ASU Morrison Institute for Public Policy
Arizona State University

Child Neglect in Arizona:

Prevalence of neglect types reported to Arizona's Department of Child Safety for calendar years 2013-2015

Prepared for

Morrison Institute Child Welfare Leadership Advisory Board

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Project Objective

The research question that guided this study was: For calendar years 2013-2015, what was the prevalence of different neglect types in Arizona Department of Child Safety (DCS) reports where the most serious allegation was neglect? Further, what were the rates in reports never involving a removal, and reports involving a removal within 30 days of report receipt?

It is a meaningful question to answer because neglect is far more common on the national and local level than physical or sexual abuse, and in many cases can have an equally detrimental impact on children.[1] Although neglect allegations account for 70 percent of all reports made to DCS, the department presently does not have a way to quickly analyze data about different types of neglect occurring. This data is stored in DCS' data collection system, but system limitations restrict the department's ability to quickly and easily provide aggregate data in a way that community partners can access and utilize.

There are many ways in which a parent or guardian might neglect a child, but the current reporting practice is to combine all neglect reports under the general term "neglect" without distinguishing the type of neglect. Across the nation, 40 states and Puerto Rico identify medical neglect separately from other types of neglect, but no further distinction is made between other types of neglect.[2] Despite this common practice, neglect can differ significantly.

The objective of this project was to review a sample of reports made to DCS with neglect allegations and identify the types of neglect present in the hotline narrative and investigation narrative. This information is intended to encourage discussion regarding community prevention strategies. Distinguishing types of neglect could result in more targeted prevention strategies aimed at strengthening families and addressing problems before they escalate to the point of DCS involvement. Such an approach, along with state leadership and the Morrison Institute Child Welfare Leadership Advisory Board's insight and feedback, could go a long way toward improving the outcomes for all Arizona children.

Spotlight on Arizona's Kids

This is the third in a series of briefs in which Morrison Institute for Public Policy will report on selected aspects of Arizona's child welfare system.

Spotlight on Arizona's Kids is intended to help state leaders, child advocates, and others develop the most effective prevention strategies.

Morrison Institute's first white paper discussed the less visible but more common side of child maltreatment: neglect. The second white paper discussed family conditions that can influence a family's subtle "drift" towards unsafe situations that often correlate with neglect and examined how the different types of prevention might help interrupt the "drift into failure."

This paper analyzes Arizona Department of Child Safety data to identify the prevalence of various types of neglect in Arizona reports. Future papers will research, analyze and discuss prevention services in Arizona and elsewhere, with an emphasis on best practices.

These collective efforts are intended to help state leaders, child advocates and others discuss and identify the most-effective child abuse and neglect prevention strategies.

Spotlight on Arizona's Kids is funded by the Arizona Community Foundation.

Neglect is the most prevalent form of child maltreatment

Every year, close to 50,000 reports of child abuse and neglect are investigated by the Arizona Department of Child Safety (DCS). Attention is understandably drawn to horrific cases of physical and sexual abuse, but these cases are the minority of the department's overall caseload (Figure 1). Figure 1 shows the distribution of DCS reports by type of child abuse or neglect (see textbox page 7 regarding criteria for a report).[3]

Neglect is also far more common on the national level than physical or sexual abuse, and in many cases can have an equally detrimental impact on children.[4] Nationally, an estimated 2,854,700 children experienced neglect that either resulted in harm or put them at risk for harm during 2005-2006, according to a federal incidence study of child abuse and neglect.[5] Similarly, across the nation, approximately 62 percent of the cases in which children were removed from their home cited neglect as one reason for removal based on 2015 data from the National Child Abuse and Neglect Data System.[6]

Neglect can have many detrimental effects on children. A U.S. Department of Health and Human Services publication states: "When compared to physically abused children, neglected children have academic difficulties that are more serious and show signs of greater cognitive and socio-emotional delays at a younger age."[7] Neglect can impact the full spectrum of childhood development— physical, intellectual, emotional, psychological, social and behavioral. And the damage to victims can be long-lasting.[8]

The neglect of neglect

The majority of the reports made to DCS concern the neglect of children.[9] In addition, about 82 percent of the cases in which Arizona children are removed from the home cited neglect as one of the reasons for removal based on 2015 data from the National Child Abuse and Neglect Data System.[10]

The neglect these children are exposed to is far from benign and they suffer many of the same negative outcomes that abuse victims face. In the *Neglect of Neglect: Exploring the Less-Visible Side of Child Maltreatment*, Morrison Institute outlined the impact neglect has on children and the child welfare system.

Figure 1: Reports by Reporting Period and Type of Maltreatment in Arizona

Source: Analysis of Department of Child Safety Semi-annual Reports for periods April 1, 2012 through March 31, 2016. https://dcs.az.gov/data/dcs-documents

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

Child welfare systems are limited in ability to produce data on different types of neglect

Although neglect allegations account for the majority of all reports made to DCS, data system limitations prevent DCS from being able to provide granular information regarding prevalence of neglect types to community partners to use in developing and refining prevention services.

Understanding the prevalence rates of differing forms of neglect is key to preventing the problem, as prevention approaches may need to be different to address different forms of potential neglect.

Other studies have attempted to identify prevalence of neglect types

Only a handful of studies have tried to identify prevalence of neglect subtypes in other counties or states. Many of these studies categorized neglect differently, but regardless of classification systems used, child protective service systems seem to consistently identify more instances of supervisory neglect than any other type of neglect.[11,12,13,14] This finding is similar to the findings of this current study, that supervisory neglect, such as dangerous exposure, was more prevalent than other types of neglect.

DCS officials point out that neglect is serious, just like abuse and there is no such thing as a "typical" neglect case because the families have all different kinds of situations.

The pipeline for abuse and neglect allegations

Reports enter the DCS system in two ways. The first way is through the telephone hotline, where concerned relatives, friends or others can alert the department that a child may be in danger. The second way reports enter the DCS system is through the electronic referral service for mandated reporters such as teachers or medical professionals.[15] When a communication comes into the Centralized Intake Hotline, a determination is made to screen in the communication as a report if it meets the statutory criteria (see text box page 7 for the statutory criteria in effect during the time period of reports reviewed). At this point, some hotline reports for investigation are transferred to other jurisdictions such as other states or tribes. Every year, DCS receives about 145,000 incoming communications to the child abuse hotline and of these communications; about 95,000 are either screened out because they do not meet the statutory criteria for a report (see text box on page 7) or they are not calls to make a report but rather a request for information or the wrong number, etc.[16] If a hotline communication is found to meet the statutory criteria, it becomes a report and an investigative caseworker is assigned.

As noted, 70 percent of the reports involve at least one allegation of neglect. When an investigative caseworker is assigned to a report, the caseworker will conduct a safety assessment and interview parents, children and others involved with the child to determine how to proceed. This assessment results in all of the following decisions:

- Whether there is probable cause to believe abuse or neglect occurred (substantiation),
- Whether there are any safety threats to a child,
- What action is necessary to control safety threats to a child (removal of the child from the home, or an in-home safety plan),
- Whether services are required to strengthen the family, and
- Whether agency and court oversight is necessary to manage child safety and motivate the parents to participate in services.

A report may involve one child or multiple children within a family. Similarly, after initial safety assessments and interviews are conducted a caseworker can decide to remove one child, all children or

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Criteria for accepting a report

To be screened in as a report, hotline communication must contain the following:

- The suspected victim is currently under the age of 18
- The suspected conduct constitutes abuse or neglect
- The person suspected of committing the abuse or neglect is the parent, guardian or custodian of the victim or an adult member of the victim's household.
- Victim is a resident of or present in Arizona, or any act involved in the suspected abuse or neglect occurred in this state.

Source: Arizona Revised Statutes §8-455 prior to HB2522 changes in 2016 Second Regular Session.

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none of the children within a family. In this way, reports cannot be construed as representing a one-to-one ratio of children involved with the child welfare system. Another important note is that the data in this report only reflect neglect that comes to the attention of DCS, there may be more neglect that occurs in Arizona that is not reported to DCS. Additionally, each of the 21 recognized tribes in Arizona has its own method for tracking and handling reported child abuse and neglect. The data in this report cannot accurately speak to what is occurring in these tribal nations.

Reports involving a removal account for about 12 percent of the total number of reports that come in to DCS each year.[17] These reports involving a removal contribute to the out-of-home care numbers in Arizona, which peaked in the winter of 2015, at 18,906, and have since been declining, the number was 16,899 at the end of March 2017.[18]

Study design, sampling, and methodology

Since the volume of reports DCS receives is too great to allow for a review of all of them, Morrison Institute determined it was best to select a sample of neglect reports for review. To gain a better understanding of the types of child neglect present in reports made to DCS, researchers decided to select a total of 800 reports for calendar years 2013 through 2015. These reports were selected at random from DCS reports where neglect was the most serious concern. Four-hundred of these reports were instances where the child was removed from the family within 30 days of the report being made, and 400 reports were instances where there was never a removal associated with the report.

The decision to choose reports that involved a removal within 30 days of the receipt of the report was a joint decision between DCS and Morrison Institute. In discussions with DCS, Morrison Institute believed it was reasonable to assume that in most cases, a situation reported within the past 30 days contributed to the removal. Past this timeframe, there could have been other issues resulting in removal of children that were potentially not reflected in the hotline and report narrative information provided by DCS for this study. Because of the uncertainty of causes for removal past the 30-day timeframe, Morrison Institute and DCS jointly decided to exclude these reports from the sample design. This was a study design decision and is a potential limitation to the generalizability of conclusions in this report, as the study does not capture instances of removal after 30 days and the prevalence of different neglect types might be different in those reports.

Morrison Institute chose to select reports from calendar years 2013 through 2015 because changes to the safety and risk assessment tools used by caseworkers were made in fall of 2012. Because of those changes, reports before fall 2012 were assessed for risk and safety issues differently. To maintain internal consistency for reports reviewed in this study, researchers decided to begin the sample at Jan. 1, 2013 to avoid partial year report sampling. When this study began, the most recent complete calendar year for which DCS had report and removal information was 2015. Again, to avoid sampling reports from a partial year, researchers decided to sample for the complete calendar year 2015. Thus, the timeframe for sampling was full calendar years 2013 through 2015.

In total, the Department of Child Safety received 102,043 unique reports where neglect was one of the biggest concerns during calendar years 2013 through 2015. Since Morrison Institute was interested in reports never involving a removal and those involving a removal within 30 days of receipt of the report, only these specific pools of reports were sampled from. This focus resulted in a total of 16,015 reports being excluded because these reports included a removal that occurred more than 30 days from the initial report receipt date.

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After excluding these, there were 86,028 unique reports where neglect was one of the most serious concerns. Of those, 8,212 (or 10 percent) resulted in at least one child being removed from the home within 30 days of the hotline communication while 77,816 (or 90 percent) never resulted in a removal. Because reports that involved removals within 30 days comprised such a small percentage of all reports, a simple random sample would need to be very large to ensure that removals were fully represented. Two separate, random samples of reports were selected. The first representing the removal of a child from the home within 30 days and the second representing situations in which the child was never removed from the home. This ensured that the sample is representative with respect to both reports involving a removal and reports that did not. Each sample consists of 400 reports (i.e. the sample size necessary to obtain a representative sample for each group). In total, the Morrison Institute sample includes 800 reports (i.e. 400 reports involving a removal and 400 reports never involving a removal). Although this ensures that the sample is representative, it over-represents reports involving a removal. While 50 percent of the sample consists of reports involving a removal, only 10 percent of all reports in the population involve a removal. To balance the sample to its correct proportion, Morrison Institute weighted the data so that the sample proportionately reflects the population of reports involving a removal (10%) and reports never involving a removal (90%). Morrison Institute applied basic weights when calculating descriptive statistics and notes this in the reporting, when applicable.

The research team knew, in advance, the proportion of reports involving a removal and reports that did not involve a removal within the total population of reports. This allowed the team to address these two neglect outcomes in the total population of reports within an acceptable margin of error.

However, Morrison Institute further sought to analyze each of these neglect types by subtype. Since the frequency of the occurrence of each neglect type was unknown to the researchers beforehand, the samples include only a small number of reports addressing certain neglect types (e.g. medical neglect was found in only 61 reports). Because of the small sample sizes among some of the types analyzed, the margins of error are large. Therefore, when a neglect type sample is small, resulting in too high a margin of error, it is important to understand that the findings are applicable to the study sample but may not be projectable to the general population.

Literature review to inform codebook

As an initial step to categorize neglect, researchers reviewed the current body of child neglect research to identify neglect terms and definitions for each term. (See Appendix A for the list of literature reviewed.) Researchers catalogued all definitions and documented the source for the definition. Once catalogued, Morrison Institute convened a workgroup to discuss literature review results. At this workgroup meeting, participants reviewed definitions and identified terms and categories that were conceptually similar. These conceptually similar definitions were grouped together into larger categories by themes.

After gathering definitions from literature, researchers reviewed Arizona child welfare statutes to identify Arizona-specific neglect categories and included these in the codebook. Although substance-exposed newborn was not a neglect category identified in the literature review, Arizona and three other states have statutes that consider newborns who test positive for controlled substances as being neglected.[19] Because of this, a category for substance-exposed newborns was included in the codebook.

A draft codebook was provided to the Department of Child Safety for their review and input. Three staff members from DCS provided feedback and clarification on the codebook based on their collective knowledge and experience in the field. The input of a national expert on child welfare also was solicited to improve the clarity of the codebook. The diverse and rich input received improved the codebook

applicability and clarity tremendously. The resulting codebook (see Appendix B) contains five overarching themes of neglect, which are referred to in this paper as "types." There was so much diversity within each type of neglect that researchers sought to further categorize with more detail, resulting in "subtypes" of neglect. These subtypes are listed in Figure 2 on page 11.

Codebook categories and sub-types of neglect

After a review of the current research as well as applicable Arizona statutes, five primary types of neglect were identified. Four of these broad types of neglect also encompassed subtypes defined within the larger categories to provide more nuance and detail. Each of the reports reviewed was assigned to one or more of these neglect types and subtypes. The types and subtypes of neglect used are shown in Figure 2.

Researchers looked at 800 individual reports and related case information, including the allegations received by the DCS Hotline, interviews, and safety assessments. During this process, researchers coded each report for types and subtypes of neglect present based on the codebook categories, definitions, and examples. Throughout this process, two coders worked together to ensure coding was accurate. In instances where coders disagreed, coders would discuss the type and subtype of neglect each believed to be present based on specific language used in the report. In cases where coders could not agree on type of neglect present, coders would consult with DCS and jointly identify types and subtypes of neglect. It should be noted that a single report might involve multiple types of neglect. For example, a single report could contain evidence of shuttling (supervisory neglect), inappropriate caregiver (supervisory neglect), and poor hygiene (physical neglect).

In the following sections, each of the neglect types is examined in depth, looking at the prevalence of each subtype and how these percentages are different in instances where there was no removal and those reports where there was a removal within 30 days of the initial report.

Types and Subtypes of Child Neglect				
Supervisory	**Physical**	**Medical**	**Emotional**	**Substance-exposed Newborn**
Abandonment	Inadequate food	Denial or delay of medical health care	Inadequate nurturing/affection	
Expulsion	Inadequate clothing	Denial or delay of dental health care	Unrealistic developmental expectation	
Shuttling	Poor hygiene	Denial or delay of mental health care		
Dangerous exposure	Inadequate shelter			
Dangerous exposure related to domestic violence				
Deliberate exposure of a sexual nature				
Inappropriate caregiver				
Failure to prevent risky behavior/encouraging maladaptive behavior				
Permit a child's drug and alcohol use				
Lack of supervision				

Figure 2: Types and subtypes of neglect

See Appendix B for definitions and examples

2017 Morrison Institute Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

Physical neglect

The physical neglect subtypes and definitions are as follows. Additional examples can be found in Appendix B:

Inadequate food: Parent's failure or refusal to provide sufficient food to meet child's nutritional, developmental or survival needs for reasons other than poverty. This form of neglect may manifest as poor growth or failure to thrive, usually diagnosed by a pediatric health care provider. It is important to ensure that the poor growth is not due to a medical problem.

Inadequate clothing: When a child lacks appropriate clothing, such as not having appropriately warm clothes or shoes in the winter or when children lack clothing so that they are dangerously exposed to the elements and the absence of adequate clothing poses a health risk to the child.

Poor hygiene: Constant and consistent inattention to child's personal hygiene that threatens child's health and development.

Inadequate shelter: The conditions of the home present a threat to the child's health and safety. Filthy home (client induced), inadequate housing or facilities (not client-induced).

Supervisory neglect

The supervisory neglect subtypes and definitions are as follows. Additional examples can be found in Appendix B:

Abandonment: The desertion of a child without arranging for his/her reasonable care or supervision.

Shuttling: Child is repeatedly left in the custody of others for days or weeks at a time, possibly due to the unwillingness of the parent or caregiver to maintain custody.

Expulsion: The permanent or indefinite expulsion of a child from the home, without adequately arranging for his/her care by others or the refusal to accept custody of a returned runaway.

Inability to supervise due to incarceration: Caregiver is taken into custody by law enforcement and cannot supervise child.

Dangerous exposure: Caregiver does not take adequate precautions to ensure a child's safety in and out of the home; reckless disregard for the child's safety and welfare; exposure to safety hazards.

Dangerous exposure related to domestic violence: Domestic violence that involves a minor who is a victim or in imminent danger during the domestic violence; caregiver engages in violent behavior that imminently or seriously endangers child's physical or mental health.

Deliberate exposure of a sexual nature: Based on Arizona neglect statutes A.R.S. §8-201, exposure by a parent, guardian or custodian to sexual conduct, sexual contact, oral sexual contact, sexual intercourse or explicit sexual materials. It also encompasses acts committed by the parent, guardian or custodian (sexual contact, oral sexual contact, sexual intercourse, bestiality) with reckless disregard as to whether the child is physically present.

Inappropriate caregiver: Leaving a child in the care of someone who is either unable or should not be trusted to provide care for a child or does not have the legal authority sufficient to meet child's needs, and the primary caregiver is aware of the alternative caregiver's status.

Failure to prevent risky behavior/encouraging maladaptive behavior: Permitting or not keeping the child from engaging in risky, illegal, or harmful behaviors.

Permit drug and alcohol use: The encouragement or permission by the caregiver of drug or alcohol use by the child.

Lack of supervision: The child is left completely alone for a time inappropriate to child's age or developmental level with no provisions for supervision or physical needs.

Inability to supervise due to other circumstances: Caregiver is not able to provide supervision due to extenuating circumstances such as temporary hospitalization or residence at an in-patient substance abuse rehabilitation program.

Substance-exposed newborn neglect

Newborn infant was exposed prenatally to a drug or substance and that this exposure was not the result of a medical treatment administered to the mother or the newborn infant by a health professional. Newborn has fetal alcohol syndrome or fetal alcohol effects.

Emotional neglect

The emotional neglect subtypes and definitions are as follows. Additional examples can be found in Appendix B:

Inadequate nurturing/affection: The persistent, marked inattention to the child's needs for affection, emotional support or attention.

Unrealistic developmental expectations: Neglect resulting from caregiver's inappropriately advanced expectations of child.

Medical neglect

The medical neglect subtypes and definitions are as follows. Additional examples can be found in Appendix B:

Denial or delay of medical health care: The failure to provide or to allow needed care as recommended by a competent health care professional for a physical injury, illness, medical condition or impairment. The failure to seek timely and appropriate medical care for a serious health problem that any reasonable person would have recognized as needing professional medical attention.

Denial or delay of dental health care: The failure to seek timely and appropriate dental care.

Denial or delay of mental health care: The failure to seek or follow up on behavioral health services.

Coding methodology and analysis

Morrison Institute received redacted pdf documents from DCS for every report in the sample. These pdfs contained narratives for the allegation reported to the Child Abuse Hotline. Researchers read this narrative and identified the types and subtypes of neglect present in the hotline narrative using the categories, definitions and examples in the codebook. Data regarding types and subtypes of neglect were entered into a Qualtrics survey designed for this study. Data were then extracted from Qualtrics and analyzed in SPSS and STATA.

The pdf documents also contained redacted narrative information from interviews with the child, caregivers, alleged perpetrator, collateral contacts, assessment of present danger, risks identified, impending danger analysis and the clinical supervision decision. Researchers read through these narrative sections for every report and identified the types and subtypes of neglect present using the categories, definitions and examples in the codebook. Data regarding types and subtypes of neglect

were entered into a Qualtrics survey designed for this study. Data were then extracted from Qualtrics and analyzed in SPSS and STATA.

Case review results

Neglect types in DCS hotline reports

Hotline Narrative of Reports for Calendar Years 2013-2015, by Type of Neglect

Figure 3: Prevalence of Neglect Types in DCS Hotline Narratives for Reports; for DCS Hotline Narratives of Reports Containing Allegations of Neglect for Calendar Years 2013-2015.

The margin of error for the percentages in this figure does not exceed +/- 5 percent.

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

Researchers collected information regarding neglect types for all 800 hotline reports for investigation in the sample regardless of removal status and then weighted this data to reflect a larger population estimate for the prevalence of neglect types. The population estimates reflected in this graph include only hotline communications between calendar years 2013 through 2015 that resulted in reports involving a removal within 30 days or reports never involving a removal.

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Of the DCS hotline reports that indicated neglect as one of the most serious allegations, Morrison Institute researchers estimate that 81 percent involved alleged supervisory neglect. It is possible that more than one type of neglect may be mentioned in the hotline narrative, so the percentages in Figure 3 add to more than 100 percent.

The second most common type of neglect alleged was physical neglect, mentioned in 19 percent of hotline reports for investigation, with smaller percentages of the remaining three types.

Neglect types in report assessments and investigation narratives for reports never involving a removal

Reports Never Involving a Removal for Calendar Years 2013-2015, by Type of Neglect

- Emotional: 0%
- Physical: 3%
- Medical: 4%
- Substance-exposed newborn: 8%
- Supervisory: 44%
- Nothing found: 47%

(Y-axis: Percent of Non-Removal Reports; X-axis: Types of Neglect)

Figure 4: Prevalence of Neglect Types in Neglect Report Interview and Assessment Documentation; for reports Never Involving a Removal for Calendar Years 2013-2015

The margin of error for the percentages in this figure does not exceed +/-5 percent.

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

Researchers collected information regarding neglect types for report assessment and investigation narratives in the sample for reports never involving a removal. The population estimates reflected in this graph include only reports from calendar years 2013 through 2015 that never involved a removal.

After the reports were investigated, 47 percent contained no evidence of neglect in the assessment and investigation narratives according to researchers' review. This figure shows that supervisory neglect was the most common type of neglect among reports never involving a removal, followed by substance-exposed newborn. Percentages do not sum to 100 percent because multiple types of neglect may be present in an individual report.

Neglect types in report assessments and investigation narratives for reports involving a removal within 30 days

Reports Involving a Removal within 30 Days for Calendar Years 2013-2015, by Type of Neglect

Figure 5: Prevalence of Neglect Types in Neglect Report Interview and Assessment Documentation; for Reports Involving a Removal within 30 Days for Calendar Years 2013-2015

The margin of error for the percentages in this figure does not exceed +/-5 percent.

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

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Researchers collected information regarding neglect types for the 400 randomly sampled reports resulting in a removal within 30 days of the report being made. The data in this graph can be read as reflective of the prevalence of neglect types for the reports to DCS that involved a removal within 30 days of the receipt of the report for the calendar years 2013 through 2015.

In the most serious instances of neglect where a child was removed within 30 days of the report being made, removal occurred because the neglect placed a child in immediate or impending danger. A child removed from the home is generally placed in out-of-home care, which could be a kinship placement, foster care placement or group-home placement among other options.

Substance-exposed newborn frequency in report assessments and investigation narratives

Figure 5 shows that 20 percent of the reports that resulted in a removal within 30 days of report receipt contained evidence of a substance-exposed newborn, according to researchers' review. It is important to reiterate that reports where a removal occurred account for about 12 percent of all reports DCS investigates.[20] Figure 4 shows 8 percent of reports that never involved a removal contained evidence of a substance-exposed newborn, according to researchers' review.

Reports Never Involving a Removal for Calendar Years 2013- 2015, by Supervisory Neglect Subtype

Subtypes of Supervisory Neglect

Subtype	Percentage
Expulsion	1%
Permitted drug and alcohol use	1%
Shuttling	2%
Deliberate exposure of a sexual nature	6%
Inability to supervise due to other	6%
Inappropriate caregiver	6%
Abandonment	10%
Incarceration	13%
Lack of supevision	16%
Dangerous exposure	19%
Failure to prevent risky behavior/encouraging maladaptive behavior	23%
Dangerous exposure related to domestic violence	24%

Percentage of Supervisory Neglect Reports Never Involving a Removal

Figure 6: Prevalence of Supervisory Neglect Subtypes in Supervisory Neglect Report Interview and Assessment Documentation; for Reports Never Involving a Removal for Calendar Years 2013-2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

Supervisory neglect was the most commonly identified type of neglect in reports never involving a removal (see Figure 4). This figure (Figure 6) shows the prevalence of each supervisory neglect subtype according to researchers' review for the reports containing evidence of supervisory neglect and never involving a removal, according to researchers' review. In those reports containing evidence of supervisory neglect, the most commonly identified subtypes of supervisory neglect were dangerous exposure related to domestic violence, dangerous exposure and failure to prevent maladaptive behavior/encouraging risky behavior.

Although researchers did not code for abuse when it co-occurred with neglect, as it was beyond the scope of this study, researchers felt it was important to communicate that some instances of the neglect types and subtypes did co-occur with child abuse. For example, a parent could have been abusing a child in the home and the other parent did nothing to intervene or stop the abuse from happening. However, since researchers were not coding for abuse these instances instead would have been coded as

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dangerous exposure to reflect the lack of action by one caregiver to prevent another caregiver from abusing the child. The percentages in the figure do not add up to 100 percent because one report can contain evidence of multiple subtypes of neglect.

Supervisory neglect subtypes in report assessments and investigation narratives for reports involving a removal within 30 days
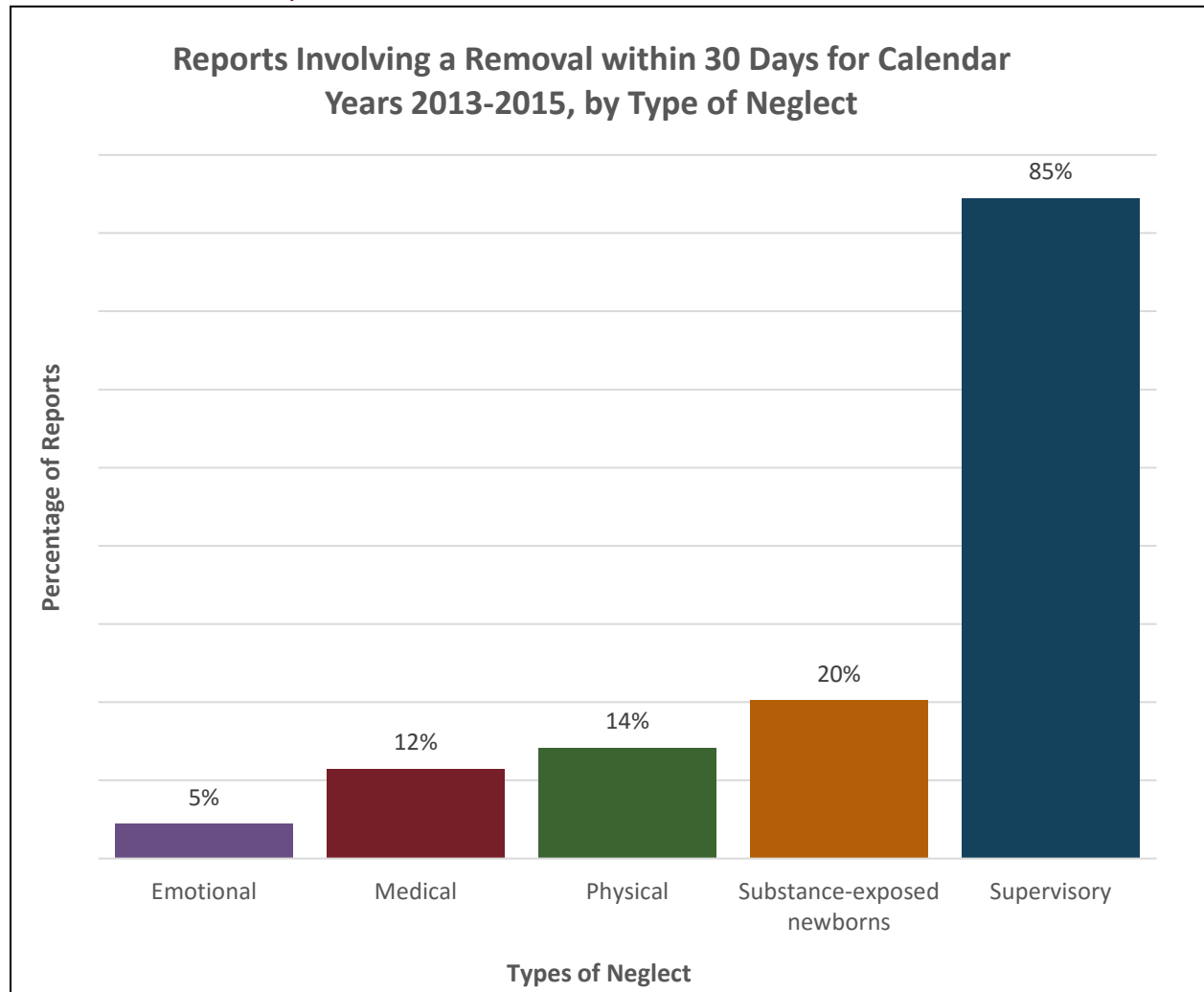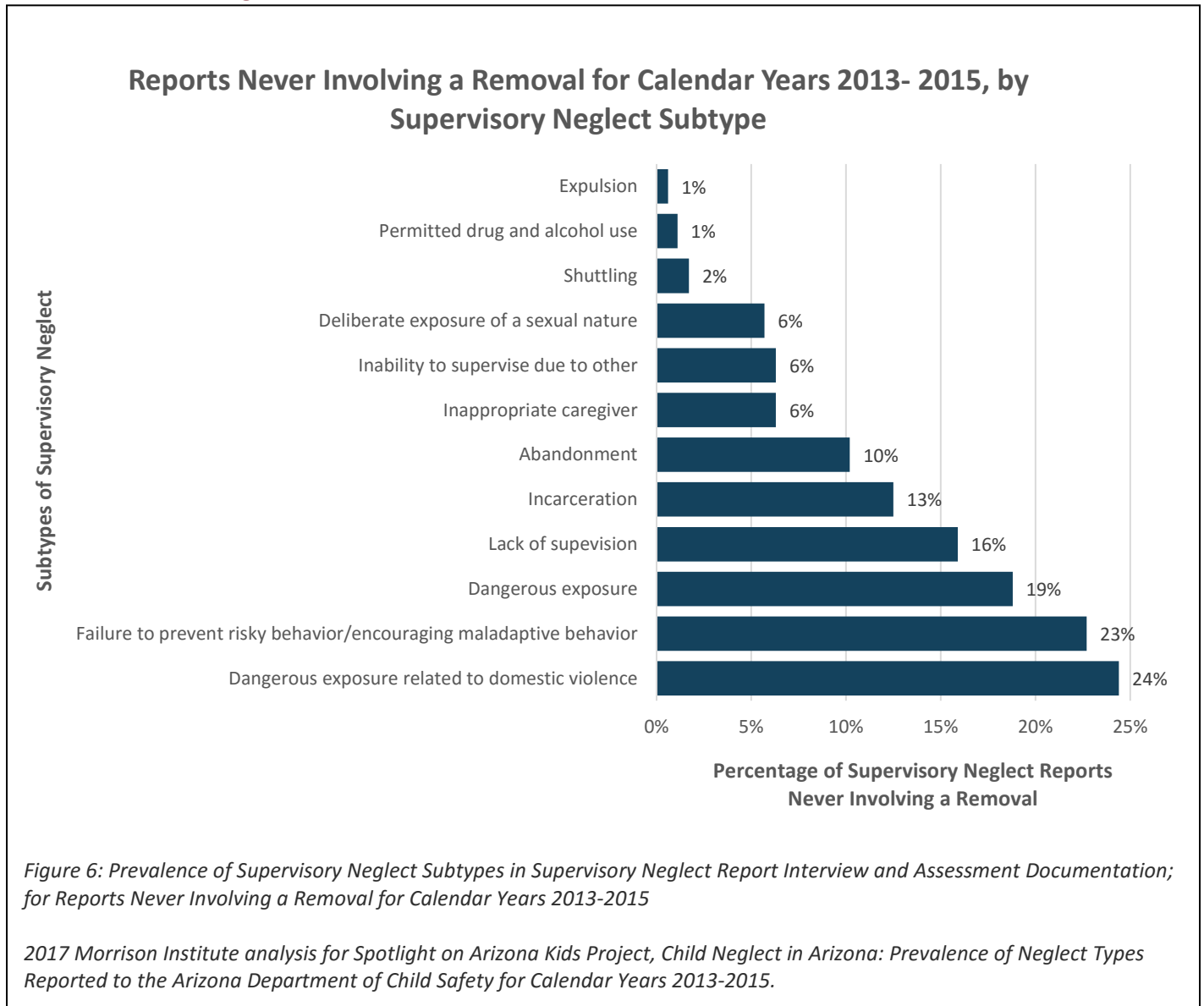
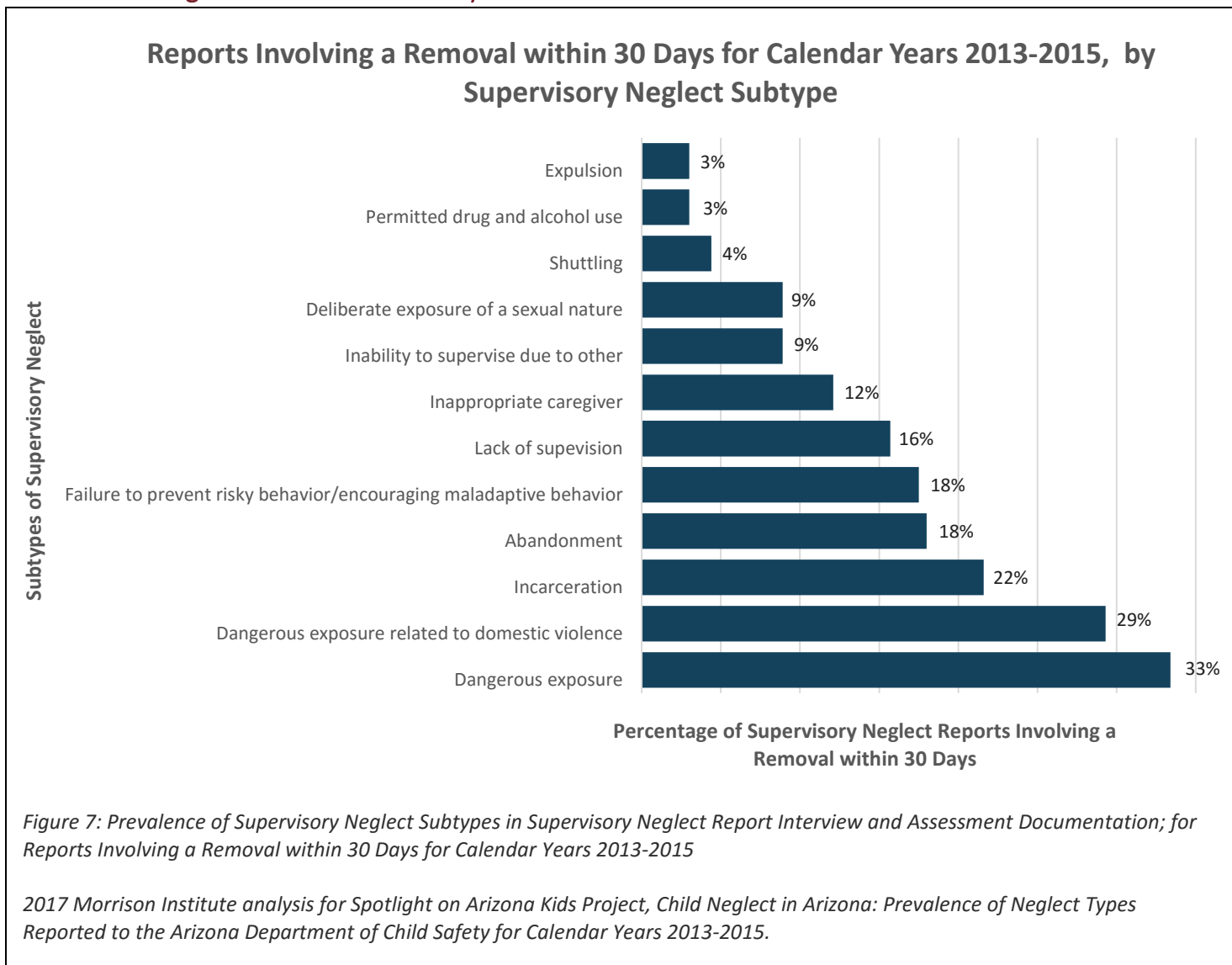**Reports Involving a Removal within 30 Days for Calendar Years 2013-2015, by Supervisory Neglect Subtype**

Figure 7: Prevalence of Supervisory Neglect Subtypes in Supervisory Neglect Report Interview and Assessment Documentation; for Reports Involving a Removal within 30 Days for Calendar Years 2013-2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

Reports where a removal occurred account for about 12 percent of all reports DCS investigates.[21] The review showed that supervisory neglect was the most commonly identified type of neglect prevalent in the reports that resulted in a removal within 30 days of the report being made (see Figure 5). This figure separates out the 85 percent of neglect reports that resulted in a removal and contained evidence of supervisory neglect (see Figure 5) into the subtypes of supervisory neglect. Among those 85 percent of reports, the most commonly identified subtypes of supervisory neglect were dangerous exposure, dangerous exposure related to domestic violence and incarceration of the parent/caregiver. These percentages do not add up to 100 percent because one report can contain evidence of multiple subtypes of neglect.

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Reports Never Involving a Removal for Calendar Years 2013-2015, by Physical Neglect Subtype

Percent of Physical Neglect Reports Never Involving a Removal

			83%
Inadequate food	Inadequate clothing	Poor hygiene	Inadequate shelter
0%	0%	33%	

Subtypes of Physical Neglect

Figure 8: Prevalence of Physical Neglect Subtypes in Physical Neglect Report Interview and Assessment Documentation; for Reports Never Involving a Removal for Calendar Years 2013-2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.
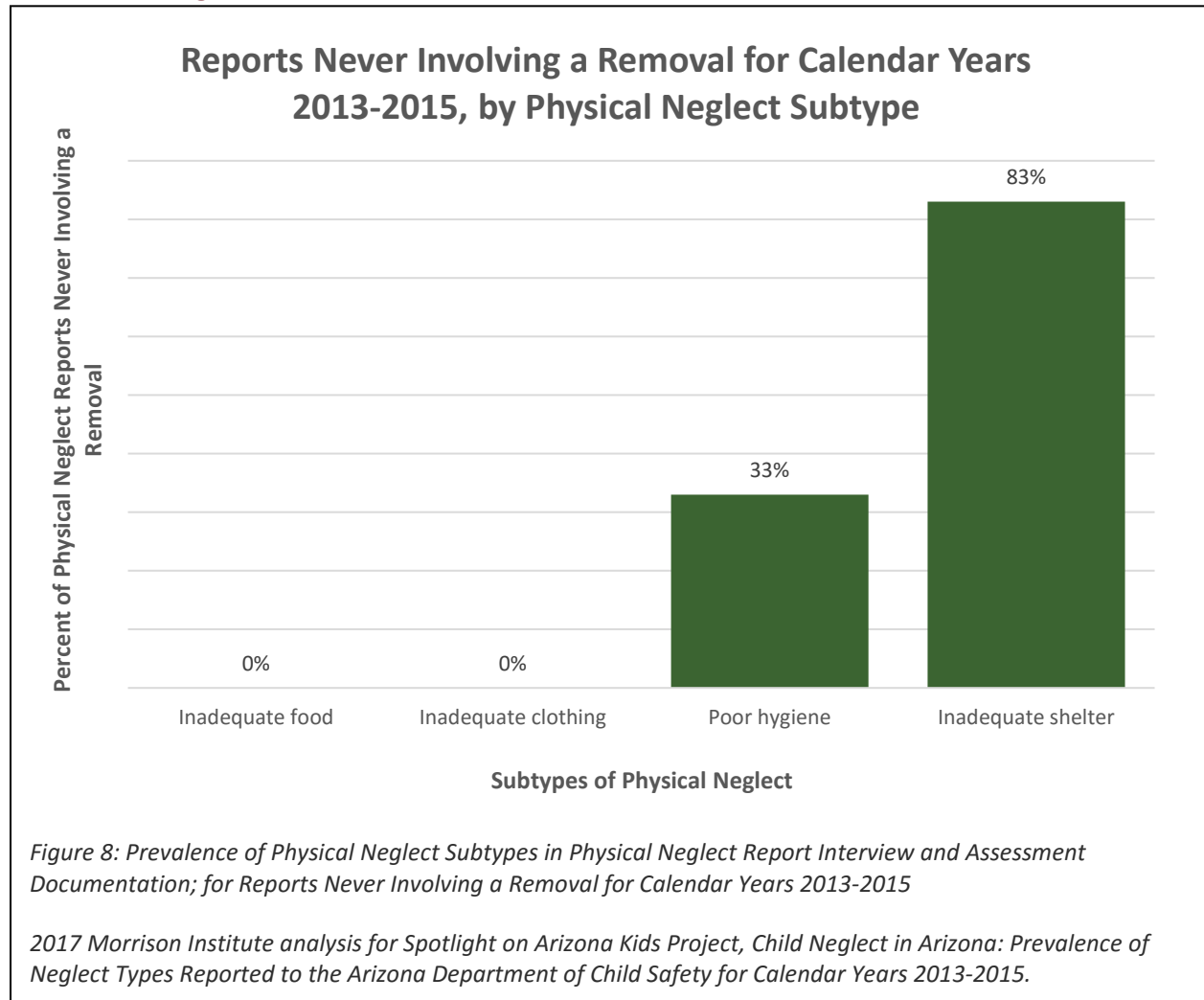
Figure 8 shows that in those reports that never resulted in a removal but contained evidence of physical neglect, the majority indicated evidence of inadequate shelter. The figure depicts percentages to allow for comparing prevalence of types of neglect, however, the counts in each subtype category were small. There were 10 reports that contained evidence of inadequate shelter, according to researchers' review. Additionally, there were only four reports that contained evidence of poor hygiene, according to researchers' review. This figure also shows that among the reports that never involved a removal, there were zero reports that contained evidence of inadequate food or inadequate clothing. In total, there were 12 reports that contained evidence of physical neglect and never resulted in a removal. The percentages in the figure do not add up to 100 percent because one report can contain evidence of multiple subtypes of neglect.

Reports Involving a Removal within 30 Days for Calendar Years 2013-2015, by Physical Neglect Subtype

Figure 9: Prevalence of Physical Neglect Subtypes in Physical Neglect Report Interview and Assessment Documentation; for Reports Involving a Removal within 30 Days for Calendar Years 2013-2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.
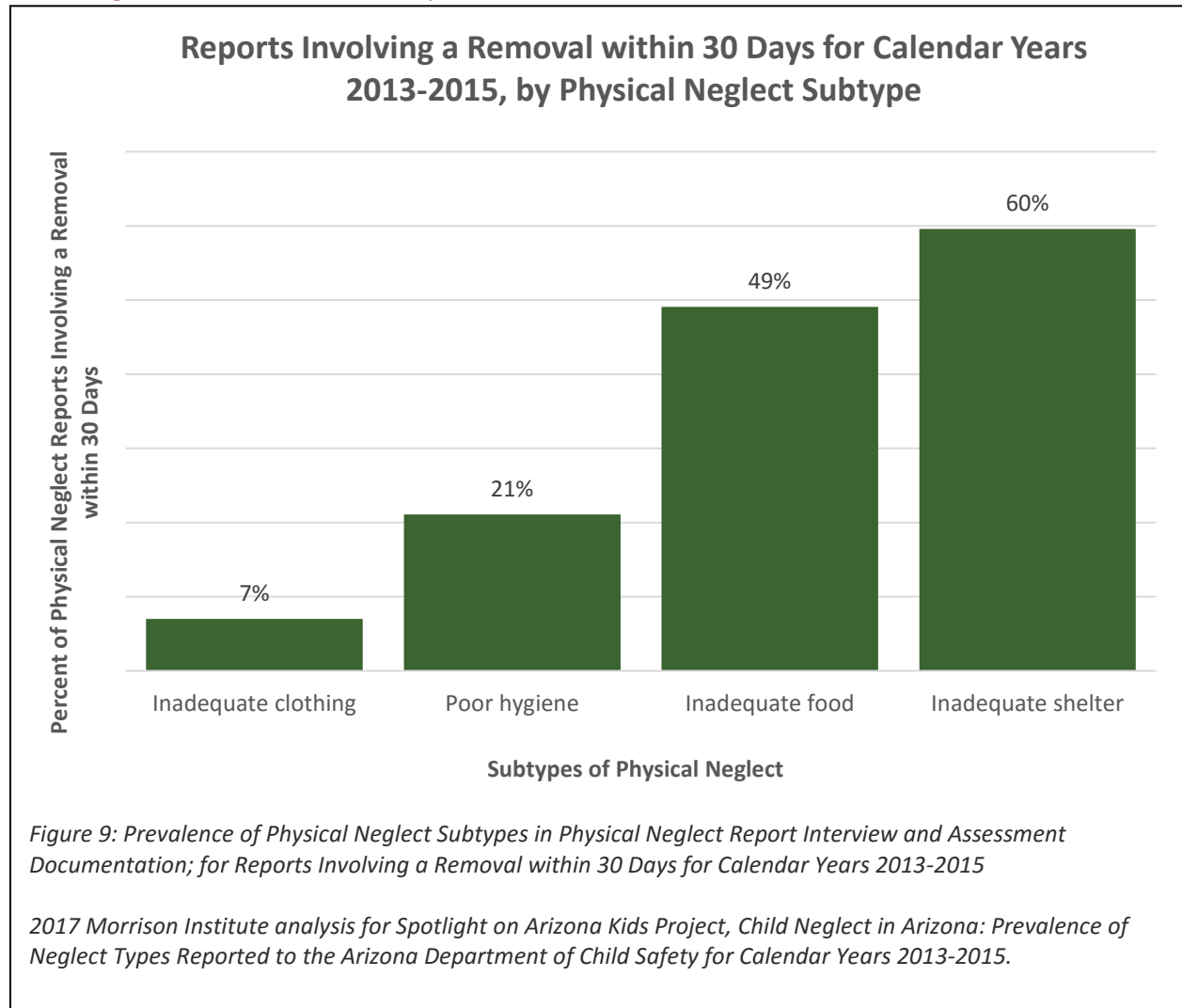
Reports where a removal occurred account for about 12 percent of all reports DCS investigates.[22] Figure 9 separates out the 14 percent of reports that resulted in a removal and contained evidence of physical neglect (see Figure 5) into the subtypes of physical neglect. Among these reports, 60 percent of them contained evidence of inadequate shelter, 49 percent contained evidence of inadequate food, 21 percent indicated poor hygiene and 7 percent indicated inadequate clothing. These percentages do not add up to 100 percent because one report can have allegations for multiple subtypes of neglect.

Reports Never Involving a Removal for Calendar Years 2013-2015, by Medical Neglect Subtype

Percent of Medical Neglect Reports Never Involving a Removal

- Delay or denial of dental care: 7%
- Delay or denial of medical care: 20%
- Delay or denial of mental health care: 87%

Subtypes of Medical Neglect

Figure 10: Prevalence of Medical Neglect Subtypes in Medical Neglect Report Interview and Assessment Documentation; for Reports Never Involving a Removal for Calendar Years 2013-2015, the Percentage by Medical Neglect Subtype

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

Figure 10 shows the prevalence of each medical neglect subtype among the reports containing evidence of medical neglect, according to researchers' review. In the 4 percent of reports that contained evidence of medical neglect but never involved a removal (see Figure 4), the most commonly identified subtype was delay or denial of mental health care. The graph depicts percentages to allow readers to compare prevalence of types of neglect, however, the counts in each subtype category were small. There were 13 reports that contained evidence of delay or denial of mental health care. Additionally, there was only one report that contained evidence of delay or denial of dental care. There were three reports that contained evidence of delay or denial of medical care. In total, there were a total of 15 reports that contained evidence of medical neglect and never resulted in a removal. The percentages in the figure do not add up to 100 percent because one report can contain evidence of multiple subtypes of neglect.

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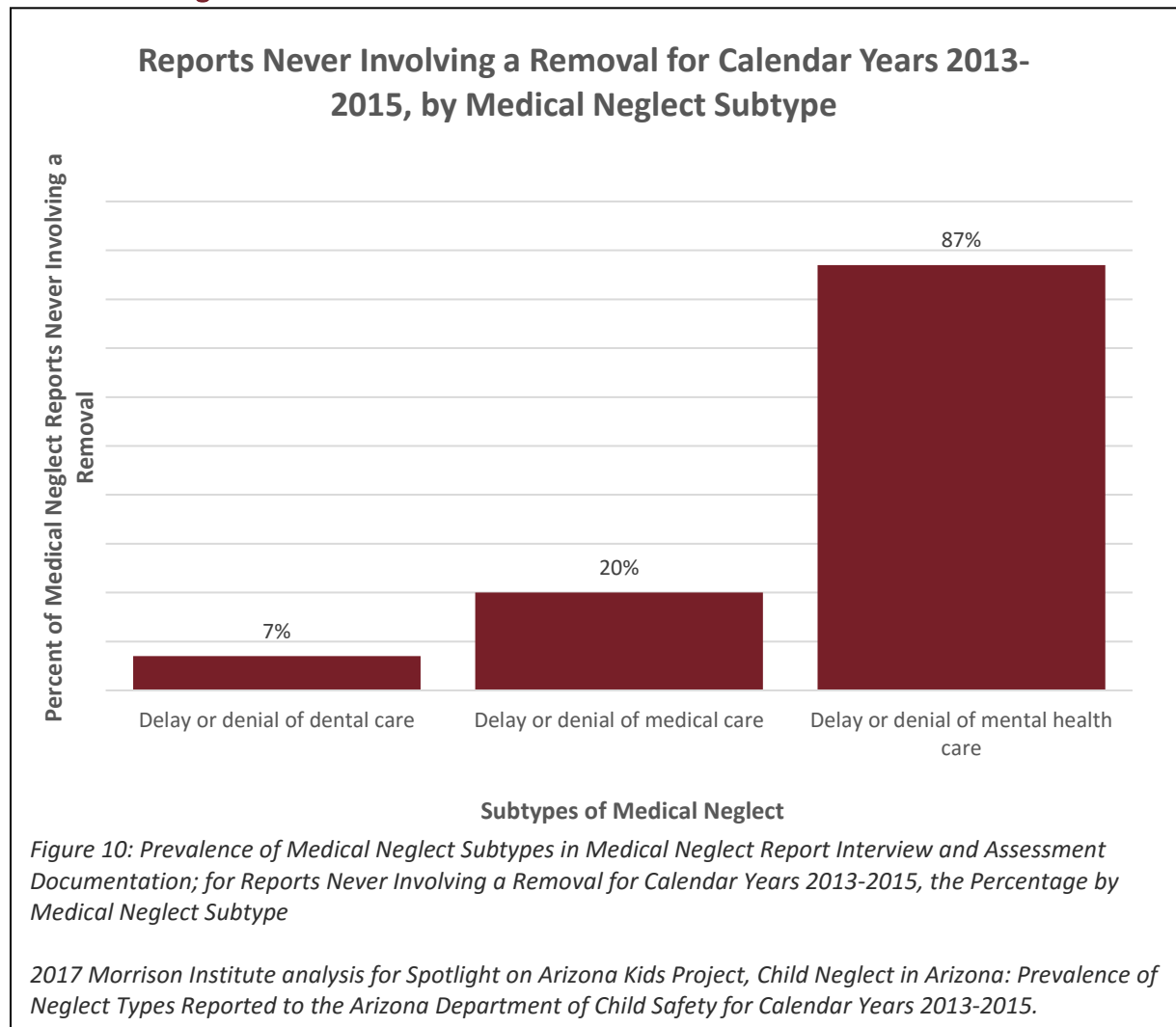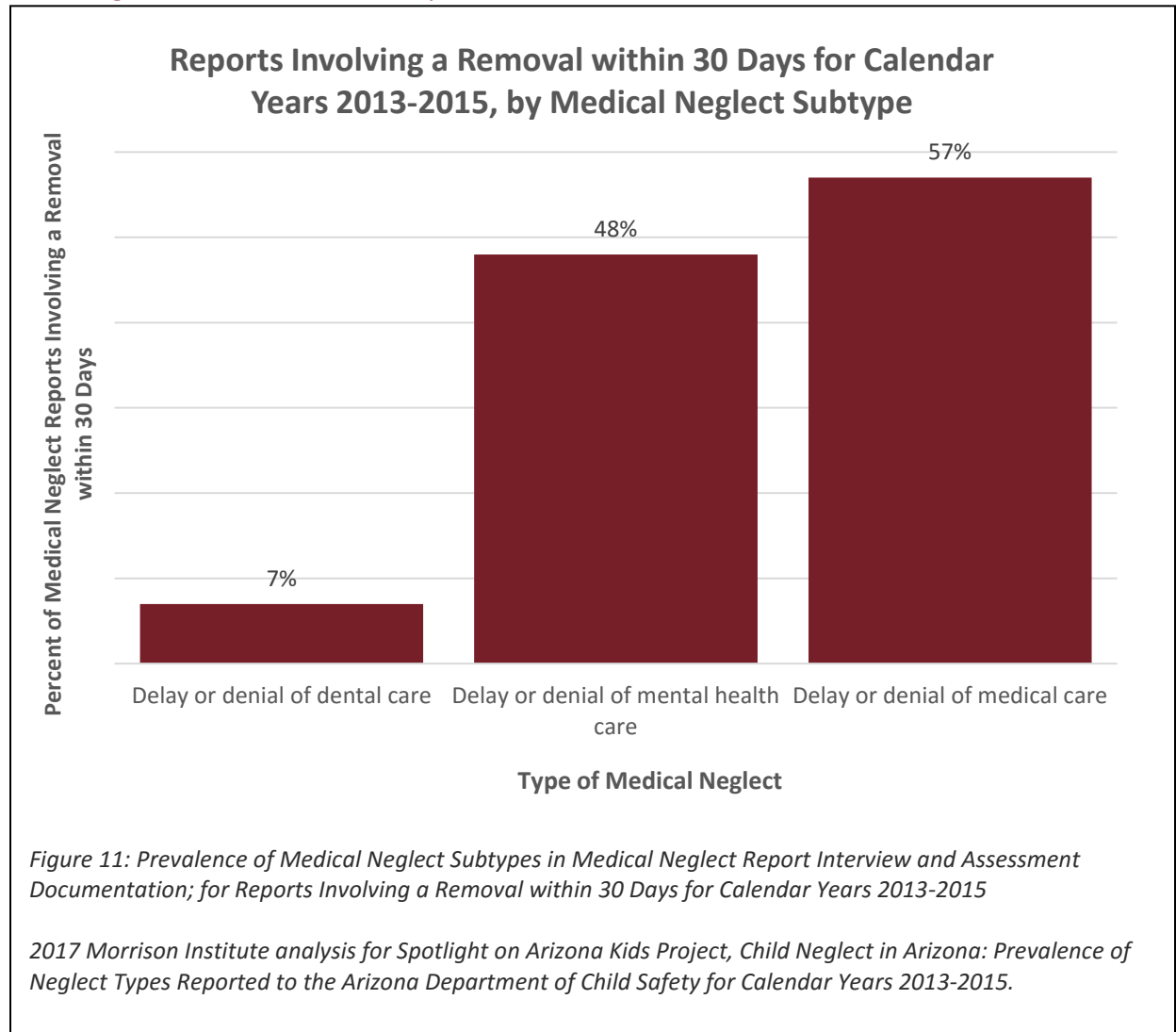## Medical neglect subtypes in report assessments and investigation narratives for reports involving a removal within 30 days

Reports Involving a Removal within 30 Days for Calendar Years 2013-2015, by Medical Neglect Subtype

Figure 11: Prevalence of Medical Neglect Subtypes in Medical Neglect Report Interview and Assessment Documentation; for Reports Involving a Removal within 30 Days for Calendar Years 2013-2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.
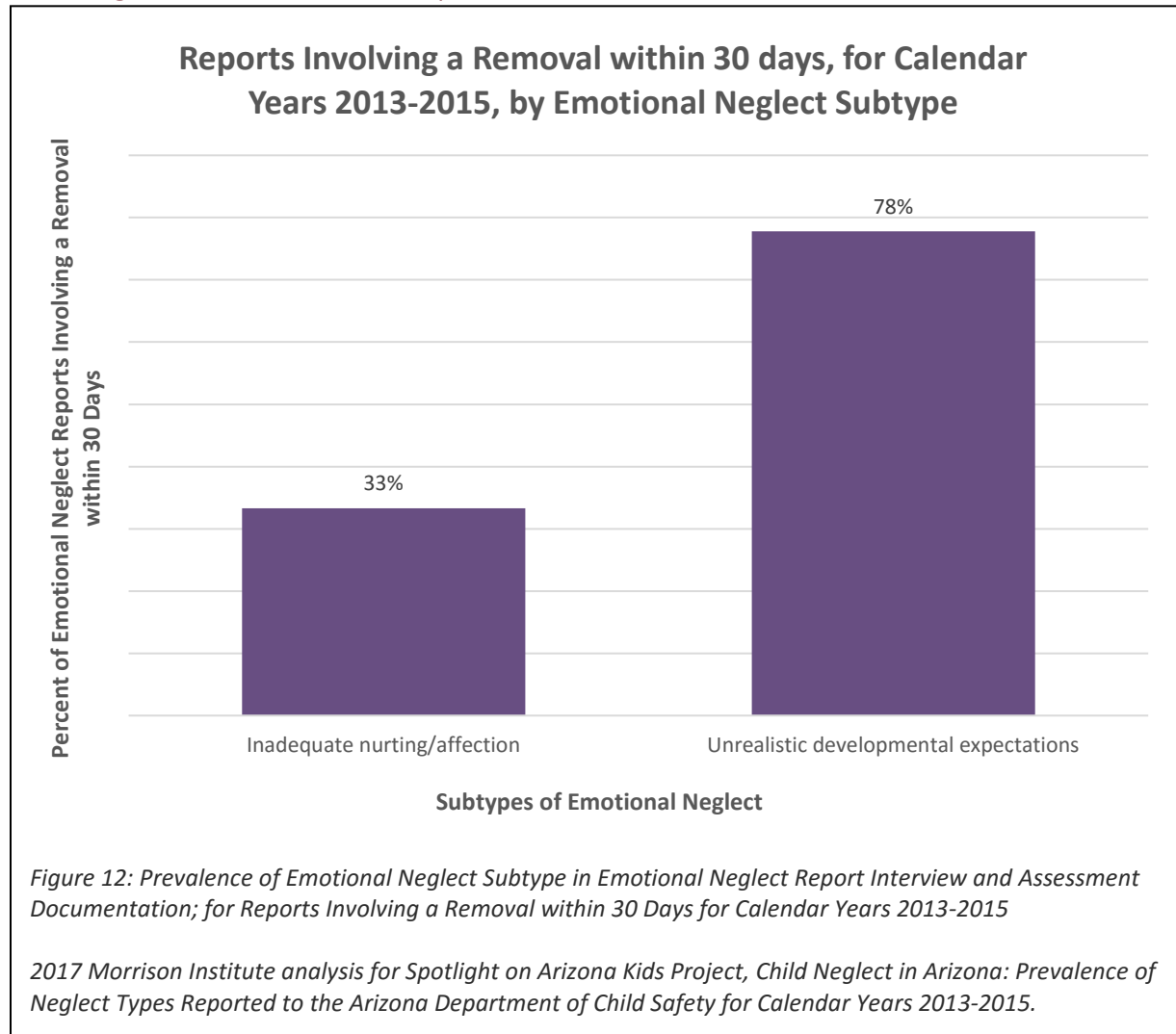
Reports where a removal occurred account for about 12 percent of all reports DCS investigates.[23] Figure 11 separates out the 12 percent of reports that resulted in a removal and contained evidence of medical neglect (see Figure 5) into the subtypes of medical neglect. Figure 11 shows that among these reports, delay or denial of mental health care is the most often occurring type of neglect. These percentages do not add up to 100 percent because one report can contain evidence of multiple subtypes of neglect.

Emotional neglect subtypes in report assessments and investigation narratives for reports never involving a removal

Emotional neglect was the least commonly reported type of neglect. This may be because emotional neglect is difficult to observe and assess.[24] Emotional neglect comprised only 0.3 percent the neglect identified in reports never involving a removal (see Figure 4). There was only one report that contained evidence of emotional neglect and never resulted in a removal. This lone report contained evidence of unrealistic developmental expectations, according to researchers' review.

Reports Involving a Removal within 30 days, for Calendar Years 2013-2015, by Emotional Neglect Subtype

Figure 12: Prevalence of Emotional Neglect Subtype in Emotional Neglect Report Interview and Assessment Documentation; for Reports Involving a Removal within 30 Days for Calendar Years 2013-2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

Reports where a removal occurred account for about 12 percent of all reports DCS investigates.[25] Figure 12 separates out the 5 percent of reports that resulted in a removal and contained evidence of emotional neglect (see Figure 5) into the subtypes of emotional neglect. The graph depicts percentages to allow readers to compare prevalence of types of neglect, however, the counts in each subtype category were small. In total, there were 18 instances where researchers identified emotional neglect in the reports that resulted in a removal. There were six reports that contained evidence of inadequate nurturing/affection and 14 reports that contained evidence of unrealistic developmental expectations, according to researchers' review. There was a total of 18 reports containing evidence of emotional neglect. The percentages in the figure do not add up to 100 percent because one report can contain evidence of multiple subtypes of neglect.

Characteristics of caregivers

Prevalence of Substance Abuse and Mental Health in Assessment and Investigation Narrative, by Removal Status for Calendar Years 2013-2015

Figure 13: Prevalence of Substance Abuse and Mental Health in Interview and Assessment Documentation, by Removal Status for Calendar Years 2013-2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.
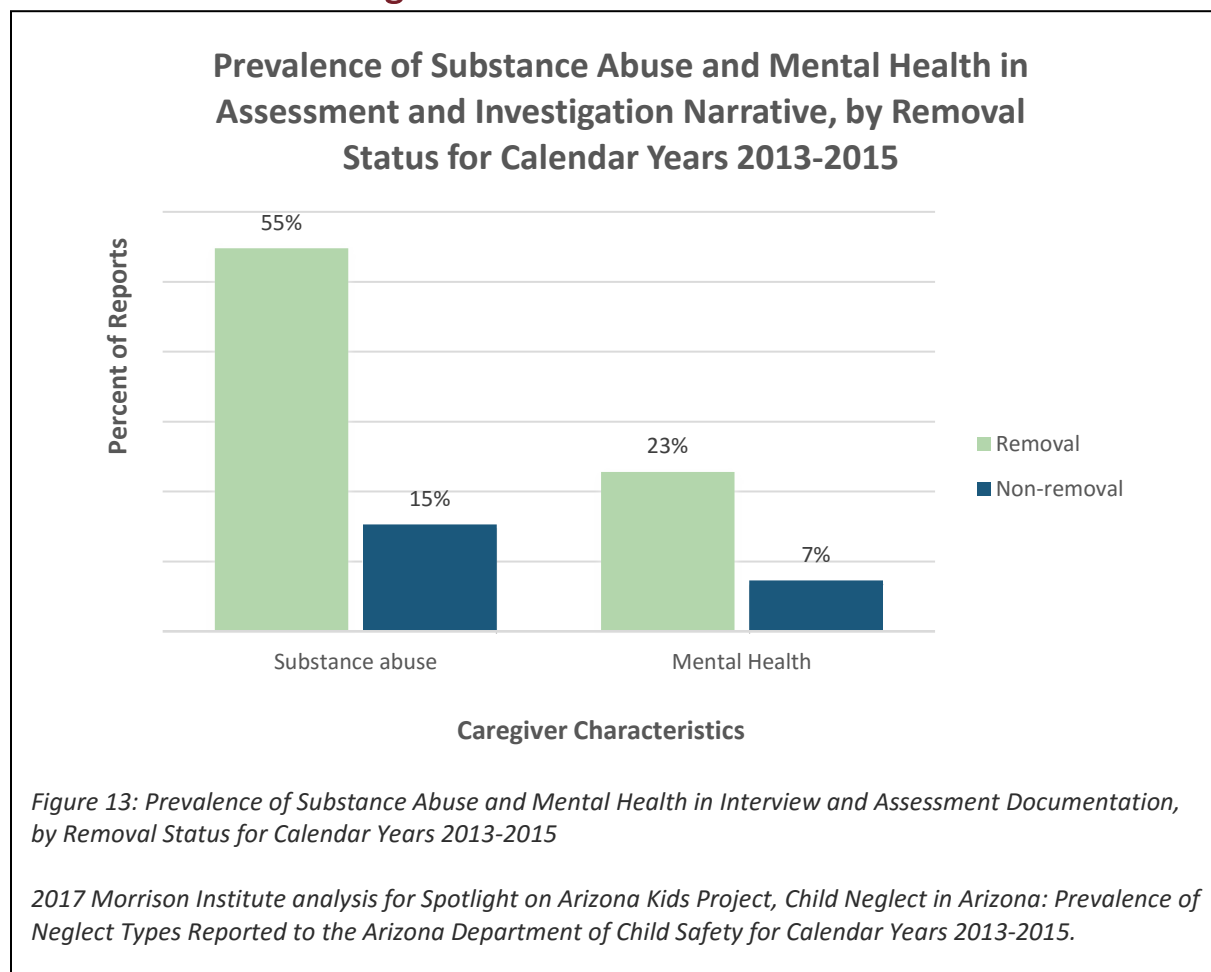
Figure 13 shows the prevalence of substance abuse issues and mental health issues among caregivers in the neglect reports. As shown above, substance abuse and mental health issues are prevalent in many reports regardless of removal status. The figure shows that of the reports involving a removal, 55 percent had evidence of substance abuse, while only 15 percent of reports not involving a removal had evidence of substance abuse. This represents a statistically significant difference at the .05 percent level.[26] While there is a difference in the prevalence of mental health issues between reports involving a removal and reports not involving a removal, this difference is not statistically significant. This figure does not say that half of cases involving substance abuse will result in the removal of a child.

Co-occurring neglect observed in reports that involved a removal within 30 days

Morrison Institute was also interested in identifying if there were neglect subtypes that often co-occurred with each other and resulted in a removal. There were 117 reports that had evidence of two or more types of neglect in the assessment and investigation narratives, according to researchers' review. This represents 29 percent of the reports involving a removal within 30 days. The following tables represent the frequency with which neglect subtypes co-occurred in the review. Although there may have been two reports with the same combinations of subtypes of neglect, the circumstances leading to that neglect may be very different. For example, a report that contained abandonment and failure to prevent risky behavior/encouraging maladaptive behavior might reflect an instance where a child was

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released from a juvenile detention center and a parent refused to accept the child back into their custody because of the child's behavior. However, a different report with the same combination of neglect subtypes might be a situation where a parent tried to stop a teenage girl from engaging in prostitution but couldn't and stated to DCS that he/she did not want to parent the child any longer.

Subtypes of neglect	Frequency
Abandonment, Failure to prevent risky behavior/encouraging maladaptive behavior	19
Dangerous exposure, Dangerous exposure related to domestic violence	13
Dangerous exposure, Inability to supervise due to incarceration	11
Dangerous exposure related to domestic violence, Inability to supervise due to incarceration	9
Dangerous exposure, Inappropriate caregiver	6
Substance-exposed newborn, Inability to supervise due to incarceration	5
Substance-exposed newborn, Dangerous exposure	4
Substance-exposed newborn, Lack of supervision	4
Dangerous exposure, Inability to supervise due to other circumstances	4
Substance-exposed newborn, Dangerous exposure related to domestic violence	3
Dangerous exposure related to domestic violence, Inadequate shelter	3
Failure to prevent risky behavior/encouraging maladaptive behavior, Expulsion	3
Shuttling, Inability to supervise due to incarceration	3
Delay or denial of mental health care, Failure to prevent risky behavior/encouraging maladaptive behavior	2
Substance-exposed newborn, Unrealistic developmental expectations, Inadequate nurturing and affection	2
Substance-exposed newborn, Abandonment	2

Subtypes of neglect	Frequency
Substance-exposed newborn, Lack of supervision, Inability to supervise due to incarceration	2
Inability to supervise due to incarceration, Inability to supervise due to other circumstances	2
Abandonment, Dangerous exposure, Inability to supervise due to incarceration	2
Dangerous exposure, Inadequate shelter	2
Dangerous exposure, Dangerous exposure related to domestic violence, Inability to supervise due to incarceration	2
Dangerous exposure, Deliberate exposure of a sexual nature	2
Dangerous exposure, Inappropriate caregiver and Shuttling, Inadequate food and Inadequate shelter	2
Dangerous exposure, Lack of supervision	2
Dangerous exposure due to domestic violence, Inability to supervise due to incarceration, Inability to supervise due to other circumstances	2
Dangerous exposure, Inability to supervise due to other circumstances	2
Dangerous exposure due to domestic violence, Inappropriate caregiver, Lack of supervision	2
Dangerous exposure due to domestic violence, Lack of supervision, Inability to supervise due to incarceration	2
Dangerous exposure due to domestic violence, Shuttling	2
Lack of supervision, Inability to supervise due to incarceration	2

Geographic distribution of neglect reports in Arizona

Morrison Institute additionally received data regarding report ZIP codes from DCS and mapped reports by ZIP code in Arizona. This information may help communities as they move to address child neglect in their local context.

There are two current examples where this kind of analysis and understanding have proven to be useful in child abuse and neglect prevention efforts. Stakeholders in Glendale decided to collaborate to have a more positive impact on the child welfare issues in their community. Glendale stakeholders analyzed the numbers of reports by ZIP code and identified ZIP code 85301 as an area of high need.

Through this identification, the Glendale Strong Families Network (GSFN) was created. The GSFN coalition is a multidisciplinary collective impact effort to harness the existing infrastructure and human capital of the Glendale area to connect families to the services they need. This collective impact group meets monthly to share information and help each other and their clients overcome challenges in systems.

The second example where ZIP code-specific data regarding report numbers has sparked action is through DCS' Office of Prevention work in South Phoenix. DCS has partnered with Hood 2 Hood in South Phoenix to leverage the faith community to have a larger positive impact on families and connect them to services. DCS identifed South Phoenix as an area deserving of attention by analyzing which ZIP codes had the highest numbers of reports to DCS.

In the spirit of these innovative community collaboratives, Morrison Institute and DCS decided to analyze all ZIP codes in Arizona based on numbers of reports made to DCS. The following maps reflect this effort and will hopefully provide insight for communities wishing to increase prevention efforts.

Mapping Methodology

For this study, Morrison Institute only included reports for calendar years 2013-2015 where the highest concern was neglect for the time period of calendar years 2013 to 2015. These considerations yielded 102,043 unique neglect reports for Arizona.

Of the 102,043 reports, Morrison Institute was able to map 96,439 neglect reports made in Arizona between 2013 and 2015. This number is larger than the 86,028 reports used in the previous analysis because it includes reports where removals occurred after 30 days of receipt of the report. 5,604 reports were not mapped because they were either missing a ZIP code or had a ZIP code that was associated with a state other than Arizona. In order to ensure confidentiality and individual privacy, ZIP codes where there were 10 or less reports are not included in these maps. This methodology is different from the methodology used in the rest of this paper because the maps do not distinguish between removal status associated with reports. Also different is that these maps include reports that may have had a removal occur past the 30-day time limit imposed on the rest of the data in this paper. To the extent that the missing reports or reports with an out-of-state ZIP code are systematically associated with specific geographic areas, graphs may underrepresent neglect reports in certain areas. Since those reports only represent 6 percent of all reports where the highest concern was neglect during calendar years 2013-2015, their impact is likely small.

At a Glance
The mapping of these data revealed areas in Arizona where there are high counts of reports made to DCS. It is important to remember that reports and the population of an area are intertwined. Where there are more people, particularly more families with children, there will be higher numbers of reports to DCS simply for the fact that there are more opportunities for neglect to occur. Despite this limitation,

Morrison Institute believes that it is useful to visually see ZIP codes where there are high numbers of reports made to DCS.

In those maps, the darker colors indicate a higher count of reports. For example, some of the higher count areas can be seen in the Maricopa, Pima, Yavapai, Coconino and Mohave counties.

Statewide

Figure 14: Statewide neglect reports by zip code for Calendar Years 2013 – 2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

In Arizona, there were 102,043 neglect reports between 2013 and 2015. Of those reports, 5,604 had a missing ZIP code or had an out-of-state ZIP code. The following maps will focus on the 96,439 neglect reports associated with an Arizona ZIP code.
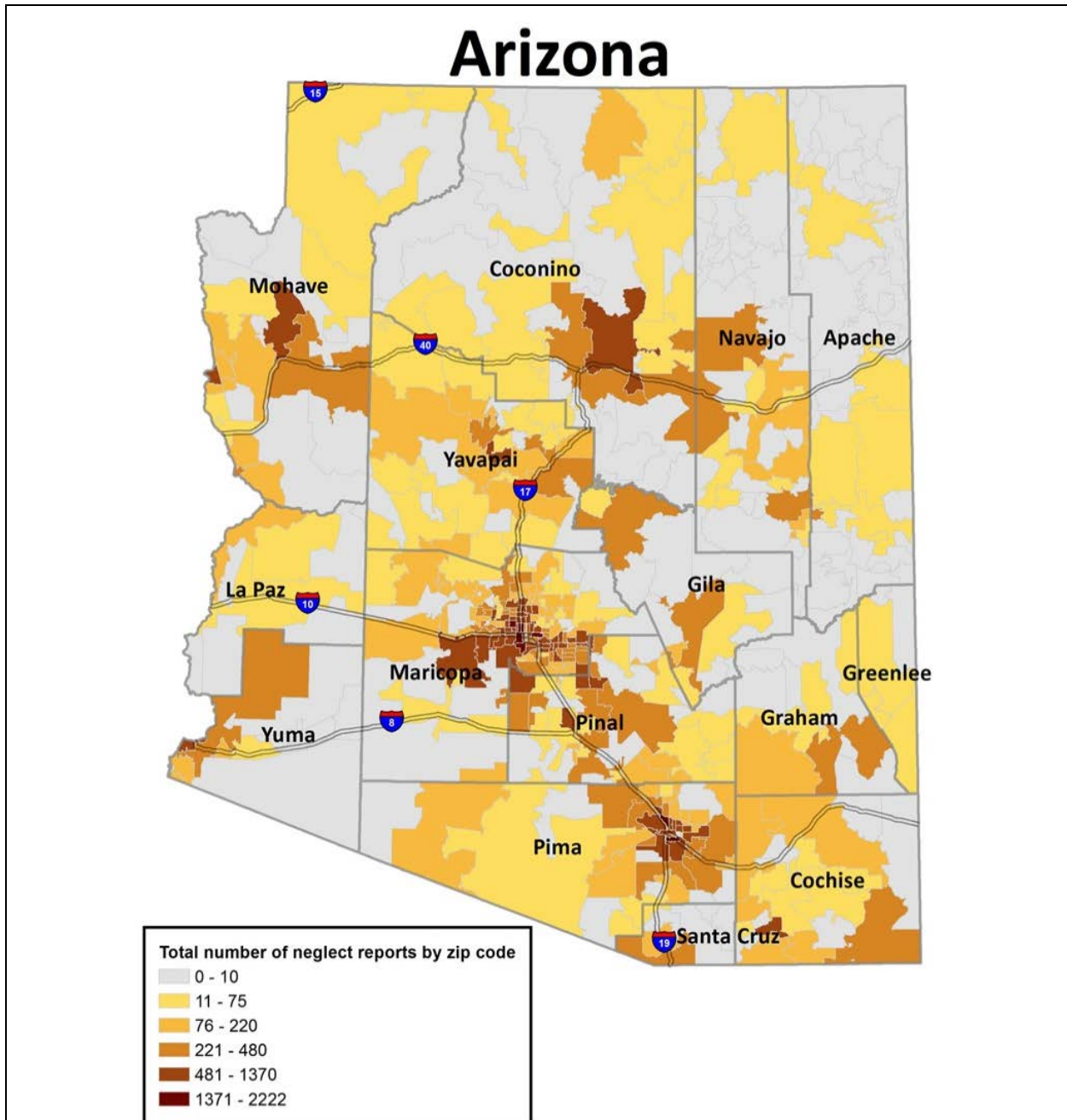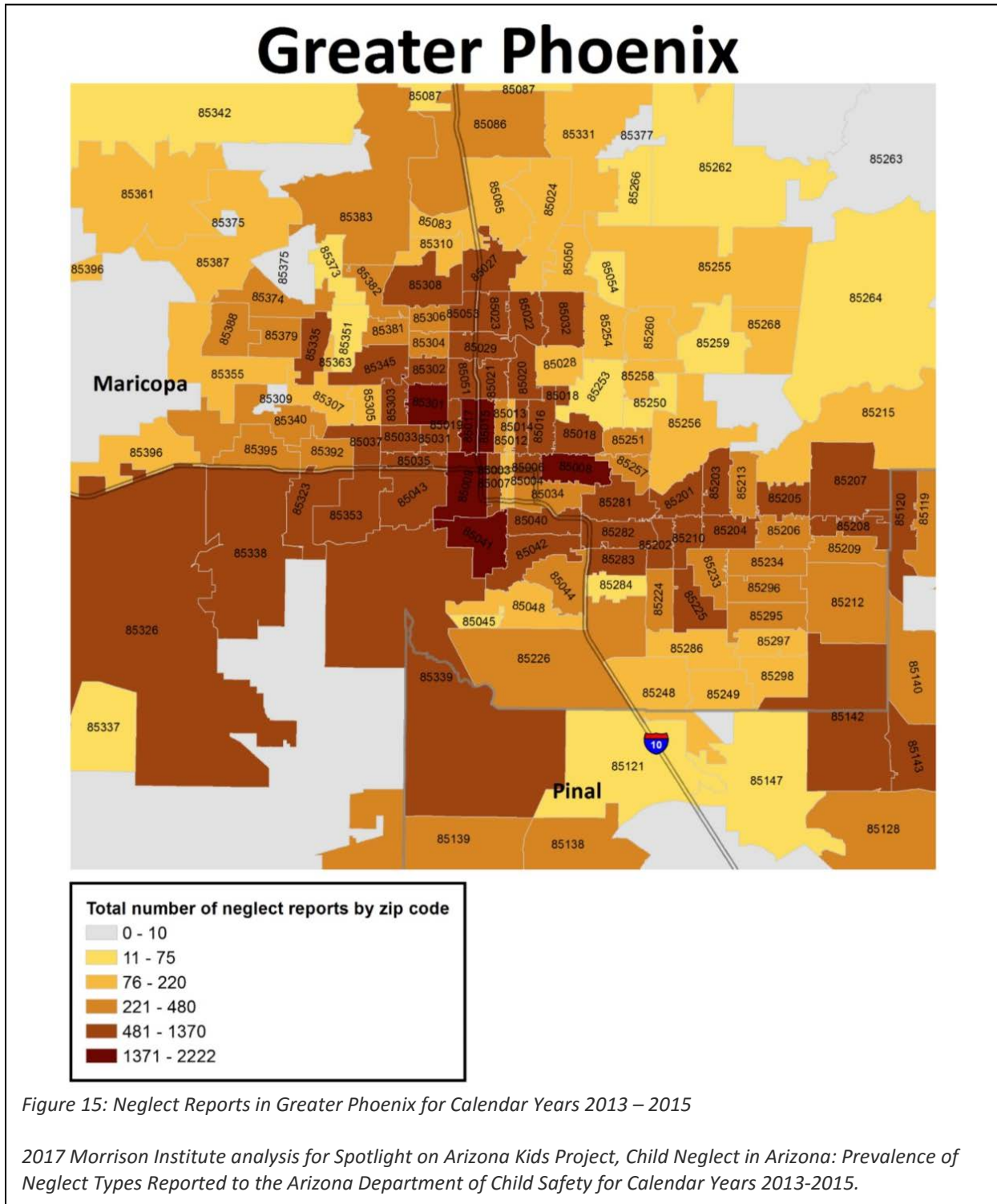
Figure 15: Neglect Reports in Greater Phoenix for Calendar Years 2013 – 2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

A closer look at Maricopa County reveals multiple ZIP codes with high counts of reports clustered in the Greater Phoenix area. The ZIP code 85301 had the highest number of reports with a count of 2,153 reports and this ZIP code is located in Glendale. The ZIP code with the second highest count of reports is

85008, with a count of 1,632 reports. This ZIP code is located in Phoenix. Areas with the darkest color indicate ZIP codes with the some of the highest counts of neglect reports.

Metro Tucson

Figure 16: Neglect Reports in Metro Tucson for Calendar Years 2013 – 2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.
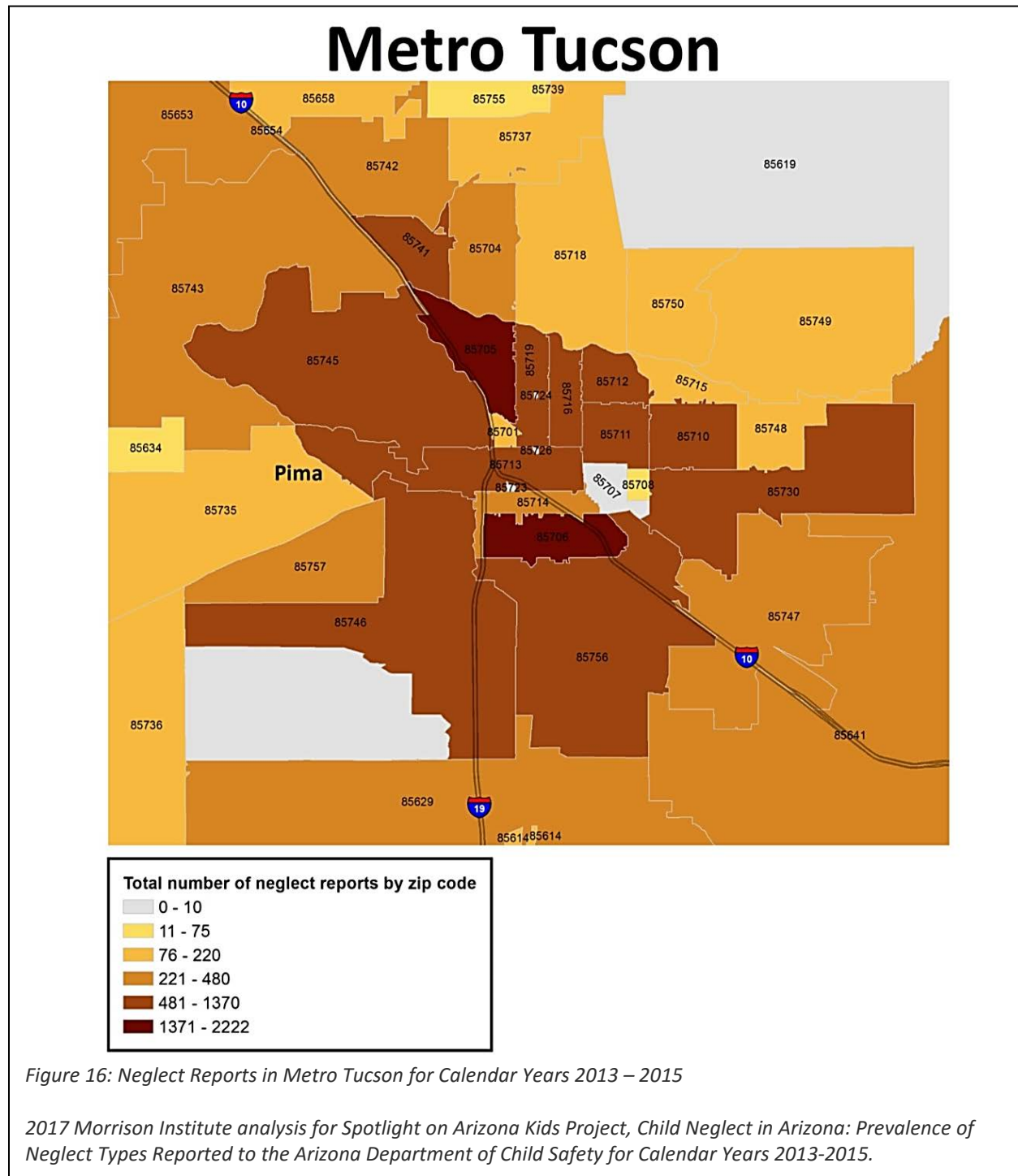
Within the Metropolitan Tucson area in Pima County, ZIP code 85705 has the highest count of reports in the dataset with a total of 2,222. This area consists of Tucson and Flowing Wells. The second-highest count in the Metropolitan Tucson area had 1,664 reports and was located in 85706.

Figure 17: Neglect Reports in Coconino County for Calendar Years 2013 – 2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.
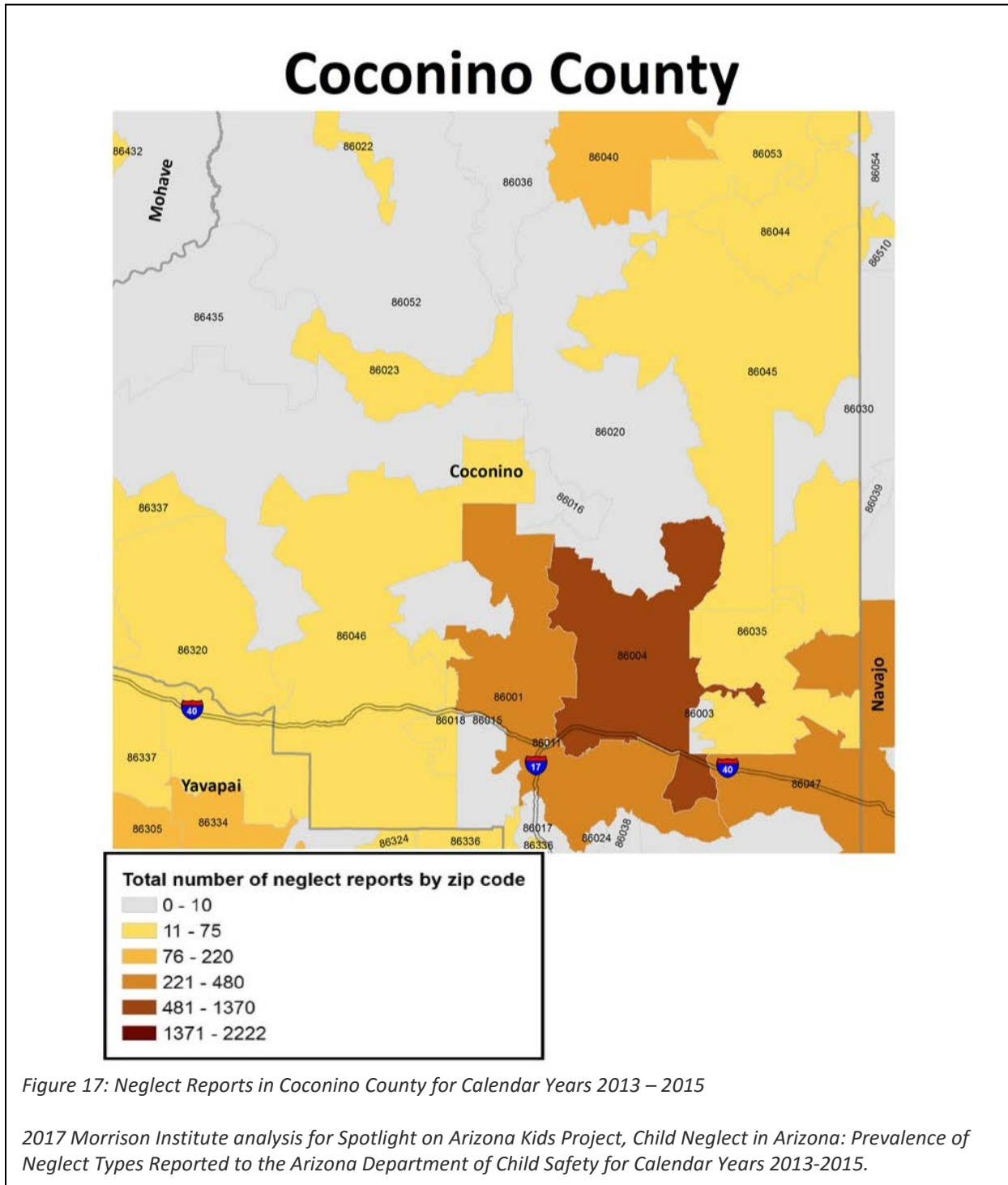
Within Coconino County, the ZIP code with the highest report count was ZIP code 86004, with a report count of 599. It's located in the city of Flagstaff, the east half of the city. The second-highest count in Coconino was in ZIP code 86001 with a count of 247 reports. This ZIP code is also located in the city of Flagstaff but on the west half of the city.

Figure 18: Neglect Reports in Navajo and Apache Counties for Calendar Years 2013 – 2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

Within Navajo and Apache counties, the highest number of reports was 315 in ZIP code 86047, which is located in the city of Winslow. The second-highest number of reports was in ZIP code 85901, with a count of 273 in the city of Show Low.
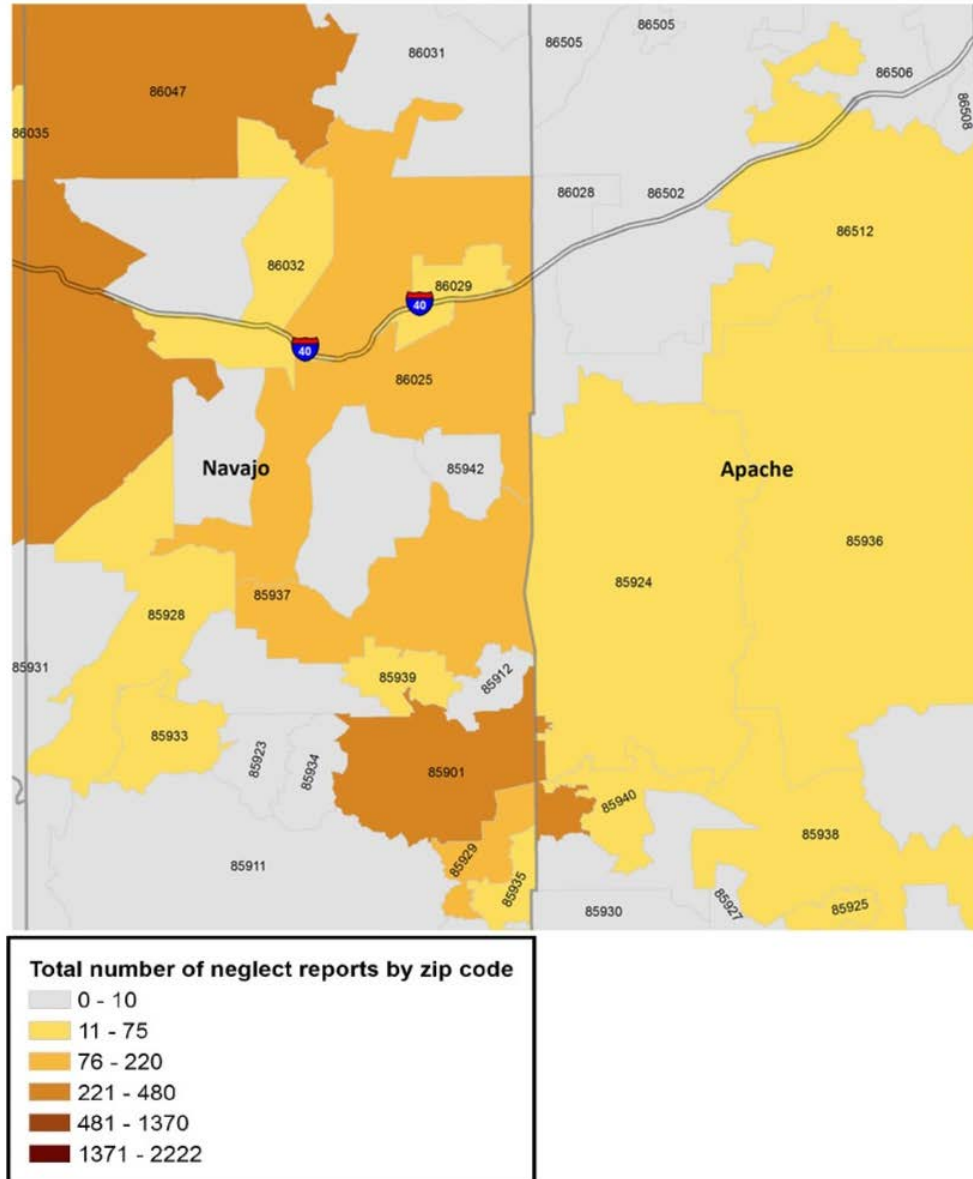
Figure 19: Neglect Reports in Yavapai County for Calendar Years 2013 – 2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

Within Yavapai County, the highest report count was in ZIP code 86314 in Prescott Valley, with 616 reports. The second-highest report count was 396 in the 86326 ZIP code, located in the city of Cottonwood.
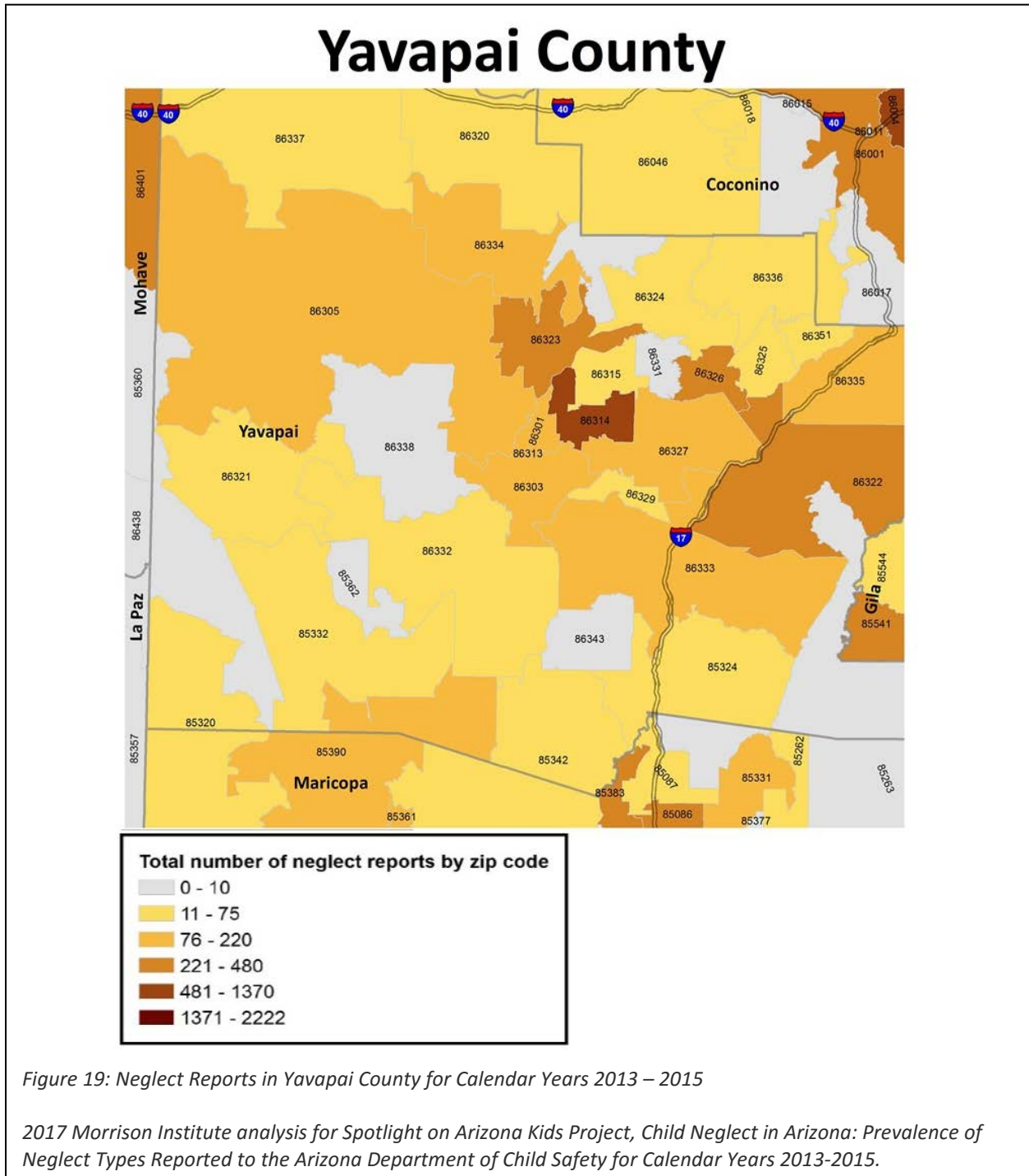
Mohave County

Figure 20: Neglect Reports in Mohave County for Calendar Years 2013 – 2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.
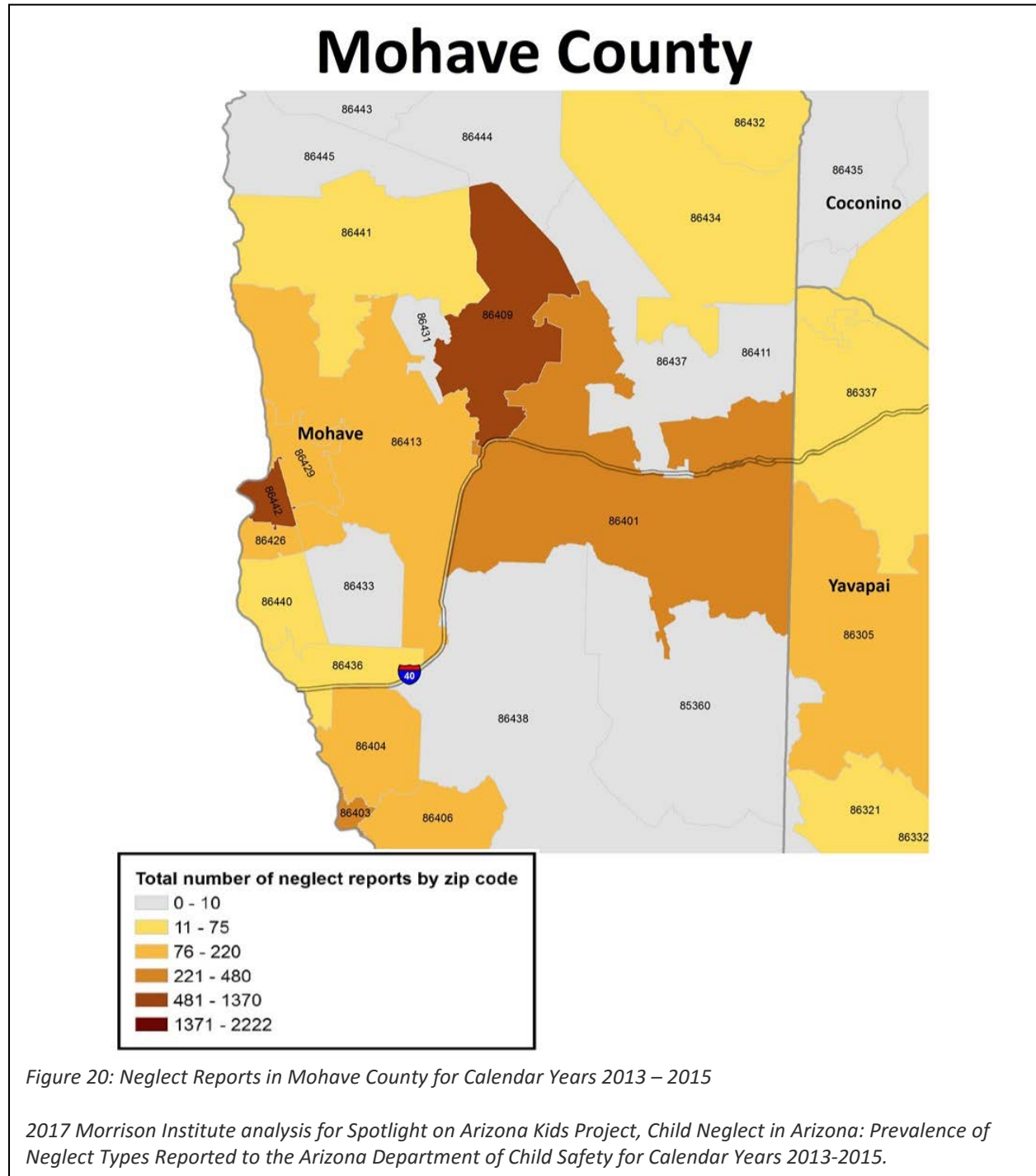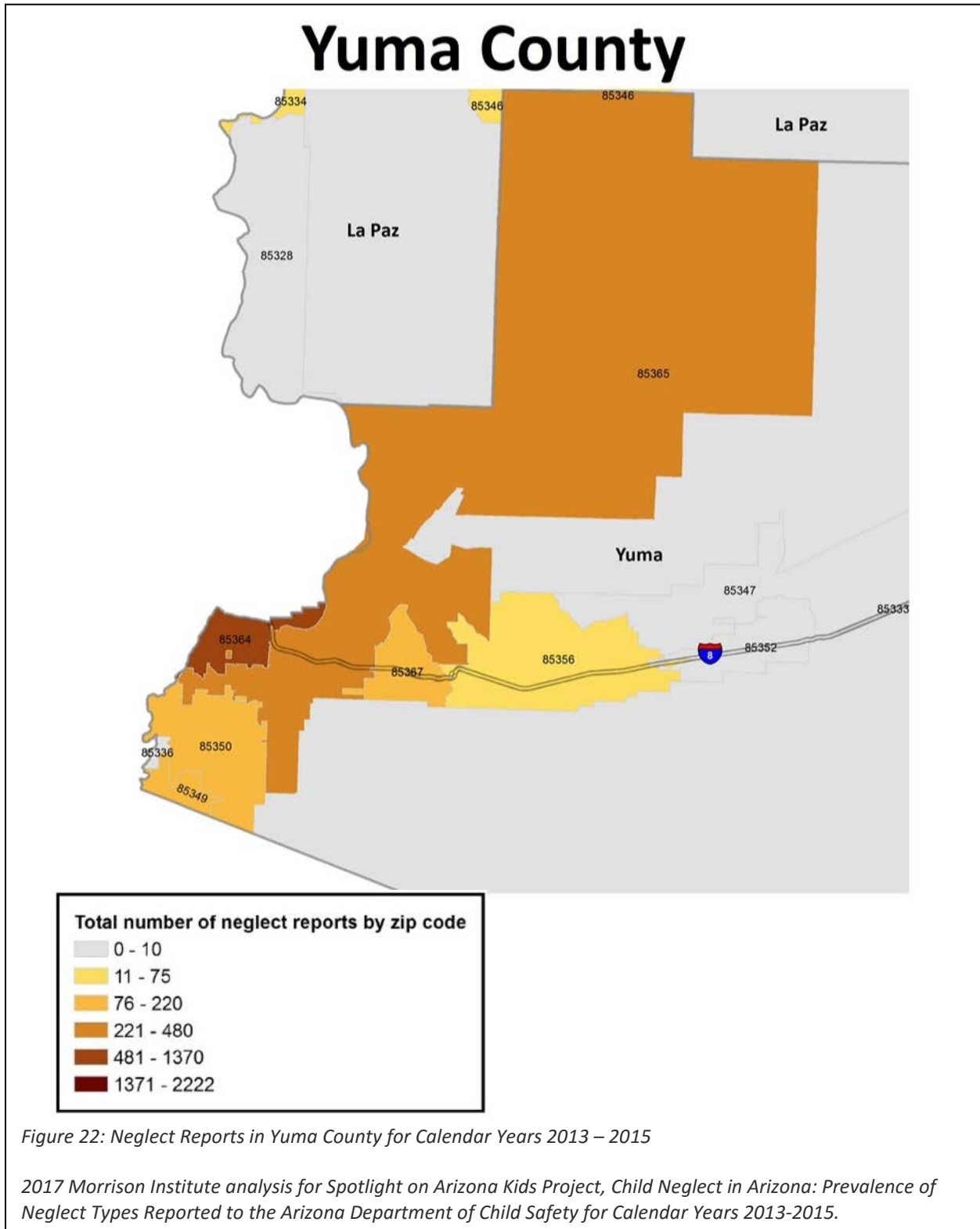
Within Mohave County, the highest report count was 678 in ZIP code 86442, located in Bullhead City. The second-highest report count was 630 in ZIP code 86409, which is located in Kingman. The ZIP code 86401 had a report count of 437 and is also located in Kingman.

Pinal County

Figure 21: Neglect Reports in Pinal County for Calendar Years 2013 – 2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.
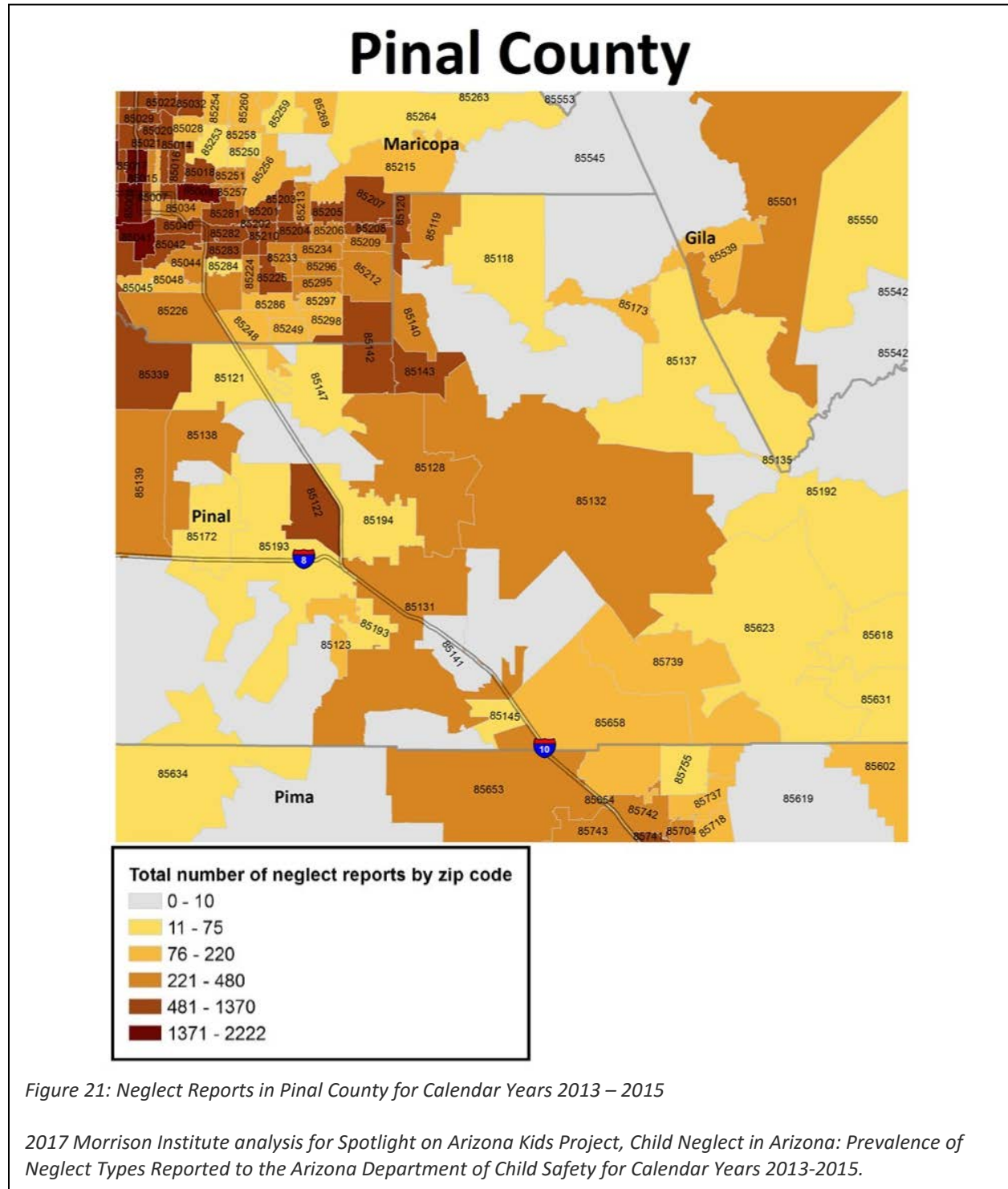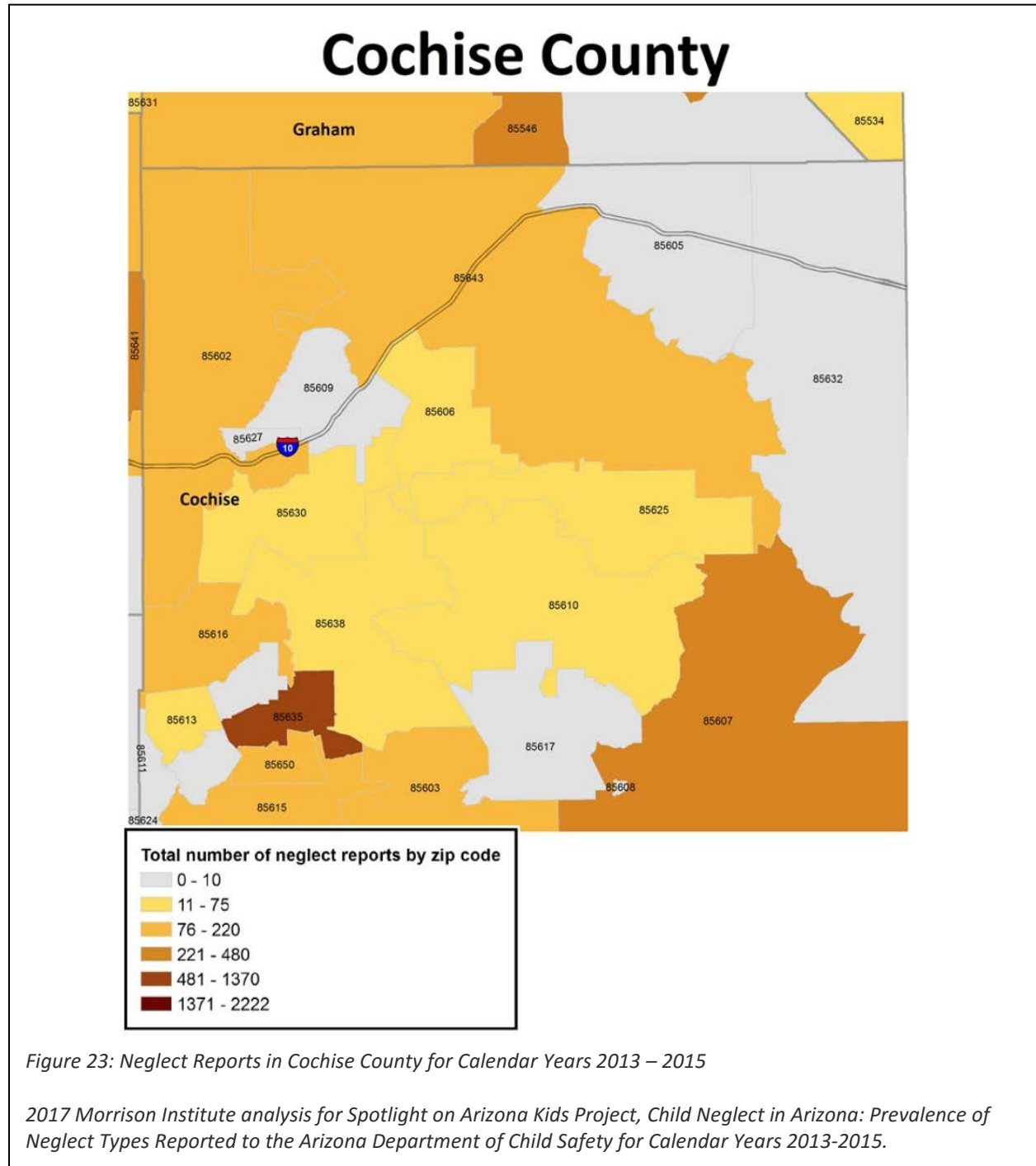
Within Pinal County, ZIP code 85122 in Casa Grande had the highest number of reports, with a count of 1,067. The second-highest report count in the area was 578 in ZIP code 85143, which comprises San Tan Valley and Queen Creek.

Figure 22: Neglect Reports in Yuma County for Calendar Years 2013 – 2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.
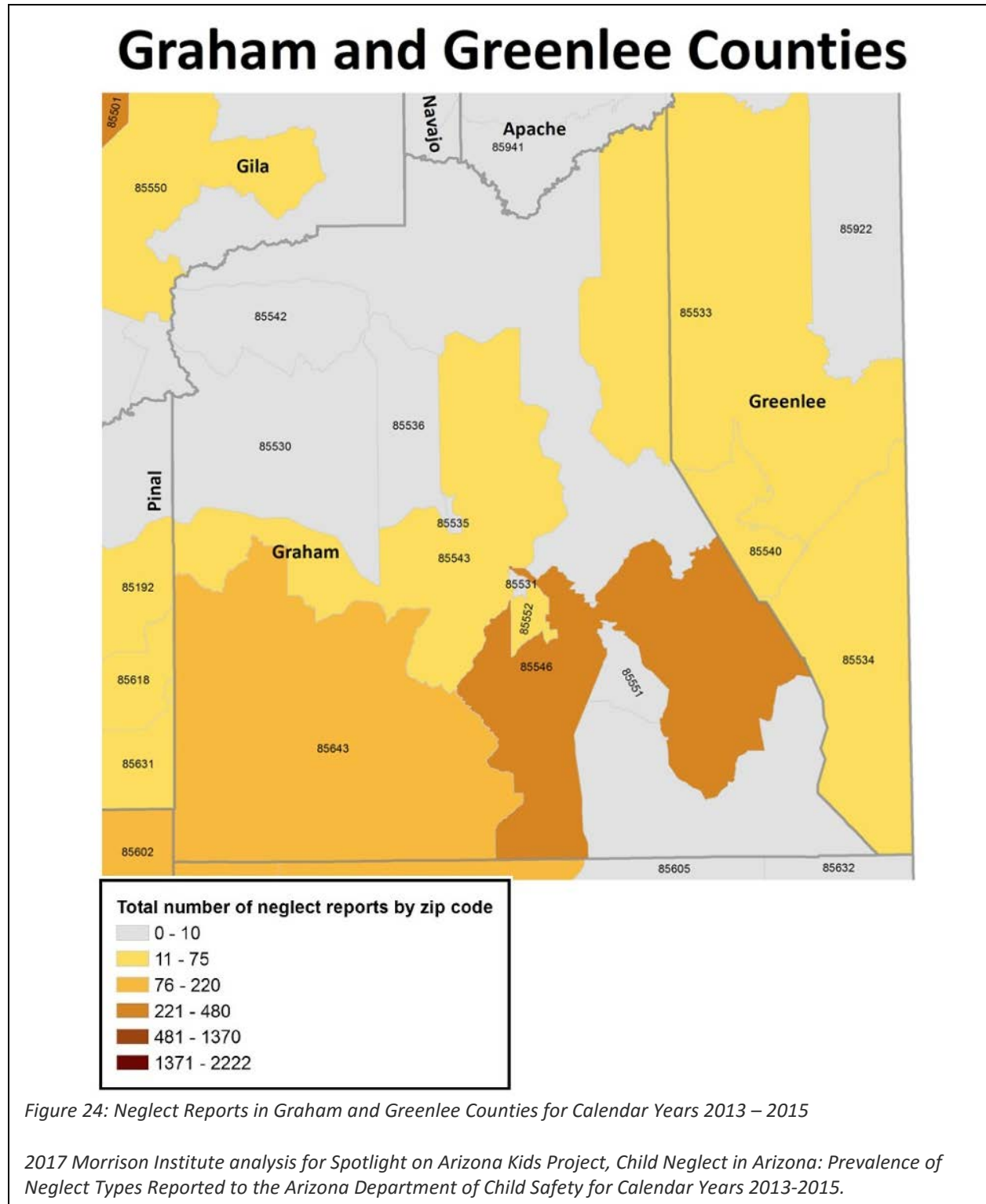
In Yuma County, the highest report count was 1,145 in the ZIP code 85364. The second- highest number of reports was in ZIP code 85365, with a count of 391. Both of these ZIP codes are located in the city of Yuma.

Figure 23: Neglect Reports in Cochise County for Calendar Years 2013 – 2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

In Cochise County, ZIP code 85635 had a report count of 583. This ZIP code is located in Sierra Vista. ZIP code 85607 had the second-highest report count of 225 and is located in the city of Douglas.

Figure 24: Neglect Reports in Graham and Greenlee Counties for Calendar Years 2013 – 2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

Within Graham and Greenlee counties, the highest report count was in the ZIP code 85546 with a count of 351 and is located in the city of Safford. The second highest count in this area was in 85552 with a count of 70 reports, this ZIP code is located in the city of Thatcher.
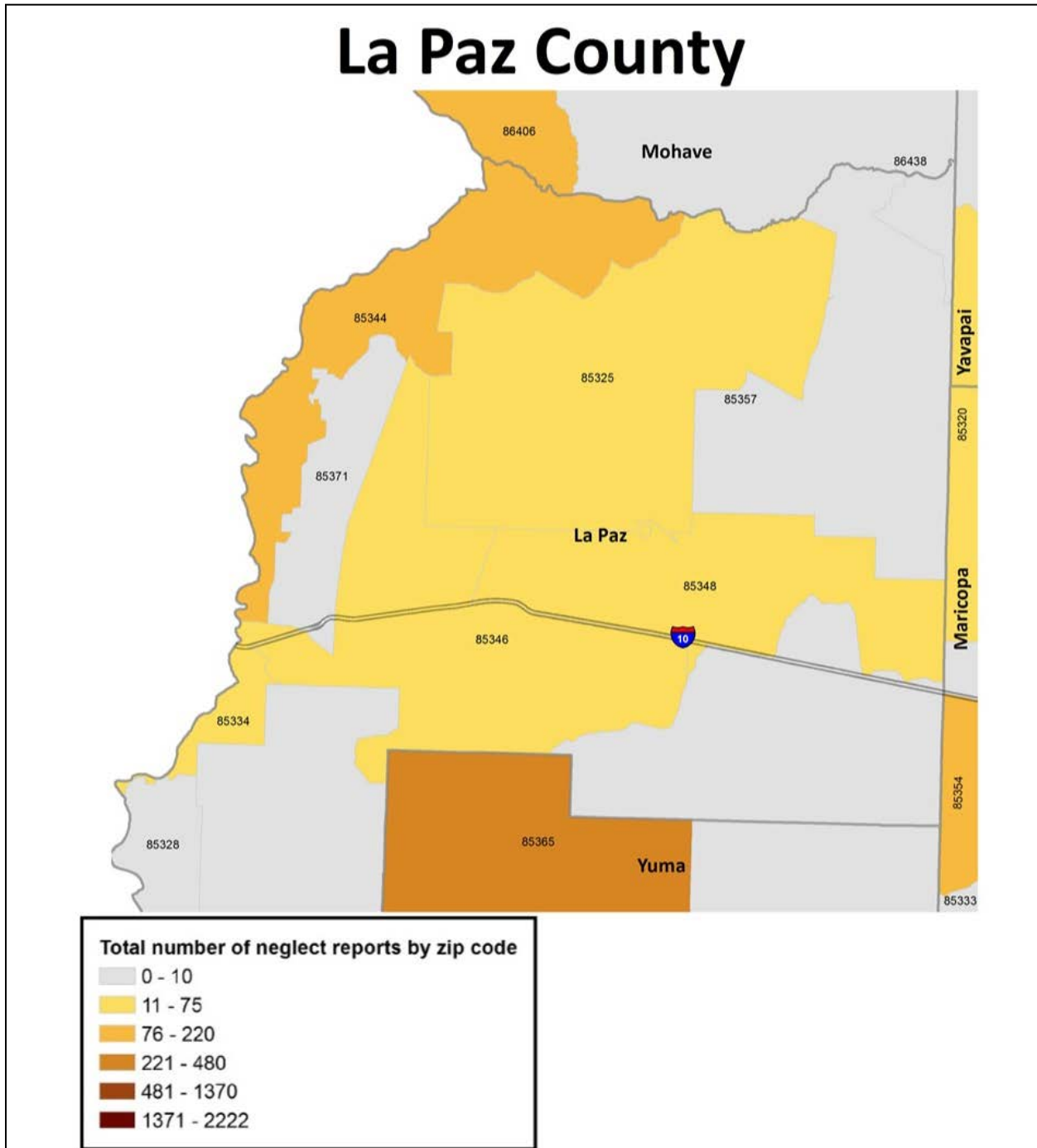
Figure 25: Neglect Reports in La Paz County for Calendar Years 2013 – 2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.

In La Paz County, ZIP code 85344 had the highest report count with 129 in the city of Parker. The second highest count for the area was in 85346 with 40 reports in the city of Quartzsite.

Figure 26: Neglect Reports in Santa Cruz County for Calendar Years 2013 – 2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.
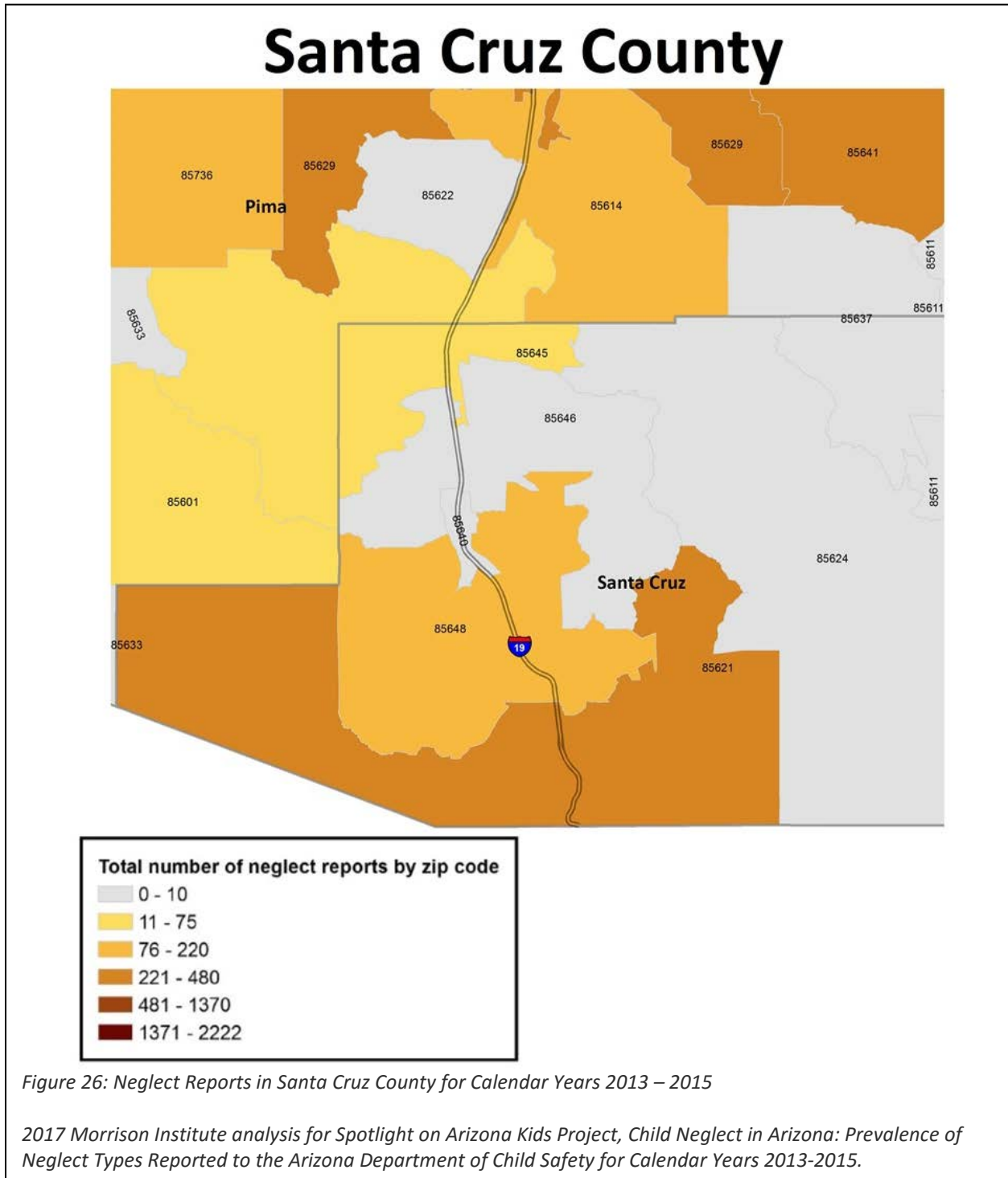
In Santa Cruz County, the highest count was 238 reports in ZIP code 85621, which is located in Nogales. The second-highest count was in 85648, with 135 reports in the town of Rio Rico.

Gila County

Figure 27: Neglect Reports in Gila County for Calendar Years 2013 – 2015

2017 Morrison Institute analysis for Spotlight on Arizona Kids Project, Child Neglect in Arizona: Prevalence of Neglect Types Reported to the Arizona Department of Child Safety for Calendar Years 2013-2015.
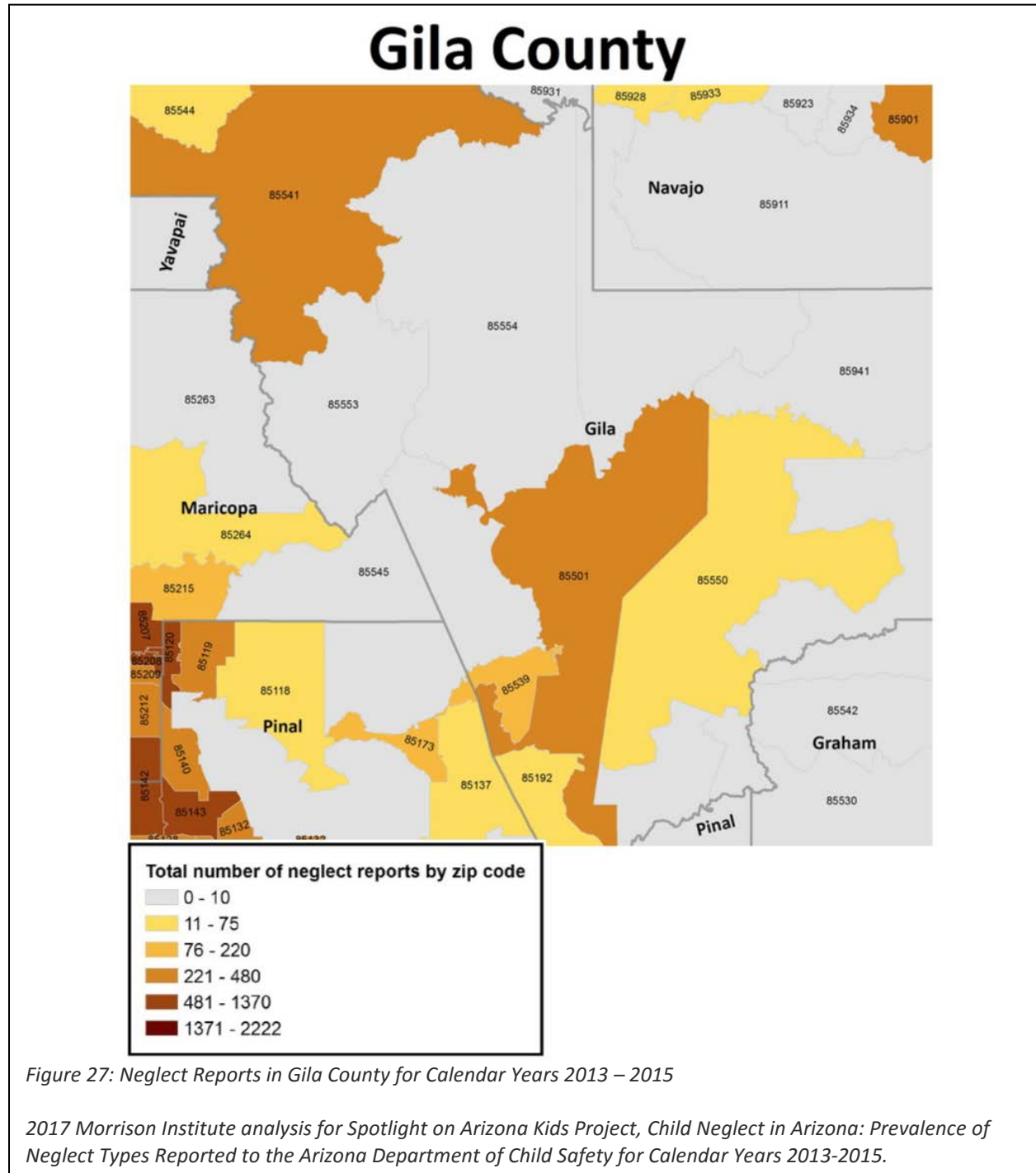
Within Gila County, ZIP code 85541 had the highest count of reports, with 378 reports in the city of Payson. The second-highest ZIP code was 85501, with 289 reports in the city of Globe.

Appendix A: Literature reviewed to develop codebook

Child Abuse Prevention and Treatment Act P.L. 111-320, § 3.

DePanfilis, D. (2006). Child Neglect: A guide for prevention, assessment, and intervention. U.S. Department of Health and Human Services.

Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS–4): Report to Congress. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

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Coohey, C. (2003). Defining and classifying supervisory neglect. Child Maltreatment, 8(2), 145-156. Ferol E. Mennen , Kihyun Kimb, Jina Sanga, Penelope K. Trickett. (2010). Child neglect: Definition and identification of youth's experiences in official reports of maltreatment. Child Abuse & Neglect, 34(9), 647-658. https://doi.org/10.1016/j.chiabu.2010.02.007

Knutson, J.F., DeGarmo, D.S., Reid, J.B. (2004). Social disadvantage and neglectful parenting as precursors to the development of antisocial and aggressive child behavior: Testing a theoretical model. Aggressive Behavior 30(3), 187-205.

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Zuravin, S. J. (1991). Research Definitions of Child Physical Abuse and Neglect: Current Problems. In Starr, R.H., Wolfe, D.A. (Eds.). (1991). *The Effects of Child Abuse and Neglect: Issues and research*. (100-127). New York, NY: The Guilford Press.

Jonson-Reid, M., Drake, B., & Zhou, P. (2013). Neglect Subtypes, Race, and Poverty: Individual, family, and service characteristics. *Child Maltreatment*, *18*(1), 30–41. http://doi.org/10.1177/1077559512462452

Slep, A. M. S., Heyman, R. E. and Foran, H. M. (2015), Child Maltreatment in DSM-5 and ICD-11. Family Process, 54: 17–32.

Leeb RT, Paulozzi L, Melanson C, Simon T, Arias I. Child Maltreatment Surveillance: Uniform definitions for public health and recommended data elements, Version 1.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2008.

Appendix B: Codebook

Type	Subtype	Definition	Example
Physical	Inadequate Food	Parent's failure or refusal to provide sufficient food to meet child's nutritional, developmental or survival needs for reasons other than poverty, or when parents intentionally spend all financial resources on drugs. This form of neglect may manifest as poor growth or failure to thrive, usually diagnosed by a pediatric health care provider. It is important to ensure that the poor growth is not due to a medical problem.	When a child's weight/height (how much the child weighs considering his or her height) decreases below the 10th percentile. Meals have not been provided at all for several days, children eat spoiled food or nonfood items like starch or dog food.
Physical	Inadequate Clothing	When a child lacks appropriate clothing, such as not having appropriately warm clothes or shoes in the winter or when children lack clothing so that they are dangerously exposed to the elements and the absence of adequate clothing poses a health risk to the child. Ensuring that the child has clothing that is sanitary and permits the child freedom of movement.	Not having a warm coat, shoes and gloves when the weather is cold. Clothes that are much too big or too small, dirty clothes.
Physical	Poor Hygiene	Constant and consistent inattention to child's personal hygiene that threatens child's health and development.	Smells of urine or feces. Child has lice that is untreated, chronic or to a severe degree. Hair is matted or tangled and dirty; skin is dirty; teeth are encrusted with green or brown matter; soiled diapers are not changed for hours/days.
Physical	Inadequate shelter	The conditions of the home present a threat to the child's health and safety. Filthy home (client induced), inadequate housing or facilities (not client-induced).	Faulty wiring, feces on the floor, spoiled food left accessible to the child, dirty dishes, food laying open, smells of urine; the residence is infested with roaches or vermin; no heat or hot water, falling plaster. Leaking gas from stove or heating unit, hot water/steam leaks from radiators.
Supervisory	Abandonment	The desertion of a child without arranging for his/her reasonable care or supervision.	Leaving an infant on a doorstep, in a trash can, or on the side of the road; being unwilling to provide supervision, care, and support for a child. Guardian is unwilling to provide parental care.

Supervisory	Shuttling	Child is repeatedly left in the custody of others for days or weeks at a time, possibly due to the unwillingness of the parent or caregiver to maintain custody.	Caregiver leaves a child in the care of grandparent, relative or friend with the intent of returning but no express date given. Temporary guardian is not provided with ability to make legal decisions such as obtaining medical care for child.
Supervisory	Expulsion	The permanent or indefinite expulsion of a child from the home, without adequately arranging for his/her care by others or the refusal to accept custody of a returned runaway.	Caregiver kicks the child out of the house, locks doors, changes locks.
Supervisory	Inability to supervise due to incarceration	Caregiver is taken into custody by law enforcement and cannot supervise children.	Caregiver is arrested and cannot provide supervision of children; no alternative caregiver is present at the time of arrest.
Supervisory	Dangerous exposure	Dangerous exposure means caregiver does not take adequate precautions to ensure a child's safety in and out of the home; reckless disregard for the child's safety and welfare; exposure to safety hazards.	Permitting a child to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purposes of manufacturing a dangerous drug; immediate physical dangers inside or outside the home such as broken glass, unguarded electrical fixtures and dangerous implements like knives and firearms, drunken driving with children in car, has access or exposure to illegal drugs, not using safety restraints in cars, unsupervised toddler around pool, leaving a child unattended in a hot car. Child discloses or parent has knowledge of physical abuse and the parent does not take any action, e.g. call law enforcement, prevent the perpetrator from having access to the child, seeking medical attention or mental health treatment for the child. Parent's mental health condition contributes to lack of ability to take adequate precaution to ensure child's safety in and out of the home. Substance abuse contributes to parent's reckless disregard for child's safety and welfare.

Supervisory	Dangerous exposure related to domestic violence	Domestic violence that involves a minor who is a victim or was in imminent danger during the domestic violence. Caregiver engages in violent behavior that imminently or seriously endangers child's physical or mental health.	Caregiver engages in domestic violence against other parent or caregiver in the home without regard to child's safety or welfare; dangerous or deadly weapons used by abuser on victim by caregiver.
Supervisory	Deliberate exposure of a sexual nature	Based on Arizona neglect statutes ARS §8-201, deliberate exposure by a parent, guardian or custodian to sexual conduct, sexual contact, oral sexual contact, sexual intercourse or explicit sexual materials. It also encompasses acts committed by the parent, guardian or custodian (sexual contact, oral sexual contact, sexual intercourse, bestiality) with reckless disregard as to whether the child is physically present. Not taking protective action when a child is sexually abused and the caregiver has knowledge of the abuse - *Note: not distinguishing between child or adult perpetrators	Deliberate exposure means that the parent, guardian or custodian knowingly and willingly subjected the child to the listed sexual activities, including having the child read or view explicit sexual materials (pornography), taking the child to a strip club or having the child view others engaged in sexual activity. Note that exposure to sexual conduct and explicit sexual materials (pornography) applies to deliberate exposure only and not to reckless disregard. Child discloses or parent has knowledge of abuse and the parent does not take any action, e.g. call law enforcement, prevent the perpetrator from having access to the child, seeking medical attention or mental health treatment for the child.
Supervisory	Inappropriate caregiver	Leaving a child in the care of someone who is either unable or should not be trusted to provide care for a child or does not have the legal authority sufficient to meet child's needs, and the primary caregiver is aware of the alternative caregiver's status.	Examples of inappropriate caregivers include a young child, a known child abuser, a known or registered sex-offender, persons with a known history of violent acts towards children, or someone with a substance abuse problem. Caregiver has a severe psychiatric condition that makes appropriate supervision of children highly unlikely, e.g. caregiver has delusions or hallucinations.
Supervisory	Failure to prevent risky behavior or allowing/encouraging maladaptive behavior	Permitting or not keeping the child from engaging in risky, illegal or harmful behaviors. The child threatens serious or severe harm to self or others and caregiver cannot control the behavior or is unwilling to arrange for necessary care. The encouragement or permission of other maladaptive behavior under circumstances where the parent or caregiver has reason to be aware of the existence and the seriousness of the problem, but does not intervene.	The parent knew the child was engaged in an illegal or other harmful activity and did not take reasonable efforts to control the child's behavior. These activities include a child who was using alcohol or drugs, not attending school, coming home late, staying out all night or engaging in another illegal or harmful activity (e.g., prostitution). Chronic delinquency, assault or the caregiver either exposes or involves the child in illegal activity or other activities that may foster delinquency or antisocial behavior in the child. Parent has knowledge of child's self-harming behavior and is unable or unwilling to prevent it.

Supervisory	Permit drug and alcohol use	The encouragement or permission by the caregiver of drug or alcohol use by the child or providing medication that could be harmful or is not appropriate for child.	Allowing a child to smoke marijuana that is not deemed medically necessary, or providing drugs or alcohol to child.
Supervisory	Lack of supervision	The child is left completely alone for a time inappropriate to child's age or developmental level with no provisions for supervision or physical needs. Child does not know how to care for self or protect self in emergencies, does not know who to contact or how to contact them. Distinct from abandonment because child is left for short periods here as opposed to days, weeks or months.	A child is left unattended while a parent goes on a trip or to work; for an infant, 1 minute unattended in a bath tub can be fatal; allowing a young child to play alone outside or wander. Substance abuse contributes to neglect by impairing caregiver's ability to adequately supervise child's safety and welfare (e.g. parent passes out from drug or alcohol use and cannot supervise child). Mental health contributes to neglect by impairing caregiver's ability to adequately supervise child's safety and welfare.
Supervisory	Inability to supervise due to other circumstances	Caregiver is not able to provide supervision due to extenuating circumstances such as temporary hospitalization or residence at an in-patient substance abuse rehabilitation program.	Other examples of situations preventing a caregiver from supervising a child include death of caregiver or deportation of caregiver.
Emotional	Inadequate nurturing/affection	The persistent, marked inattention to the child's needs for affection, emotional support or attention.	Ignoring the child's need to interact, failing to express positive feelings to the child, showing no emotion in interactions with the child, denying the child opportunities for interacting and communicating with peers or adults.
Emotional	Unrealistic developmental expectations	Caregiver's inappropriately advanced expectations of child.	Expecting an infant to be toilet trained, assigning child advanced adult responsibilities such as waking up mom or preparing other children for school and preparing meals. Includes unrealistic expectations of children with mental health issues or disabilities.
Medical	Denial or delay of medical health care	The failure to provide or to allow needed care as recommended by a competent health care professional for a physical injury, illness, medical condition or impairment. The failure to seek timely and appropriate medical care for a serious health problem that any reasonable person would have recognized as needing professional medical attention.	Examples include not getting preventive medical care for a child, not obtaining care for a sick child or not following medical recommendations. Misuse/overuse of prescribed medication. Excessive medical concern for children, overprotective use of medical care, potential Munchausen syndrome of caregiver.

Medical	Denial or delay of dental health care	The failure to seek timely and appropriate dental care.	Not getting preventive dental care for a child.
Medical	Denial or delay of mental health care	Failure to seek or follow up on behavioral health services for a child.	Preventing child from obtaining mental health care. Failure to seek treatment for a child in any of the following circumstances: A child who has been physically or sexually assaulted or threatens to physically assault other children living in the home. A child who has displayed self-harm behaviors (cutting) or talks about suicidal ideation.
Substance Exposed Newborns	Newborns exposed or addicted to drugs	Newborn infant was exposed prenatally to a drug or substance and that this exposure was not the result of a medical treatment administered to the mother or the newborn infant by a health professional. Newborn has fetal alcohol syndrome or fetal alcohol effects.	Urinalysis or hair analysis of mother tests positive for substance; or urinalysis, hair analysis or meconium (fecal matter) analysis tests positive for substance in infant; or mother admits to substance use during pregnancy.

Appendix C: Number of instances of neglect types and subtypes for the hotline narratives

Removal Stratum: n=400, *reports can have multiple types of neglect and subtypes of neglect

Type	Subtype	Count
Physical	Inadequate food	28
	Inadequate clothing	3
	Poor hygiene	28
	Inadequate shelter	28
	Total reports with physical neglect*	**64**
Supervisory	Abandonment	49
	Expulsion	10
	Shuttling	12
	Inability to supervise due to incarceration	34
	Dangerous exposure	96
	Dangerous exposure related to domestic violence	85
	Deliberate exposure of a sexual nature	27
	Inappropriate caregiver	21
	Failure to prevent risky behavior or allowing/encouraging maladaptive behavior	48
	Permit drug and alcohol use	7
	Lack of supervision	54
	Inability to supervise due to other circumstances	16
	Total reports with supervisory neglect*	**308**
Emotional	Inadequate nurturing/affection	8
	Unrealistic developmental expectations	3
	Total reports with emotional neglect*	**11**
Medical	Denial or delay of medical health care	20
	Denial or delay of dental health care	2
	Denial or delay of mental health care	7
	Total reports with medical neglect*	**23**
Substance Exposed Newborns	Newborns exposed or addicted to drugs	77

Appendix C Cont'd: Number of instances of neglect types and subtypes for the hotline narratives

Non-Removal Stratum: n=400, *reports can have multiple types of neglect and subtypes of neglect

Type	Subtype	Count
Physical	Inadequate food	19
	Inadequate clothing	8
	Poor hygiene	37
	Inadequate shelter	34
	Total reports with physical neglect*	**75**
Supervisory	Abandonment	15
	Expulsion	13
	Shuttling	12
	Inability to supervise due to incarceration	25
	Dangerous exposure	100
	Dangerous exposure related to domestic violence	69
	Deliberate exposure of a sexual nature	38
	Inappropriate caregiver	25
	Failure to prevent risky behavior or allowing/encouraging maladaptive behavior	55
	Permit drug and alcohol use	10
	Lack of supervision	69
	Inability to supervise due to other circumstances	15
	Total reports with supervisory neglect*	**325**
Emotional	Inadequate nurturing/affection	10
	Unrealistic developmental expectations	2
	Total reports with emotional neglect*	**11**
Medical	Denial or delay of medical health care	26
	Denial or delay of dental health care	8
	Denial or delay of mental health care	13
	Total reports with medical neglect*	**38**
Substance Exposed Newborns	Newborns exposed or addicted to drugs	32

Appendix C Cont'd: Number of instances of neglect types and subtypes in the assessment and investigation report narratives

Removal Stratum: n=400, *reports can have multiple types of neglect and subtypes of neglect

Type	Subtype	Count
Physical	Inadequate food	28
	Inadequate clothing	4
	Poor hygiene	12
	Inadequate shelter	34
	Total reports with physical neglect*	**57**
Supervisory	Abandonment	61
	Expulsion	10
	Shuttling	15
	Inability to supervise due to incarceration	73
	Dangerous exposure	113
	Dangerous exposure related to domestic violence	99
	Deliberate exposure of a sexual nature	30
	Inappropriate caregiver	41
	Failure to prevent risky behavior or allowing/encouraging maladaptive behavior	59
	Permit drug and alcohol use	10
	Lack of supervision	53
	Inability to supervise due to other circumstances	30
	Total reports with supervisory neglect*	**338**
Emotional	Inadequate nurturing/affection	6
	Unrealistic developmental expectations	14
	Total reports with emotional neglect*	**18**
Medical	Denial or delay of medical health care	26
	Denial or delay of dental health care	3
	Denial or delay of mental health care	22
	Total reports with medical neglect*	**46**
Substance Exposed Newborns	Newborns exposed or addicted to drugs	81
Nothing Found	No evidence of neglect found in report narrative	2

Appendix C Cont'd: Number of instances of neglect types and subtypes in the assessment and investigation report narratives

Non-Removal Stratum: n=400, *reports can have multiple types of neglect and subtypes of neglect

Type	Subtype	Count
Physical	Inadequate food	0
	Inadequate clothing	0
	Poor hygiene	4
	Inadequate shelter	10
	Total reports with physical neglect*	**12**
Supervisory	Abandonment	18
	Expulsion	1
	Shuttling	3
	Inability to supervise due to incarceration	22
	Dangerous exposure	33
	Dangerous exposure related to domestic violence	43
	Deliberate exposure of a sexual nature	10
	Inappropriate caregiver	11
	Failure to prevent risky behavior or allowing/encouraging maladaptive behavior	40
	Permit drug and alcohol use	2
	Lack of supervision	28
	Inability to supervise due to other circumstances	11
	Total reports with supervisory neglect*	**176**
Emotional	Inadequate nurturing/affection	0
	Unrealistic developmental expectations	1
	Total reports with emotional neglect*	**1**
Medical	Denial or delay of medical health care	3
	Denial or delay of dental health care	1
	Denial or delay of mental health care	13
	Total reports with medical neglect*	**15**
Substance Exposed Newborns	Newborns exposed or addicted to drugs	30
Nothing Found	No evidence of neglect found in report narrative	187

End notes

[1] DePanfilis, D. (2006). Child Neglect: A guide for prevention, assessment, and intervention. U.S. Department of Health and Human Services. p. 16-28/102.

[2] U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). Child Maltreatment 2015. Available from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment.

[3] For example, during the reporting period April 2012- March 2013, DCS received 43,786 incoming communications to the Child Abuse Hotline that met the criteria for a report of abuse or neglect. For the reporting period April 2013-March 2014, DCS received 44,988 incoming communications to the Child Abuse Hotline that met the criteria for a report of abuse or neglect. Analysis of Department of Child Safety Semi-annual Reports for periods April 1, 2012 through March 31, 2016. https://dcs.az.gov/data/dcs-documents.

[4] DePanfilis, D. (2006). Child Neglect: A guide for prevention, assessment, and intervention. U.S. Department of Health and Human Services. p. 16-28/102.

[5] Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS–4): Report to Congress. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families. This number represents 295,300 children that experienced Harm Standard physical neglect; 193,400 children that experienced Harm Standard emotional neglect; 1,192,200 children that experienced Endangerment Standard physical neglect; and 1,173,800 children that experienced Endangerment Standard emotional neglect. For the purposes of this report, Morrison Institute excluded both the Harm and Endangerment Standard educational neglect.

[6] The data used in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with permission. Data from AFCARS were originally collected by the Children's Bureau. Funding for the project was provided by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The collector of the original data, the funder, the Archive, Cornell University, and their agents or employees bear no responsibility for the analyses or interpretations presented here.

[7] DePanfilis, D. (2006). Child Neglect: A guide for prevention, assessment, and intervention. U.S. Department of Health and Human Services. p. 25/102.

[8] DePanfilis, D. (2006). Child Neglect: A Guide for Prevention, Assessment, and Intervention. U.S. Department of Health and Human Services. p. 16/102.

[9] Department of Child Safety Semi-annual Report for reporting period October 1, 2015 through March 31, 2016 https://dcs.az.gov/reports-data/dcs-reports.

[10] The data used in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with permission. Data from AFCARS were originally collected by the Children's Bureau. Funding for the project was provided by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The collector of the original data, the funder, the Archive, Cornell University, and their agents or employees bear no responsibility for the analyses or interpretations presented here.

[11] Coohey, C. (2003). Defining and classifying supervisory neglect. Child Maltreatment, 8(2), 145-156.

[12] Ferol E. Mennen , Kihyun Kimb, Jina Sanga, Penelope K. Trickett. (2010). Child neglect: Definition and identification of youth's experiences in official reports of maltreatment. Child Abuse & Neglect, 34(9), 647-658. https://doi.org/10.1016/j.chiabu.2010.02.007

[13] Jonson-Reid, M., Drake, B., & Zhou, P. (2013). Neglect Subtypes, Race, and Poverty: Individual, family, and service characteristics. Child Maltreatment, 18(1), 30–41. http://doi.org/10.1177/1077559512462452

[14] Coohey, C. (2003). Defining and classifying supervisory neglect. Child Maltreatment, 8(2), 145-156.

[15] Arizona Department of Child Safety Policy and Procedure Manual, Chapter 1: Section 1: Hotline receipt of information. https://extranet.azdes.gov/dcyfpolicy/

[16] For example, during the reporting period from April 1, 2016-March 31, 2017 DCS received 150,021 communications. Of those 150,021 communications 101,655 were communications that did not meet the criteria

for a report of abuse or neglect. Analysis of Department of Child Safety Semi-annual Reports for periods April 1, 2016 through March 31, 2017. https://dcs.az.gov/data/dcs-documents.

[17] Department of Child Safety Semi-annual Report for reporting period October 1, 2016 through March 31, 2017 pg 30/75 https://dcs.az.gov/reports-data/dcs-reports.

[18] Department of Child Safety Semi-annual Report for reporting period October 1, 2016 through March 31, 2017 pg 48/75 https://dcs.az.gov/reports-data/dcs-reports.

[19] Child Welfare Information Gateway. (2016). *Definitions of child abuse and neglect.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

[20] Department of Child Safety Semi-annual Report for reporting period October 1, 2016 through March 31, 2017 pg 30/75 https://dcs.az.gov/reports-data/dcs-reports.

[21] Department of Child Safety Semi-annual Report for reporting period October 1, 2016 through March 31, 2017 pg 30/75 https://dcs.az.gov/reports-data/dcs-reports.

[22] Department of Child Safety Semi-annual Report for reporting period October 1, 2016 through March 31, 2017 pg 30/75 https://dcs.az.gov/reports-data/dcs-reports.

[23] Department of Child Safety Semi-annual Report for reporting period October 1, 2016 through March 31, 2017 pg 30/75 https://dcs.az.gov/reports-data/dcs-reports.

[24] DePanfilis, D. (2006). Child Neglect: A guide for prevention, assessment, and intervention. *U.S. Department of Health and Human Services*. p. 16/102

[25] Department of Child Safety Semi-annual Report for reporting period October 1, 2016 through March 31, 2017 pg 30/75 https://dcs.az.gov/reports-data/dcs-reports.

[26] This test of significance was run using a z-score test of proportions.