

RESEARCH REVIEW

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In this Issue

We present *Research Review (RR)*, a publication of the *Joining Forces Joining Families (JFJF)* group. RR consists of summaries of research on intimate partner violence (IPV) and child maltreatment that is of interest to family advocacy, medical, and social service providers. Articles on IPV include the lack of adequate food in a household can be associated with IPV, social media and descriptions of how IPV is experienced, and how one parent may attempt to alienate a child from the other parent. Summaries of child maltreatment research describe child shame from physical and sexual abuse, the possible relationship between suicidal feelings and social connections, the importance of parental supervision to prevent child neglect, and the association between children’s report care release date and corporal punishment.

INTIMATE PARTNER VIOLENCE

Prevalence and Implications of One Parent Alienating a Child from the other Parent

“Parental alienating behavior” is hostile, instrumental aggression by one parental figure intended to harm the relationship between a child and the other parent (Harman, Kruk, & Hines, 2018). The actions by the parent who is trying to disrupt the relationship — the alienating parent (AP) — in reference to the targeted parent (TP) can include a variety of abusive behaviors such as aggression, coercive control, threats of violence, exploitation of a victim’s vulnerability, exploitation of perpetrator’s vulnerability, and manipulation of the victim by psychological means to question their own sanity. Behaviors by the AP toward a child can often be psychologically abusive such as making the child feel guilty for expressing loyalty or warmth toward the TP, and other actions intended to cause the child to reject the TP. Child neglect can occur when the AP’s needs are placed above those of the child such as keeping the child away from the TP

and from other family members. Parents undergoing child custody disputes may employ alienating behaviors in the hopes of bolstering their custody case, but intact families are not immune to parental alienation.

Establishing the prevalence of parental alienation is difficult as most of these behaviors are hidden. Harman, Leder-Elder, and Biringen (2016) conducted the first parental alienation poll among U.S. adults residing in North Carolina. The study consisted of a probability sample of 608 adults, 18 years of age or older, contacted by random digit dialing. Participants were asked if they had ever heard of the term “parental alienation” and then provided with its definition. They were then asked if they had heard of parental alienating behaviors occurring to someone they knew and how many

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Household Food Insufficiency is Associated with Family Violence

Food insufficiency — lack of adequate food for a family’s needs — is associated with increased rates of physical violence in households. While the great majority of households have been found to be food sufficient, a significant minority experience mild or moderate-to-severe food insufficiency. The 2017 annual survey of food access and adequacy in households by the U.S. Department of Agriculture (n=37,389) found that 88.2% of American households were food-secure, meaning that they had access at all times to enough food for an active, healthy life for all household members (Coleman-Jensen, Rabbitt, Gregory, & Singh, 2018). Food insecurity, meaning that their eating patterns were disrupted because the household lacked money for obtaining food, was found in 11.8% of households including 4.5% with very low food security. Of families with children, married, two-parent families had the lowest percentage of food insecurity (8.1%) and single mother households had the highest (22.1%).

Children in food insufficient homes have numerous health and behavioral problems. For example, they are twice as likely to report being in fair or poor health and were at

least 1.4 times as likely to have asthma (Gunderson & Craig, 2015). The National Survey of Children’s Health (NSCH) surveys a cross-section of U.S. children from infancy through age 17 (<https://mchb.hrsa.gov/data/national-surveys>). It includes items on household food access, child and family mental and physical health, and family violence. A high percentage (74.3%) of families in the NCHS survey had food sufficient homes, 21.3% lived in mild food insufficiency, and 4.4% reported experiencing moderate-to-severe food insufficiency.

The 2016 NSCH compared the outcomes of children in food sufficient homes to those in food insufficient homes (Jackson, Johnson, & Vaughn, 2019). Slightly over 8% of children lived with a mentally ill or suicidal person, and in just under 9%, a drug or alcohol problem was reported. A total of 4.7% of the entire sample reported physical violence between parents or adults in the home. The odds of children witnessing physical violence in the home were 54% greater in mildly food insufficient households, but 166% greater in moderate-to-severe food insufficient households in compari-

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JOINING FORCES

Joining Families

RESEARCH REVIEW

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Descriptions of the Lived Experience of Intimate Partner Violence Through Social Media

The use of social media is a part of daily life for many people. Major uses include communication and obtaining information, but such media can also be used for research. Intimate partner violence (IPV) is a topic about which Twitter users have extensively communicated. A qualitative study of 3,086 worldwide users, randomly selected from 61,725 English speaking tweets, of the hashtag #WhyILeft resulted in analysis of thematic content to elucidate the experience of IPV victims (Storer, Rodriguez, & Franklin, 2018). In this qualitative study, thematic content analysis was used to explore the barriers that tweeters faced in leaving their abusive partners. The analysis revealed seven primary themes that influenced their decision-making process:

- a. The impact of IPV on their well-being,
- b. Lack of awareness that their abuser's behavior was abusive,
- c. Not wanting to be identified as abuse victims,
- d. Internalizing implicit or explicit messages that they should work through their challenges,
- e. Structural constraints over which the victim has little or no control, and
- f. Separating is complex and takes time.

This research emphasized the personal and institutional challenges that victims face in leaving abusive relationships. These challenges were described as a process, rather than a point-in-time. The authors suggested that this type of information is helpful to counselors in that it goes beyond a victim's decision-making processes and illustrates the many interlocking and cumulative impacts of the themes described.

There are many challenges for research in social media. Some unique advantages of this line of research include accessing victims' voices describing their experiences, reaching communities that are not commonly studied, better

understanding of mechanisms that influence decisions, and making meaning of experience. However, there are many disadvantages that must be considered such as having a sample in which the population is unknown and beyond which generalization is impossible. There is no individual unit of analysis, demographics cannot be described, messages may be unclear when emoticons are used instead of words, and there are ethical concerns such as how to protect privacy, and lack of informed consent (Storer, Rodriguez, & Franklin, 2018). Such studies may best be considered pilot studies to identify areas for more systematic research.

Keeping up with emerging technologies that influence individuals is a challenge for clinicians and policy-makers. Media portrayal of societal issues from social media is rampant in journalism and may be a source of misinformation that could influence clients. Social media may represent a portion of a population that is less or least likely to ever present to clinicians. However, clinicians could inquire of the clients if they access social media concerning the issues bringing them to seek care. Social media may be an alternate form of help seeking that, in no small manner, serves as a replacement for established helping services, such as healthcare and family welfare. It is also a vehicle that clinicians can use to explore the content of users' communications. Clinical inquiry of the effects of social media on clients is a topic that requires much more research and public discussion about its influence and how to use such information to help clients.

Reference

Storer HL, Rodriguez M, & Franklin R. (2018). "Leaving was a process, not an event": The lived experience of dating and domestic violence in 140 characters. *Journal of Interpersonal Violence*. doi: 10.1177/0886260518816325

Analysis of the content of social media can inform clinicians of issues discussed by users and can contribute to better understanding of that which they face.

Prevalence and Implications of One Parent, from page 1

such people they knew. If participants had a child, they were asked if they had felt alienated from their child by the other parent. Finally, if they had experienced parental alienation, they were asked to rate its subjective severity (mild, moderate, or severe).

In response to the first question, 58.6% of the entire sample reported “Yes”, they had heard of parental alienation and 68.7% reported knowing someone who was being alienated from their children. Over 13% of participants who were a parent or guardian to a child reported they had been alienated from one or more children by the other parent. Nearly half (48%) of the alienated parents reported the subjective severity of alienation as severe, 31% as moderate, and 13% as mild. Fathers and mothers did not differ in their perceptions of being targeted for parental alienation. Similarly, no differences were detected across age, race, or education level. Parents who were currently married reported significantly higher rates of alienation.

Parental alienation can occur in both intact and separated families. These findings indicate the need to raise professional as well as public awareness of the prevalence and long-term consequences of parental alienation to children and targeted parents. It is important for clinicians as well as others in legal systems, including advocates, to be aware of the possibility of parental alienation when providing services to distraught families in which separation or divorce might be an outcome. Research will be required to understand the nature of parental alienation and to develop treatment strategies for the targeted parent, the child, and the alienating parent.

References

- Harman JJ, Kruk E, & Hines DA. (2018). Parental alienating behaviors: An unacknowledged form of family violence. *Psychological Bulletin, 144*(12), 1275-1299.
- Harman JJ, Leder-Elder S, & Biringen Z. (2016). Prevalence of parental alienation drawn from a representative poll. *Children and Youth Services Review, 66*, 62-66.

Parental alienation is hostile, instrumental aggression by one parental figure intended to harm the relationship between a child and another parental figure. It can be considered a form of intimate partner violence as well as child maltreatment.

Household Food Insufficiency, from page 2

son to non-food insufficient households. While mental health and substance abuse partially mediated these associations, the odds of children witnessing physical violence were even more pronounced in homes with moderate-to-severe food insufficiency in the absence of mental health and substance abuse. Mental illness in the home was associated with a 34% increase in physical violence when there was moderate-to-severe food insufficiency. However, in the absence of mental illness moderate-to-severe food insufficiency was associated with a significantly higher percentage (180%) in the odds of witnessing family violence. Similarly, with drug or alcohol involvement in the household and moderate food insufficiency, there was a 31% increase; without drug or alcohol involvement, the percentage increase was 217%.

The question remains is food insufficiency in itself the risk factor- or perhaps more likely that food insufficient is an indicator of a family with multiple stressors in terms of financial abilities and parental time availability. The authors suggested that policies that aim to reduce food insufficiency may have important collateral benefits in reducing family violence in households that otherwise appear to be of low risk for such violence. The authors proposed that food insufficiency should be considered a trauma due to its burdensome and psycho-

logically taxing demands and that insufficiency may also be a destabilizing factor in households already at risk for physical violence. Reducing food insufficiency can be an important component of prevention of family violence as well as that of treatment programs. Family advocacy could include assessments of food insufficiency in home visiting programs as well as in work with families in which intimate partner violence has occurred.

References

- Coleman-Jensen A, Rabbitt, MP, Gregory CA, & Singh A. (2018). *Household Food Security in the United States in 2017, ERR-256*, U.S. Department of Agriculture, Economic Research Service, September 2018.
- Gundersen C, & Ziliak JP. (2015). Food insecurity and health outcomes. *Health Affairs; 34*(11): 1830-1839.
- Jackson DB, Johnson KR, & Vaughn MG. (2019). Household food insufficiency and children witnessing physical violence in the home: Do family mental illness and substance misuse moderate the association? *Maternal and Child Health Journal*. doi:10.1007/s10995-018-02725-w

Friday Release of Children's Report Cards Can Increase the Risk of Physical Abuse

Spanking and other forms of corporal punishment are important risk factors for child physical abuse. Spanking can cross the line and become physical abuse. Despite parents' trend to decrease their reliance on physical discipline parenting strategies (Ryan, Kalil, Ziol-Guest, & Padilla, 2016), a majority of parents worldwide with school-aged children under 10 still report using corporal punishment (Straus, 2010). An understanding of when parents are more likely to use excessive physical discipline with their school-aged children has important child physical abuse detection and prevention implications.

Using calls to a state child abuse hotline and elementary public school report card release dates for the 2015-16 academic year in Florida, Bright et al. (2018) examined county-level incident rates of verified physical abuse occurring at three different time intervals: (1) report card release day, (2) the day immediately following report card release (post-release day), and (3) all other days of the week (non-release days). After adjusting rates for county-level variables (e.g., child population, median household income) and daily variation in physical abuse rates, the study found that the incidence of child physical abuse increased by 3.75 times on post-release day when report cards were released on a Friday.

The study highlights the need to think of "risk times" as

well as who is at risk. Clinical implications of these findings include the need for increased vigilance among mandated reporters of child maltreatment (e.g., teachers, social service worker, pediatricians) in the days following report card release. Public policy implications include moving report card release to dates earlier in the week, as well as parent education about their needs to manage their concerns about report cards, the times they may feel most stressed and the ineffectiveness of physical discipline.

References

- Bright M, Lynne S, Masyn K, Waldman M., Graber J, & Alexander R. (2018). Association of Friday school report card release with Saturday incidence rates of agency-verified physical child abuse. *JAMA Pediatrics*. doi:10.1001/jama-pediatrics.2018.4346
- Ryan RM, Kalil A, Ziol-Guest KM, & Padilla C. (2016). Socioeconomic gaps in parents' discipline strategies from 1988 to 2011. *Pediatrics*; 138(6): 1-10.
- Straus MA. (2010, Spring). Prevalence, societal causes, and trends in corporal punishment by parents in world perspective. *Law and Contemporary Problems*; 73: 1-30.

Some children who receive poor report cards are punished by their caregivers, which sometimes crosses the line into physical abuse. Schools could be encouraged to move report card release dates to early in the week rather than on a Friday.

Shame Resulting from Child Physical or Sexual Abuse

Child physical abuse (PA) and sexual abuse (SA) are associated with shame (Ellenbogen, Collin-Vezina, Sinha, Chabot, & Wells, 2018). Self-report data were collected on children receiving protective services for PA and/or SA. Measures of abuse-related shame, trauma symptoms, substance abuse, and gambling problems were completed by 123 participants. Shame was assessed via the Shame Questionnaire (Fiering, Taska, & Lewis, 1998; 2002), a three-item measure using a three-point scale, from 0 ("Not true") to 2 ("Very true"). The three items were: "When I think about what happened, I want to run away by myself and hide." "I feel ashamed because I think that people can tell from looking at

me what happened." And "What happened to me makes me feel bad, dirty, or like a 'loser.'"

Abuse was measured with the Childhood Experiences of Violence Questionnaire (CEVQ) (Walsh, MacMillan, Trocme, Jamieson, & Boyle, 2008), which contains 18 items to assess multiple victimizations of youth with special attention on exposure to physical abuse and sexual abuse. Trauma symptoms were measured with the Trauma Symptom Checklist for Children (TSCC) (Briere, 1996), a 54-item assessment of symptoms of posttraumatic stress, dissociation and sexual concerns. Mental health symptoms were measured with the Brief Symptom Inventory (BSI), a 53-item assessment of

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symptoms with nine subscales (Derogotis, 1994).

Approximately 50% of both PA and SA victims did not report shame, but approximately 15% of both types of victims reported at least one measure of shame. When the overlap between PA and SA was compared, 93% of SA victims also reported PA whereas 53% of PA victims reported SA. Six percent of SA victims and 2% of PA victims reported all three items at the “Very true” level. Other responses were between these levels.

The authors reported that the mental health portraits of the PA and SA victims were similarly distressing; both PA shame and SA shame were associated with all subscales of the TSCC and the BSI as well as measures of low self-esteem and suicidal ideation. The authors suggested that abuse-related shame is a pathway to a variety of forms of mental health distress, but further research is needed to understand the causal chain in order to arrive at these outcomes. For example, SA may involve more mental health difficulties than PA due to its taboos of stigma and secrecy, but also due to the high degree of overlap with PA, further increasing victimization when compared with PA alone. Overall, adolescents who feel shame due to poly-victimization face greater mental health problems.

Clinical implications of these findings include assessing shame as a part of assessing PA and SA experiences. Also to note that due to the secrecy associated with feelings of shame, abuse victims may incline toward social withdrawal and negative self-appraisal resulting in negative self-esteem. The authors suggested developing practice guidelines to seek

out PA/SA victims through standard questionnaires used in evaluations and assessments. In addition, cognitive therapies could address shame feelings and self-denigrating ruminations to avoid or treat mental health issues.

References

- Briere (1996). *Trauma Symptom Checklist for Children (TSCC) Professional Manual*. Odessa, FL: Psychological Assessment Resources.
- Derogotis LR. (1994). *Brief Symptom Inventory: Administration, Scoring, and Procedures manual*. Minneapolis, MV: National Computer Systems.
- Ellenbogen S, Collin-Vezina D, Sinha V, Chabot M, & Wells SJR. (2018). Contrasting mental health correlates of physical and sexual abuse-related shame. *Journal of Child and Adolescent Mental Health*; 30(2): 87-97.
- Fiering C, Taska L, & Lewis M. (1998). The role of shame and attributional style in children's and adolescents' adaptation to sexual abuse. *Child Maltreatment*; 3(2): 129-142.
- Fiering C, Taska L, & Lewis M. (2002). Adjustment following sexual abuse discovery: The role of shame and attributional style. *Developmental Psychology*; 38(1): 79-92.
- Walsh CA, MacMillan HL, Trocme N, Jamieson E, & Boyle MH. (2008). Measurement of victimization in adolescence: Development and validation of the Childhood Experiences of Violence Questionnaire. *Child Abuse & Neglect*; 32(11): 1037-1057.

Shame, as a result of physical abuse and/or sexual abuse, can be associated with mental health problems. Victims may incline toward social withdrawal and negative self-appraisal rather than seek mental health services.

CHILD MALTREATMENT

Suicidal Because “I Don’t Feel Connected” or Not Connected Because “I Feel Suicidal”?

Understanding the links between social connections and suicidal ideation has implications for the prevention of suicidal behavior. Adolescents involved with child welfare (CW) have a higher risk of suicide, depression, substance abuse, and trauma than those not involved with CW (Fulginiti, He, & Negriff, 2018). Suicide is the second leading cause of death among U.S. youth 10 to 24 years old (Heron, 2018). Among youth living in families investigated by CW, 27% endorse suicidal ideation (Anderson, 2011). Given that more than 3.5 million U.S. children received a child protective services

investigation in 2017 (Children’s Bureau, 2019), there is a public health imperative to develop evidence-informed interventions which may mitigate suicide among this high-risk population. CW involvement can bring a host of changes in social connectedness, particularly when the subject is removed from the home and placed in foster care or another arrangement and separated from a stable family. Among the significant social changes are the potential loss of friends and supportive family members, different caregivers, and school connections.

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The relationship between social connectedness and suicidal ideation was examined in a study of 995 youth, ages 11–17, who participated in the National Survey of Child and Adolescent Well-Being, a nationally representative sample of children and families investigated by a CW agency during the period 2008–2011 (Fulginiti, He, & Negriff, 2018). They explored the possibility of a bi-directional association between social connectedness and suicidal ideation using a longitudinal approach (base-line and an 18-month follow-up) to examine the association between (1) social connectedness (caregiver, peer, school) at Time 1 (T1) and suicidal ideation at Time 2 (T2), and (2) suicidal ideation at T1 and social connectedness at T2. Control variables included socio-demographics (sex, age and ethnicity), out-of-home placement status, clinical levels of mental health symptoms for depression or post-traumatic stress, and substance abuse disorders.

Suicidal ideation at T1 was significantly associated with peer connectedness and caregiver connectedness at T2, but not school connectedness. Thus, suicidal ideation appears to precede social withdrawal and suicidal ideation, whereas the opposite was not true — T1 social connectedness did not predict T2 suicidal ideation.

The authors described the results of their study as challenging the assumption that loss of social connectedness precedes suicidal ideation, but not the reverse. Potential explanations suggested for this relationship were stigma, internalization of negative attitudes toward the self after having suicidal thoughts, and burdens upon social networks leading to relationship strains and social distancing.

Implications of these findings include the need for universal screening of CW-involved youth for suicidal ideation. Awareness of the association between suicidal ideation and subsequent social withdrawal suggests the need for clinical interventions focused on helping CW-involved youth engage with their social support systems. The authors suggested that child welfare workers who work with suicidal youth and are concerned about suicidal behavior should also be concerned about social connectedness after a suicidal crisis. Further clinical actions that can help improve connectedness are relationship-building skills with peers and caregivers, but also suicide-related stigma reduction strategies.

References

- Anderson HD. (2011). Suicide ideation, depressive symptoms, and out-of-home placement among youth in the U.S. Child Welfare System. *Journal of Clinical Child & Adolescent Psychology, 40*(6), 790-796.
- Children's Bureau. (2019). *Child Maltreatment 2017*. Washington, DC.
- Fulginiti A, He AS, & Negriff S. (2018). Suicidal because I don't feel connected or vice versa? A longitudinal study of suicidal ideation and connectedness among child welfare youth. *Child Abuse & Neglect, 86*, 278-289.
- Heron M. (2018). *Deaths: Leading Causes for 2016*. Hyattsville, MD: U.S. Department of Health & Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

Screening for suicidal ideation is important for managing immediate risk, but such ideation also foreshadows disconnectedness from primary caregivers and peers.

CHILD MALTREATMENT

Preventing Child Neglect Requires Greater Attention to Child Supervision

Child neglect (CN) is the most common form of child maltreatment. In the latest U.S. national counts, 74.9% of all victims were neglected (Children's Bureau, 2019). CN can be thought of as the failure of a parent, guardian, or caretaker to provide for a child's basic physical, emotional, training, and supervisory needs due to abnormal parental behavior (Williams, 2017).

Samples from the National Surveys of Children's Exposure to Violence (NatSCEV), were used to estimate the prevalence of neglected children (Vanderminden et al., 2019). The NatSCEV, funded by the Office of Juvenile Justice and Delinquency Prevention and the Centers for Disease

Control and Protection, is the primary surveillance system for tracking youth victimization in the United States. The survey measures the past-year and lifetime exposure to violence, including maltreatment, for children ages 17 and younger. A representative sample was obtained through random digit dialing of telephone numbers in the United States from August 28, 2013, to April 30, 2014. Data were obtained on 7,852 children and youth regarding physical and supervisory neglect. Supervisory neglect included three subtypes: parental incapacitation, parental absence, and inappropriate caregiver in the home.

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Preventing Child Neglect, from p. 7

The NatSCEV found that more than 1 in 7 (15.1%) U.S. children experienced some form of neglect in their lifetime; more than 1 in 17 (6.1%) experienced neglect in the previous year. The most common types of neglect were supervisory (due to parental incapacitation) and neglect due to parental absence. A two-parent family was the single biggest protective factor against neglect with the exception of families in which there was violence and conflict. Neglect, especially supervisory neglect due to parental addiction and poor monitoring, was present in all socioeconomic categories and occurs in the U.S. military services (Cozza, et al., 2015).

Authors of this study urge that greater attention be given to the impact of supervisory neglect from poor parental monitoring as such inattention or negligence are associated with negative health and behavioral consequences. Lifetime rates of youth 14-17 years old who report supervisory neglect due to parental absence (10.3%) may be of particular interest to military communities experiencing frequent deployments and/or military families experiencing frequent moves. Given that most states permit youth in this age range to go unsupervised for extended periods (hours, not days), these findings reinforce the need for parents to better match their supervision preferences with the unique needs of their children.

References

- Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families of the U.S. Department of Health and Human Services. (2019). *Child Maltreatment 2017* (pp. 261). Washington, DC.
- Cozza SC, Ortiz CD, Fullerton CS, McCarroll JE, Holmes AK, Harris AM, Wryter CL, & Ursano RJ. (2015). Types, subtypes, and severity of substantiated child neglect in U.S. Army communities. *Military Medicine*, 180(11) 1147-1153.
- Vanderminde J, Hamby S, David-Ferdon ., Kacha-Ochana A, Merrick M, Simon TR, . . . Turner H. (2019). Rates of neglect in a national sample: Child and family characteristics and psychological impact. *Child Abuse & Neglect*; 88: 256-265.
- Williams SE. (2017) Redrawing the line: An exploration of how lay people construct child neglect. *Child Abuse & Neglect*; 68: 11-24.

Child neglect involves the failure of a parent, guardian, or caretaker to provide for a child's basic physical, emotional, training, and supervisory needs due to abnormal parental behavior.
