</sup> The CAPTA amendments of 1996 (42 U.S.C.A. § 5106i) added new provisions specifying that nothing in the act be construed as establishing a Federal requirement that a parent or legal guardian provide any medical service or treatment that is against the religious beliefs of the parent or legal guardian.

# Florida Legal Definition

- Florida Statutes, Chapter 39
  - F.S. 39.01(32)f “...(parent/caregiver)fails to supply the child with *adequate* food, clothing, shelter, or healthcare, although financially able to do so or although offered financial or other means to do so.
    - Religion: “However, a parent or legal custodian who, by reason of the legitimate practice of religious beliefs, does not provide specified medical treatment for a child may not be considered abusive or neglectful for that reason ALONE...” (goes on to say this does not exclude investigation, reporting, or court ordered treatment)

# FAILURE TO THRIVE

## Definition

Failure to thrive (FTT) is a condition in which children show a marked retardation or cessation of growth.

FTT can result from:

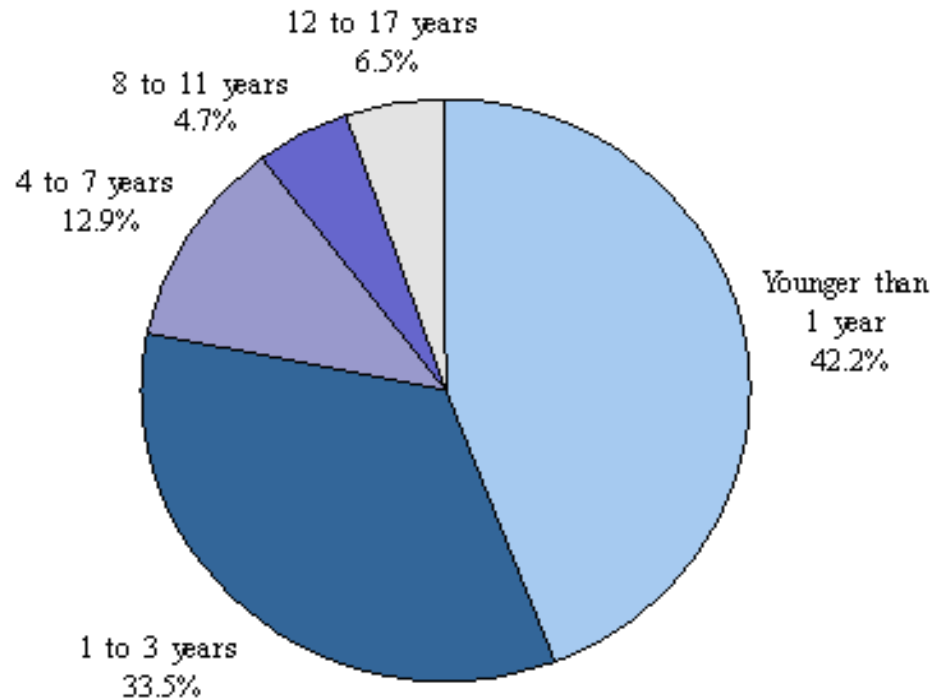
- A medical condition
- Environmental factors or
- Combination of medical and environmental factors



# National Statistics

**2007 (estimated) child deaths from abuse & neglect:  
1,760**

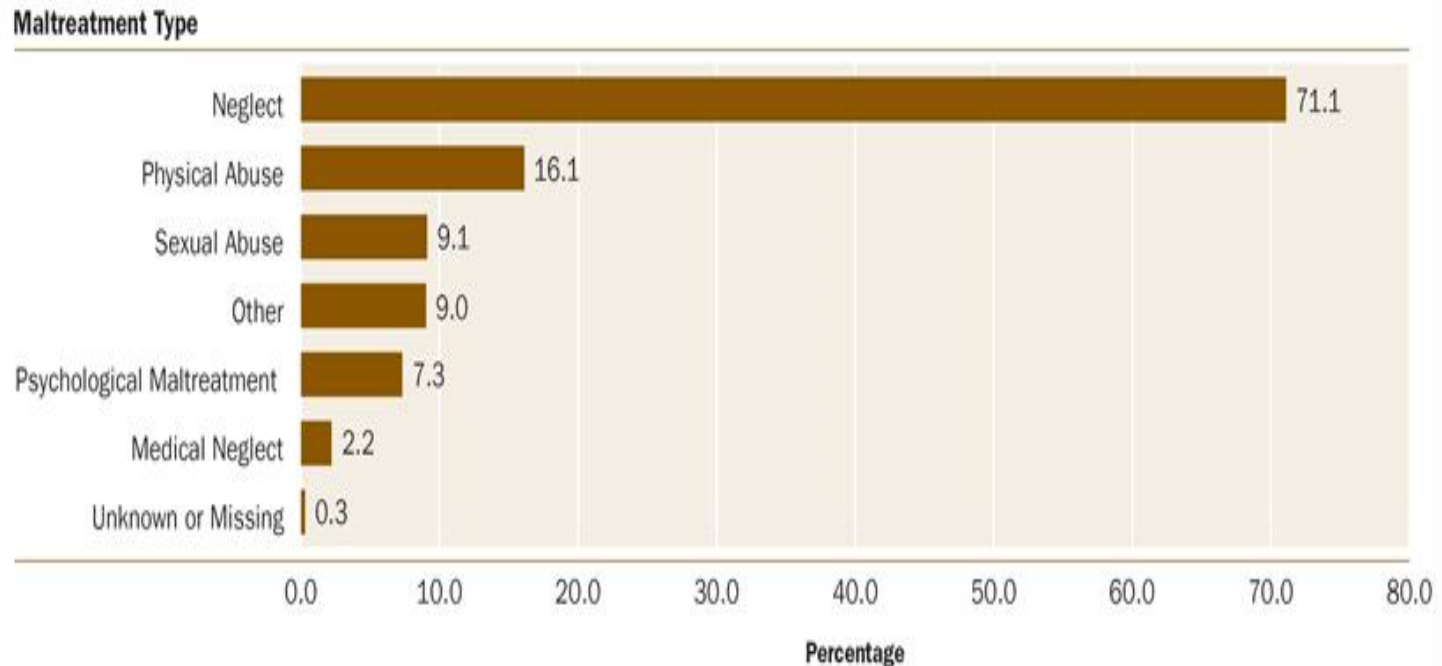
**Child Abuse and Neglect Fatality Victims by Age, 2007**



## Maltreatment Types of Victims, 2008

Children could have suffered from more than one type of maltreatment and therefore the percentages total to more than 100 percent.

**Figure 3-5 Maltreatment Types of Victims, 2008**



*Based on data from 3-10.*

# Florida Statistics

- 2009: 201 children died from abuse & neglect
  - Children younger than 5 highest rate
  - Physical abuse leading cause of death
- A child is born into poverty every 12 minutes.
- A child is abused or neglected every 4 minutes.
- A child dies before his or her first birthday every 5 hours.





# CASE SCENARIOS & DISCUSSION

# Specific to UF PPC

## CHRONIC ILLNESS

### -Educating the parent/caregiver:

- Do they understand reasoning behind the illness, the providers' recommended treatments & are they aware of the risk of medical neglect?

### -Some medical neglect can be attributed to religious or cultural beliefs.

- Meeting the family "where they are" while still ensuring the child's well-being (alerting DCF if deemed necessary).

### -A parent may have a learning or cognitive disability, or be unable to read.

- Repeating yourself may be necessary.

-In other suspected cases of medical neglect, investigators discover that the family is having difficulty overcoming certain barriers to care.

# BARRIERS TO CARE



- Lack of adequate or NO insurance
  - Often educating the parent with what is available for insurance and their income level can alleviate or remedy.
- Transportation problems
  - Distance to clinic
- Scheduling problems
  - Availability/clinic hours- related to work & school schedules
- The effects of poverty can't be overlooked; doctor's appointments and medicine/vitamins/supplies are expensive.

# Obstacles in determination

- How Many Children Are Neglected?
  - Vast Differences between estimates
  - Difficulty in defining and measuring**
    - Cultural criterion
    - Where to draw the line

Here's the confusing legal jargon again...

“Neglect is behavior by a caregiver that constitutes a failure to act in ways that are presumed by the culture of a society to be necessary to meet the developmental needs of a child and which are the responsibility of a caregiver to provide.”

# VAGUE & CONFUSING LEGAL DEFINITION

## “Behavior by a caregiver”

- Essential to avoid confounding the definition and measurement of neglect with either the causes of neglect (such as poverty or motive) or with the effects of neglect such as physical or psychological damage to the child.
- Crucial to measure causes or effects. For example, service providers may often also need data on injury, as this is often prescribed by statute.
- **Causes and effects must be measured separately from the caregiver behavior that constitutes neglect.**

## “Presumed by the culture”



- Except possibly at the extremes when a child is seriously injured or dies, neglect is a *culturally constructed phenomenon*.
- Cultural norms concerning neglect vary from society to society. Within a given society they change over time.
- For example, learning to read and write was at one time a privilege of a small minority of children rather than a developmental need that, if not met, constitutes neglect.

# Where do we go from here?

## **Know the Signs of Neglect**

- Consider the possibility of neglect when the **child**:
  - Is frequently absent from school
  - Begs or steals food or money
  - Lacks needed medical or dental care, immunizations, or glasses
    - Consider frequency of missed visits and lack of communication
  - Is consistently dirty and has severe body odor
  - Lacks sufficient clothing for the weather
  - Abuses alcohol or other drugs
  - States that there is no one at home to provide care



•Consider the possibility of neglect when the **parent or other adult caregiver:**

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

# Tools for the future

## **Mandatory reporters:**

-Physicians, nurses, social workers, hospital personnel (professional healthcare staff)

## **Standards for Making a Report:**

**(Citation: Ann. Stat. § 39.201)**

-A report is required when: A person knows or has reasonable cause to suspect that a child is abused, abandoned, or neglected.

-A person knows that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care.

## When in doubt- Report it!

The Hotline counselor will determine if the information provided meets legal requirements to accept a report for investigation.

There are four ways to make a report:

By Telephone **1-800-96ABUSE (1-800-962-2873)**

By Fax 1-800-914-0004

By TDD 1-800-453-5145

Web Reporting <https://abuse-report-bc.dcf.state.fl.us/AbuseWebReport/Home.aspx>

### What information do you need when you report?

-Have as much info. as possible (demographics, contact info., specifics of the incident- including known history)

### Will the person know I called?

- Even though you are mandated to give your name; **all reports are confidential** (very few exceptions exist under FL law but are limited to litigation and some of the professionals involved in the case).

# What happens after I report?

-The hotline counselor decides based upon F.S. Chp. 39 guidelines if the information you were able to give is sufficient and send it on for investigation.

-If the information was accepted, local child protective investigation is notified and has to respond make initial contact within 24 hours (sooner if deemed imminent harm).

- If the information was not accepted, nothing further will occur.

- Written or oral testimony may at some point be needed (not necessarily by the reporter) should the incident become a legal case and end up in trial.

## PIECE OF MIND:

If you reported out of good faith and with substantial information- you did your part to protect the child.

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**"THIS TIME I'M GOING TO HAVE TO GIVE YOU  
A CITATION, BRITNEY."**

# Sample Checklist

(This is in NO way exhaustive.)

- \_\_\_ 1) Has the parent/caregiver been educated (on their own terms) of the child's illness (how often are we re-educating patients and families)?
- \_\_\_ 2) Does the family have the tools needed to care for the child (this ties in with having medical coverage or charity care for the provisions; do they know how to use the tools/meds)?
- \_\_\_ 3) Is the child needing hospitalization more often than would be indicated by self-reports of at-home care?
- \_\_\_ 4) Is the parent/caregiver aware of health & possible legal consequences of not providing adequate care for the child?
- \_\_\_ 5) Has the parent/caregiver communicated any needs (such as difficulty paying for services and/or attending appointments)?  
-If no communication is occurring, despite efforts to engage and the child is consistently missing appointments; more investigation may need to begin.
- \_\_\_ 6) Are religious practices contraindicated and if so, do they threaten the livelihood of the child (if yes- need to call DCF and let them handle the situation)?
- \_\_\_ 7) Does the parent/caregiver come to appointments visibly intoxicated or incoherent? (If yes, immediately call the abuse hotline.)

# References

<http://www.dcf.state.fl.us/programs/abuse/faq.shtml>

<http://www.childwelfare.gov/edtoolkit/online.html>

<http://www.childwelfare.gov/pubs/factsheets/signs.cfm>

<http://www.ispcan.org/OnlineResources.htm>

<http://www.sanantonio.gov/health/pdf/Child%20Abuse%20and%20Neglect%202008%20final.pdf>

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