

CHILD NEGLECT - CAUSES AND CONSEQUENCES

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SUMMARY

Introduction: Child neglect is one of the most prevalent forms of child abuse. Neglect can be defined as a lack of sufficient attention, responsibility and protection that matches the age and needs of the child. There is no theory that fully explains why neglect of children happens. Three different causal models of neglect are given: parental deficit model, ecological deficit model and ecological-transaction model. Exposure to neglect in childhood may have a negative impact on the development of the child and cause short-term and long-term health, emotional, cognitive, academic and social difficulties. The aim of this paper was to provide a comprehensive theoretical overview of neglect of children causes and consequences.

Methods: In this paper, we used review articles and meta-analyzes about child neglect causes and consequences published on Medline.

Results: Child neglect has a relatively high prevalence rate compared to other types of child abuse. Several studies suggest that the impact of neglect on the health and development of the child is just as negative as the impact of other types of abuse. Children who experience neglect in early childhood are more likely to have health, cognitive, emotional and social consequences in later life. A significant number of studies suggest the existence of a link between child neglect and risk factors related to parents, the child and the environment.

Conclusions: Child neglect is determined by multiple risk areas and is considered as the result of a complex interaction of risk factors present in children and in their care environment. Neglect may have long-term consequences for all aspects of the health and functioning of the child.

Key words: child neglect - risk factors - consequences of neglect

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INTRODUCTION

Neglect is one of the most common forms of child abuse that is often associated with other forms of abuse. Child neglect is different from other forms of abuse, because it refers to omissions or negligence in meeting the basic needs of a child. These omissions are repeated over time and can lead to serious health problems including the death of a child. Estimations of the incidence of child neglect are from 16.3% for physical and 18.4% for emotional neglect (Stoltenborg et al. 2013) up to 20.6% and 29.4% depending on age (Clement et al. 2016). In the epidemiological study on abuse and neglect of children in the Balkans (BECAN) (Nikolaidis et al. 2018) carried out in nine Balkan countries, the obtained neglect rate was from 22.6% up to 42.6%. This study suggests that 39.6% of school children from Bosnia and Herzegovina were neglected during their lifetime, and 33.2% in the previous year.

There is no consensus in defining the term of child neglect (Barron & Jenny 2011). Legal definitions are mainly focused on mistakes in the care of parents or caregivers that result in actual or potential harm. The World Health Organization (WHO 1999) defines neglect as a parent failure to ensure the development of a child when a parent is able to do so, in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions. Therefore, neglect can occur only in cases where reasonable

resources are available to the family or the guardian. Dubowitz et al. (1993) state that neglect occurs whenever the child's basic needs are not adequately met, with a focus on meeting basic needs rather than on the intent or behavior of the parents. Parental responsibility is replaced by shared responsibility involving parents, family, community, and society. Child neglect can be manifested in various ways, such as failure to comply with health recommendations, lack of seeking health care, denial of food, child abandoning, poor hygiene, denial of education, inadequate supervision, child exposure to the drugs and dangerous environment. In this sense, there are several types of neglect of children such as physical, emotional, educational, health and environmental neglect, as well as neglect of parental supervision (Allnock 2016, Blumenthal 2015, Dubowitz 2013, Naughton et al. 2013).

CAUSES OF CHILD NEGLECT

Child neglect can happen for a number of reasons. There is no unique theoretical model for explaining this phenomenon. Various theoretical formulations and models can be found in the literature that attempt to explain the neglect and abuse of children. Blumenthal (2015) summarizes all the theoretical models in three different causal neglect models: a model of parental deficit, an environmental deficit model and an ecological-transactional model. In the parental deficit model, the star-

ting point is that individuals (parents, guardians), and not communities, are primarily responsible for ensuring child welfare and that the cause of child neglect is inadequate parenting (Cameron et al. 2007). Parental characteristics (psychopathology, cognitive distortions or experience inappropriate care) are the major causal factors for child neglect. This model does not take in consideration the social and economic circumstances that can affect parenting, as well as recognition and sustantion of neglect (Smith & Fong 2004). The standing point of environmental deficit model is that material deprivation is the primary cause of child neglect. The model emerged from sociological theories of explaining the causes and effects of intergenerational poverty. In this model, poverty induces stress that makes parents unable to materially and emotionally satisfy the needs of the child. In an ecological-transactional model, the cause of neglect is in the interaction of family characteristics and environmental factors. In this model, the focus was on the level of stress as well as stress coping mechanisms. When stress in the family exceeds the coping mechanisms, neglect may occur (Daniel et al. 2011).

Causes of neglect can be seen through the risk factors and protective factors related to the development of the child. When a child is exposed to risk factors combined with limited protective factors, it increases possibility to experience abuse or neglect (Lamont & Price-Robertson 2013). The presence of risk factors does not mean that these factors also cause abuse or neglect of children. The results of the study suggest that risk factors occur at a statistically significantly higher rate in families where there is neglect of children than in families where not.

Child related risk factors

Several review studies cited the results of a study of risk factors that are directly related to the child (Govindshenoy & Spencer 2006, Akehurst 2015, Stith et al. 2009, Schumacher et al. 2001, Jones et al. 2012). The investigated factors included age, sex, behavior and disability (incapacity) of a child. Knowing the characteristics of children who are associated with a greater risk of neglect can help identify children vulnerable to neglect. The presence of child related risk factors does not mean that the child is in any way responsible for its abuse. Parental or guardian responses to children's behavior or disability determine whether the child is going to be neglected or abused in any other way. The theoretical age of a child can be a risk factor. In fact, infants and young children are dependent on their parents/guardians in meeting basic needs. Also, early childhood is a developmental critical period for forming a secure attachment. Afore mentioned can make babies and younger children more risky for neglect. However, the results of the research on the relation between child's age and neglect are not

consistent. Stith et al. (2009) do not find a link between the child's age and neglect, but Akehurst (2015) finds that younger children are more vulnerable. According to Schumacher et al. (2001), the age of a child in combination with other factors increases the risk of neglect. Parkinson et al. (2017) state that the gender and age of the child do not appear as factors that affect the risk of neglect, but they emphasize that the effects of neglect may differ from the developmental stages and that the possibility of greater damage is higher if the neglect is present at the younger age. Furthermore, the behavior of a child can be a risk factor for neglect. Children who show behavioral disorders, with poor social competences, internalized or externalized behavior are in higher risk to be neglected (Schumacher et al. 2001). Behavioral disorders are both a risk factor and a consequence of neglect. Certain forms of disability in children can contribute to the risk of neglect. Disability that is associated with complex medical needs may increase the risk of child vulnerability to health neglect. Children with disabilities (physical, intellectual, mental or multiple impairments) are 4.6 times more exposed to neglect compared to children without disabilities (Jones et al. 2012). This risk depends on the type of disability and the additional needs of the child. Also, as disability may increase the risk for neglect, the neglect can be a risk factor for the development of disability (Parkinson et al. 2017).

Parents related factors

Different factors related to the parent or guardian are associated with an increased risk of child neglect. Social isolation, negative experiences of parents in childhood, lack of parental knowledge and skills, the use of psychoactive substances, criminal activities, gambling problem are just some of parent's factors that increase the risk for child neglect. These factors affect parental abilities of understanding the needs of the child, as well as establishing a stable and secure attachment which can result in neglect. Children whose parents are younger (for example, adolescents) are at greater risk of being neglected due to limited life skills and experience, lack of finance and a safe home environment, but also due to developmental conditioned poorer judgment and weaker affective regulation in adolescents (Parkinson et al. 2017).

Parental stress, low self-esteem, difficulties in affective regulation, unemployment and lack of social support, negative experiences of parents in childhood and their poor relationship with their parents are cited as significant risk factors for child neglect (Schumacher et al. 2001, Stith et al. 2009). Parental insensitivity to the child's physical and emotional needs, unrealistic expectations from the child, as well as occupation with own personal needs can contribute to the neglect of children (Akehurst 2015).

Several studies have found that problems of parents' mental health, the abuse of alcohol and psychoactive substances, the antisocial and criminal behavior of parents, the somatic problems of parents and the experience of abuse in childhood are associated with neglect of children (Schumacher et al. 2001, Stith et al. 2009, Bromfield et al. 2010, Staton-Tindall et al. 2013, Akehurst 2015, Parkinson et al. 2017, Austin 2016, Mulder et al. 2018). Although the neglect of children is determined by several factors, most of them are parents related and these risk factors are particularly significant.

Family related factors

Numerous factors are related to the family environment, and most studied ones are the structure and number of family members, family relationships, domestic violence and the socio-economic status of the family. Parkinson et al. (2017) state that there are few studies on association between domestic violence and neglect of children. Domestic violence is a risk factor in situations when abused mothers have difficulty in coping with the consequences of violence, when focused on a violent partner and can not meet the basic needs of their children (Bromfield et al. 2010, Akehurst 2015). Domestic violence and child neglect occur together in almost 40% of cases and most often the victims of domestic violence neglect their child. The quality of parent-child relationship is an important factor, especially for emotional neglect. This relationship depends on a number of other factors related to the family situation. The poor parent-child relationship and parental perception of the child as problematic is related to neglect (Stith et al. 2009). There are few studies on the association of single-parent families and the neglect of children, and the results are inconsistent (Parkinson et al. 2017, Freisthler et al. 2006). Relation between socio-economic status of the family (income, level of education and employment) and neglect is complex. It is consistently found in literature that poor socio-economic status is associated with a high risk of neglect (Parkinson et al. 2017). Poverty is most often reported as a significant risk factor for neglect (Austin 2015).

The family living environment

The context in which the family lives has an impact on the behavior of family members. A poor environment and poor socio-economic status in the neighborhood, poor community support, underdeveloped or inaccessible social support services, alcohol availability and widespread consumption, uncertain environment are factors that can contribute to the occurrence of child neglect (Akehurst 2015, Freisthler et al. 2006, Parkinson et al. 2017). Cultural and social norms, as well as religious beliefs, can influence the behavior of parents, their upbringing and perception of children in ways that increase the risk of child neglect (Parkinson et al. 2017).

CONSEQUENCES OF NEGLECT

Although neglect is one of the biggest threats to development and welfare of children, research on the direct consequences of neglect are rare and in the shadow of the studies of other forms of child abuse (Watson 2005). Regardless of this, based on the results of the research so far, it is obvious that the consequences of neglect are multiple and long-term. The period from birth to adulthood is characterized by progressive physical, emotional, cognitive and social development. Growth and development of the child depends on several factors, of which important factors affect the satisfaction of basic needs such as adequate nutrition, emotional support, child hygiene, health care, mental health care, cognitive stimulation, family structure and safe living conditions. The growth and development of the child is followed by changes in brain maturation. During the first years of life there is a significant brain growth that occurs sequentially and hierarchically, organizing the development of brain functions from the least to the most complex. The brain develops through the organization and creation of pathways that connect different parts of the brain and through the distinction between functions. Creating these pathways is a characteristic of brain development that is most experientially sensitive. According to Perry (2002) it is the activity or "use dependent" process or the process of "use it or lose it". How will this area develop depends on the environment in which the child develops and interactions that realizes with its environment. During the first two years of life there is excessive production of axons, dendrites and synapses in different brain regions (Stien & Kendall 2004). Through a process referred to as pruning unused connections are eliminated (Cicchetti 2002), while the synapses that are repeatedly activated are held. Up to a certain point, all functions of the brain depend on the presence of a suitably designed and timed repeated characters that stimulate neural system (Perry 2006). These, upon use dependent changes in the brain can result in changes in the knowledge, emotional and the motor function, as well as in changes in regulatory capacity state (Perry 2006).

Normal development can be interrupted by deprivation related to neglect and result in dysregulation of the neural system and lead neurocognitive deficits (Lee & Hoaken 2007).

The children experienced neglect often have less developed parts of the brain responsible for cognition and emotions. When exposed to combination of neglect and other forms of abuse, it results in the excessive development of areas of the brain responsible for survival which leads to anxiety, impulsiveness, poor affective regulation and hyperactivity, while limbic and cortical functions remain less developed which affects empathy and cognitive skills. Neglect during early childhood, including the prenatal period affects the

development of the capacity of the brain and its volume. The children experienced neglect in early childhood have difficulties in cognitive, linguistic and behavioral functioning (Spratt et al. 2012). Neglect is associated with a delay in expressive, receptive, and overall language development, which plays a significant role in the development of behavioral difficulties in later life.

Neglected children suffer more from internalized symptoms than their peers exposed to other forms of abuse. Children are more passive, withdrawn, apathetic, less involved in the social and physical environment, returning helplessness when under stress and showing significant developmental delays. It is believed that the child internalizes the message of his worthlessness and assumes that he will not succeed in acquiring friends, achieving school success, or being noticed (Egeland et al. 2002).

Neglect in the early years of life has long-term consequences that can be maintained through childhood, adolescence, and adulthood (Stein et al. 2009, Rees et al. 2011). Children with early experience of neglect can develop internalized (depression, withdrawal, lack of confidence) and externalized (impulsive, aggressive, acting out) behavioral problems in later periods (English et al. 2005). Neglecting children in the first two years of life may be the precursor to aggressive behavior in childhood (Kotch et al. 2008).

Infants who are neglected tend to develop anxiety attachment, while pre-school children are more dependent on others, have lower self-esteem and show more behavioral disorders (tics, outbursts of rage, theft, accidents, physical complaints, self-harm). Physical neglect of pre-school children is associated with poor interaction with peers, social isolation, noncompliance and aggression, apathy, passivity, lack of flexibility, persistence and enthusiasm (Watson 2005). Also, there are difficulties in emotional regulation, showing emotions to others, distinguishing emotional states, and a negative image of themselves and others (Peterson et al. 2014).

Neglecting school-age children is accompanied by a continuous negative perception about themselves and others, negative interpersonal expectations and difficulties in resolving interpersonal problems and difficulties in achieving academic success (Shields et al. 2001). Neglect in childhood is associated with a high risk of developing personality disorders, symptoms of anxiety and depression in adolescence, as well as manifestation of suicidal and self-harm behavior.

The most tragic consequence of neglect is the death of a child. Berkowitz (2001) states that 30% to 40% of fatal outcomes of abuse are a result of neglect. Most victims of neglect die until age of two years, and 41% are younger than one year (Scannapieco & Connell-Carrick 2002). The mortality rate of children who are severely neglected is higher than the rate of severely physically abused children (Smith & Fong 2004).

In the long term, neglected children face a greater risk of emotional, behavioral and interpersonal difficulties, mental health disorders, and learning difficulties and the achievement of academic achievement, juvenile delinquency, criminal activities and violence in adulthood (Daniel et al. 2011, DePanfilis 2006). Neglect in childhood is associated with mental health problems in adulthood such as depression, posttraumatic stress disorder, anxiety disorders, suicide attempts, psychoactive substance abuse, and other forms of risk behavior (Widom et al. 2007, Gil et al. 2009, Norman et al. 2012). Neglect can also have somatic long-term consequences such as hypertension and chronic pain syndrome (Anda et al. 2006). Parents of neglected children were most often neglected themselves, suggesting intergenerational transmission of parenting style. Adults who have been neglected in childhood have difficulty in maintaining long-term intimate relationships (Colman & Widom 2004).

CONCLUSION

Although child neglect is a common phenomenon, the causes and consequences of neglect are insufficiently explored. Based on previous research, it can be concluded that the neglect of children is determined by numerous and mutually connected factors, from the individual and family level up to the level of community and society. The consequences of neglect depending on the type of neglect, duration and age of occurrence, may vary from fatal outcomes to long-term consequences related to all aspects of health and functioning of a child, adolescent and later adults .

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Esmina Avdibegović: conception and design of the manuscript, collecting data and literature searches, analyses and interpretation of data, manuscript preparation and writing the paper; final approval of the version to be submitted.

Maja Brkić: participated in revising the manuscript and gave final approval of the version to be submitted.

References

1. Akehurst R: *Child neglect identification: The health visitor's role. Community Pract* 2015; 88:38-42
2. Allnock D: *Child neglect: The research landscape. In: R Gardner (ed): Tackling Child Neglect: Research, policy and evidence-based practice, 101-129. Jessica Kingsley Publishers, 2016*
3. Anda R, Felitti VJ, Bremner JD, Walker JD, Whitfield C, Perry BD, Dube SR, Giles WH: *The enduring effects of*

- abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *Eur Arch Psychiatry Clin Neuroscience* 2006; 256:174–186
4. Austin A: Is prior parental criminal justice involvement associated with child maltreatment? A systematic review. *Child Youth Serv Rev* 2016; 68:146-153
 5. Barron CE, Jenny C: Definitions and Categorization of Child Neglect. In: Jenny C (ed): *Child Abuse and Neglect*, 539–543. Elsevier Saunders, 2011
 6. Berkowitz CD: Fatal child neglect. *Adv Pediatr* 2001; 48:331-361
 7. Blumenthal A: *Child neglect I: Scope, consequences, and risk and protective factors*. Montreal QC: Centre for Research on children and Families. Available at: <http://cwrp.ca/sites/default/files/publications/en/141E.pdf>
 8. Bromfield L, Lamont A, Parker R, Horsfall B: Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse, and mental health problems. NCPIC issues paper no. 33. Australian Institute of Family Studies, 2010. Available at: <https://aifs.gov.au/cfca/publications/issues-safety-and-wellbeing-children-families>
 9. Cameron G, Freymond N, Cornfield D, Palmer S: Positive possibilities for child and family welfare: Expanding the Anglo-American child protection paradigm. In: Cameron G, Coady N, Adams GR (eds): *Moving Toward Positive Systems of Child and Family Welfare: Current Issues and Future Directions*, 1-79. Wilfrid Laurier University Press, 2007
 10. Cicchetti D: The impact of social experience on neurobiological systems: Illustration from a constructivist view of child maltreatment. *Cogn Dev* 2002; 17:1407-28
 11. Clement ME, Berube A, Chamberland C: Prevalence and risk factors of child neglect in the general population. *Public Health* 2016; 138:86-92
 12. Colman RA, Widom CS: Childhood abuse and neglect and adult intimate relationships: a prospective study. *Child Abuse Negl* 2004; 28:1133-51
 13. Daniel B, Taylor J, Scott J: *Recognizing and helping the neglected child: Evidence-based practice for assessment and intervention*. London: Jessica Kingsley Publishers, 2011
 14. DePanfilis D: *Child neglect: A guide for prevention, assessment, and intervention*. Washington, DC: U.S. Department of Health and Human Services; Administration for Children and Families; Administration on Children, Youth and Families; Children's Bureau; Office on Child Abuse and Neglect, 2006. Available at: <https://www.childwelfare.gov/pubPDFs/neglect.pdf>
 15. Dubowitz H, Black M, Starr R, Zuravin S: A conceptual definition of child neglect. *Criminal Justice Behav* 1993; 20:8–26
 16. Dubowitz, H: Neglect in children. *Pediatric Ann* 2013; 42:73-77
 17. Egeland B, Yates T, Appleyard K, van Dulmen M: The long-term consequences of maltreatment in the early years: A developmental pathway model to antisocial behavior. *Children's Services: Social Policy, Research & Practice* 2002; 5:249-260
 18. English DJ, Upadhyaya MP, Litrownik AJ, Marshall JM, Runyan DK, Grahama C et al.: Maltreatment's wake: The relationship of maltreatment dimensions to child outcomes. *Child Abuse Negl* 2005; 29:597–619
 19. Freisthler B, Merritt DH, Lascala EA: Understanding the ecology of child maltreatment: A review of the literature and directions for future research. *Child Maltreat* 2006; 11:263-280
 20. Gil A, Gama CS, de Jesus DR, Lobato MI, Zimmer M, Belmonte-de-Abreu P: The association of child abuse and neglect with adult disability in schizophrenia and the prominent role of physical neglect. *Child Abuse Negl* 2009; 33:618-24
 21. Govindshenoy M, Spencer N: Abuse of the disabled child: a systematic review of population-based studies. *Child Care Health Dev* 2007; 33:552-558
 22. Jones L, Bellis MA, Wood S, Hughes K, McCoy E, Eckley L et al.: Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *Lancet* 2012; 380:899-907
 23. Kotch JB, Lewis T, Hussey JM, English D, Thompson R, Litrownik AJ et al.: Importance of Early Neglect for Childhood Aggression. *Pediatrics* 2008; 121:725-731
 24. Lamont A, Price-Robertson R: Risk and protective factors for child abuse and neglect. CFCA resource sheet, 2013. Available at: <https://aifs.gov.au/cfca/publications/risk-and-protective-factors-child-abuse-and-neglect>
 25. Lee V, Hoaken PN: Cognition, emotion, and neurobiological development: mediating the relation between maltreatment and aggression. *Child Maltreat* 2007; 12:281-98
 26. Mulder TM, Kuiper KC, van der Put CE, Assink M: Risk factor for child neglect: A meta-analytic review. *Child Abuse Negl* 2018; 77:198-210
 27. Naughton A, Maguire S, Mann M, Lumb C, Tempest V, Gracias S et al.: Emotional, behavioural and developmental features indicative of neglect or emotional abuse in pre-school children: A systematic review. *JAMA Pediatr* 2013; 167:769-775
 28. Nikolaidis G, Petroulaki K, Zarokosta F, Tsirigoti A, Hazizaj A, Cenko E et al.: Lifetime and past-year prevalence of children's exposure to violence in 9 Balkan countries: the BECAN study. *Child Adolesc Psychiatry Ment Health* 2018; 12:1
 29. Norman RE, Byambaa M, De R, Butchart A, Scott J, Vos T: The Long-Term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis. *PLoS Med* 2012; 9:1-31
 30. Parkinson S, Bromfiels L, McDougally S, Salveron M. Child neglect: Key concepts and risk factors a report to the NSW Department of family and community services office of the senior practitioner, 2017. Australian Center for Child Protection. Available at: <https://www.unisa.edu.au>
 31. Perry B: Applying principles of neurodevelopment to clinical work with maltreated and traumatized children. In: Webb BN (ed): *Working with traumatized youth in child welfare*, 27-52. The Guilford Press, 2006
 32. Perry B: Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture. *Brain and Mind* 2002; 3:79-100
 33. Peterson A: Consequences of child abuse and neglect. In: Peterson A, Joseph J, Feit M (eds): *New Directions in Child Abuse and Neglect Research*, 111-175. IOM (Institute of Medicine) and NRC (National Research Council), The National Academies Press, 2014

34. Scannapieco M, Connell-Carrick K: *Focus on the first yeears: An eco-developmental assessment of child neglect for children 0 to 3 years of age. Child Youth Serv Rev* 2002; 24:601-621
35. Schumacher JA, Slep AMS, Heyman RE: Risk factors for child neglect. *Aggression 44 and Violent Behavior* 2001; 6:231-254
36. Shields A, Ryan RM, Cicchetti D: Narrative representations of caregivers and emotion dysregulation as predictors of maltreated children's rejection by peers. *Dev Psychol* 2001; 37:321-327
37. Smith MG, Fong R: *The children of neglect: when no one cares. New York and Hove: Brunner-Routledge, 2004*
38. Spratt EG, Frienenberg SL, Swenson CC, La Rose A, De Bellis Md, Macias M et al.: The effects of early neglect on cognitive, language and behavioral functioning in childhood. *Psychology (Irvine)* 2012; 3:175-182
39. Staton-Tindall M, Sprang G, Clark J, Walker R, Craig CD: Caregiver Substance Use and Child Outcomes: A Systematic Review. *J Soc Work Pract Addict* 2013; 13:6-31
40. Stein M: *Young People Leaving Care: Supporting pathways to Adulthood. London: Jessica Kingsley Publishers, 2012*
41. Stien P, Kendall J. *Psychological Trauma and the Developing Brain. Binghamton: The Haworth Maltreatment and Trauma Press, 2004*
42. Stith SM, Liu T, Davies LC, Boykin EL, Alder MC, Harris JM et al.: Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggress Violent Behav* 2009; 14:13-29
43. Stoltenborgh M, Bakermans-Kranenburg MJ, van IJzendoorn MH: The neglect of child neglect: A meta-analytic review of the prevalence of neglect. *Soc Psychiatry Epidemiol* 2013; 48:345-355
44. Rees G, Stein M, Hicks L, Gorin S: *Adolescent Neglect – Research Policy and Practice. London: Jessica Kingsley Publishers, 2011*
45. Watson J: *Child neglect: Literature review. Ashfield: Centre for Parenting & Research, 2005. Available at: <http://www.community.nsw.gov.au>*
46. Widom CS, DuMont K and Czaja SJ: *A Prospective Investigation of Major Depressive Disorder and Comorbidity in Abused and Neglected Children Grown. Arch Gen Psychiatry* 2007; 64:49-56
47. *World Health Organization. Report of the consultation on child abuse prevention. Geneva: World Health Organization, 1999*

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