Using Administrative Data to Uncover How Often and Why Supervisory Neglect Happens: Implications for Child Maltreatment Prevention

Rebeccah L Sokol[a], Bryan G. Victor[a], E. Susana Mariscal[b], Joseph P. Ryan[c], Brian E. Perron[c]

Affiliations:

a. School of Social Work, Wayne State University, 5447 Woodward Ave, Detroit, MI 48202, USA
b. School of Social Work, Indiana University, 902 West New York Street, Indianapolis, IN 46202, USA
c. School of Social Work, University of Michigan, 1080 S University, Ann Arbor, MI 48109, USA

*To whom correspondence should be addressed: Rebeccah L. Sokol, Ph.D., School of Social Work, Wayne State University, 5447 Woodward Ave, Detroit, MI 48202, rlsokol@wayne.edu

Acknowledgements: We would like to thank Ziyan Shi who prepared network data for the figures.

Funding: None

Declarations of interest: None

This is the author's manuscript of the article published in final edited form as:

Sokol, R. L., Victor, B. G., Mariscal, E. S., Ryan, J. P., & Perron, B. E. (2021). Using administrative data to uncover how often and why supervisory neglect happens: Implications for child maltreatment prevention. Child Abuse & Neglect, 122, 105321. https://doi.org/10.1016/j.chiabu.2021.105321

Abstract

Background: Despite supervisory neglect being the most prevalent and fatal neglect sub-type, the most common reasons why caregivers are substantiated for this type of maltreatment remains unknown.

Objective: Our study describes cases substantiated for supervisory neglect in a Midwestern state in an effort to inform prevention strategies against supervisory neglect.

Participants and Setting: This study utilized state administrative data from substantiated child maltreatment investigations conducted between May 1st and October 31st, 2019 (N=11,208).

Methods: We first identified the substantiated investigations where supervisory neglect was present and established investigation-level correlates for these cases. We then selected a random sample of investigations with a substantiated allegation of supervisory neglect (n = 150) for a qualitative review of written investigative narratives to uncover the contextual factors of supervisory neglect and identify which factors frequently co-occur.

Results: Supervisory neglect was the most common maltreatment type, present in 71% (*n* = 7,945) of substantiated child welfare investigations. Our qualitative review of 150 randomly selected cases identified ten distinct, non-mutually exclusive contextual factors of supervisory neglect. Child exposure to domestic violence was the most prevalent contextual factor (45%), followed by caregiver's substance-related problems (42%). Childhood exposure to domestic violence and caregiver's substance-related problems was the most common co-occurrence of factors, present in 18% of cases.

Conclusions: Supervisory neglect accounts for the vast majority of child maltreatment incidents. To prevent the largest share of supervisory neglect cases, policy and programs are needed to address domestic violence and substance-related problems among caregivers.

Keywords: supervisory neglect; child neglect; child maltreatment; maltreatment prevention; policy

Background

Over 650,000 children are confirmed victims of child maltreatment annually in the United States (*Child Maltreatment 2019*, 2021). Maltreatment places these children at heightened risks for various adverse health and psychosocial problems throughout their lives (Armiento et al., 2016; Danese & Tan, 2014; Lansford et al., 2002; Leiter et al., 1994). Neglect is the most prevalent form of child maltreatment in the United States, with nearly 500,000 confirmed victims annually (*Child Maltreatment 2019*, 2021). Different subtypes of neglect exist, namely physical, emotional, and supervisory, with supervisory neglect being the most common and fatal (Coohey, 1996; Hussey et al., 2006; Jonson-Reid et al., 2013). Although states differ in their operationalization of neglect subtypes (Rebbe, 2018), state laws may define supervisory neglect (also known as improper supervision or inadequate supervision) as leaving the child unsupervised, not protecting the child from safety hazards, not securing adequate caregivers, and/or engaging in harmful behavior (*Acts of Omission: An Overview of Child Neglect*, 2018). Following these operationalizations and definitions, child welfare systems may classify a variety of circumstances as supervisory neglect, including but not limited to parental substance misuse (*Parental Substance Use as Child Abuse*, 2020) and child exposure to domestic violence (Victor, Rousson, et al., 2021), each circumstance implying different prevention and treatment services.

Given the trauma and costs associated with maltreatment, researchers, practitioners, and policymakers have directed efforts to prevent child maltreatment (Chen & Chan, 2016; Dubowitz et al., 2009; Jones Harden et al., 2020; Prinz et al., 2009). For example, the 2021 American Rescue Plan expansion of the Title II Community-Based Child Abuse Prevention (CBCAP) grants in the Child Abuse and Prevention Act (CAPTA) program substantially increases the

amount of funding available to states for primary and secondary prevention initiatives for child maltreatment, with an emphasis on promoting the increased use of evidence-based and evidence-informed programs and practices. A focus on evidence-based interventions is also central to the recently passed Family First Prevention Services Act (FFPSA; 2018). The FFPSA is designed to encourage the adoption of evidence-based approaches by child welfare systems to prevent children's formal entry into foster care by allowing systems to be reimbursed for services, programs, and treatments on the Title IV-E Prevention Services Clearinghouse (2021), an authorized list of evidence-based interventions maintained by the U.S. Children's Bureau.

To make prevention efforts more effective, professional societies have issued calls for child welfare systems to increase their use of targeted, evidence-based interventions that address the presenting determinants of maltreatment rather than broader and time-consuming multi-program service plans (Berliner et al., 2015). Despite its high prevalence and associated fatality, the broad and varying definitions of supervisory neglect across a variety of states and research contexts do not imply clear actions for the prevention of maltreatment and foster care entry (Morrongiello & Cox, 2020; Rebbe, 2018). Although some states have separate maltreatment categories for exposure to domestic violence and parental substance misuse (*Parental Substance Use as Child Abuse*, 2020; Victor, Rousson, et al., 2021), most supervisory neglect definitions are sufficiently broad that caseworkers in systems with these distinct maltreatment types might still co-substantiate supervisory neglect for cases involving these behaviors. Thus, the classification of maltreatment as supervisory neglect obscures the range of underlying contextual factors (e.g., lack of child care, exposure to violence, etc.) which should be the focus of prevention efforts and treatment.

Without understanding the contexts that lead to substantiation of supervisory neglect, the ability to prevent this form of maltreatment is restricted. Currently, there is limited knowledge about the different contexts under which workers substantiate supervisory neglect (hereafter referred to as *contextual factors of supervisory neglect*). This inhibits the ability to determine which prevention efforts and interventions might alleviate this substantial share of the neglect caseload, and whether the current list of approved Title IV-E Clearinghouse interventions is sufficient to address these factors.

Multiple factors contributing to supervisory neglect may co-occur within a single case. For example, a caregiver may be unable to pay for safe and reliable child care while also experiencing a substance use disorder. Working to address only one need among several that lead to supervisory neglect will likely fall short of preventing initial and/or repeat maltreatment. Indeed, as Jones Harden and colleagues (2020) observed, "singular efforts such as increasing parent skills training or relationship enhancement…do not satisfactorily match up with the dynamic and multiply determined phenomena of child maltreatment" (p. 112). Carrying forward the previous example, providing the family with a child care subsidy does not address the caregiver's substance misuse, and referring the caregiver to substance abuse treatment does not provide a safe and reliable child care option. Furthermore, the caregiver may be unable to attend substance abuse treatment if they do not have safe and reliable care for their child during treatment sessions. Identifying the most prevalent co-occurrences of supervisory neglect contextual factors can inform maltreatment prevention programming that will comprehensively address the most common co-occurring needs for the most families.

During maltreatment investigations, caseworkers write investigative case narratives to document insights as to why a parent is held responsible for a substantiated allegation of

supervisory neglect. A step towards identifying prevention strategies against supervisory neglect—and a focus of our present mixed-methods study—is to leverage administrative data records and written investigative narratives to describe cases substantiated for supervisory neglect. Specifically, we first seek to examine the prevalence and characteristics of substantiated Child Protective Services (CPS) cases with supervisory neglect allegations and identify the case-level correlates of cases in which supervisory neglect was present. We then aim to identify the various contextual factors of supervisory neglect, and co-occurrences of factors, that inform caseworkers' substantiation decisions.

Methods

This study utilized a state administrative dataset of child welfare case records secured through an official data-sharing agreement between a large Midwestern child welfare system and the {BLINDED}. All case records examined in this study were generated by child welfare workers during the course of their regular work duties and reflected the perceptions and judgments of those workers and/or their supervisors. The use of these records for research purposes was granted by the state agency participating in the study, and the study was approved by the {BLINDED} Institutional Review Board.

Data source. The study team obtained records for all substantiated child welfare investigations conducted in the state between May 1st and October 31st, 2019 (N=11,208). Case records comprised structured data including risk category (e.g., high risk and opened for services versus low/moderate risk and not opened for services); number of children involved in the case; child(ren) race, age, and gender; perpetrator(s) age and gender; and substantiated maltreatment types (e.g., supervisory neglect, failure to protect, physical abuse, physical neglect, sexual abuse, threatened harm). Case records also included unstructured qualitative data in the form of

investigative narratives written by caseworkers. Caseworkers document the details of maltreatment investigations within these narratives, including any relevant facts or evidence obtained during the investigation.

From these 11,208 investigations substantiated for any type(s) of maltreatment, we selected a random sample of 150 case records that included a substantiated allegation of supervisory neglect (regardless of co-occurring maltreatment types) for an in-depth qualitative review as to the contextual factors of supervisory neglect within the investigative case narratives.

Defining supervisory neglect. The policy manual for this system defines supervisory neglect as "[p]lacing the child in, or failing to remove the child from, a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in harm or threatened harm to the child." Other child welfare systems may define supervisory neglect in slightly different ways, and we consider this point further in the Strengths and Limitations section. Of note, the child welfare system considered in the present study classifies failure to protect as a neglect sub-type distinct from supervisory neglect, where failure to protect is "knowingly allowing another person to abuse and/or neglect the child without taking appropriate measures to stop the abuse and/or neglect or to prevent it from recurring when the person is able to do so and has, or should have had, knowledge of the abuse and/or neglect."

Quantitative data analysis. Among all 11,208 cases that substantiated any type of maltreatment, we identified the proportion of cases where a caseworker substantiated at least one allegation of supervisory neglect. We then compared cases substantiated for supervisory neglect to cases substantiated for maltreatment types other than supervisory neglect with respect to: risk category; number of children involved in the case; child(ren) race, age, and gender, and;

perpetrator(s) age and gender. Since we used population data with a large n-size, we focus only magnitude of differences in our comparisons rather than statistical tests of group differences. We used Microsoft Charticulator (Ren et al., 2019) to create network visualizations to display the prevalence and co-occurrence of maltreatment allegation types.

Qualitative data analysis. Next, we used inductive coding to analyze and make meaning of investigative case narrative data among the sample of 150 cases substantiated for supervisory neglect. Specifically, we used inductive coding techniques to surface the contextual factors of supervisory neglect for which workers base substantiation decisions. We defined *contextual factors* as conditions that plausibly contributed to supervisory neglect based on the policy manual's supervisory neglect definition. We chiefly identified these factors within investigative case narratives based on caseworker language (e.g., "supervisory neglect was substantiated due to…"). When a caseworker did not explicitly identify their justification for substantiating supervisory neglect, the authors identified the circumstance(s) that met the policy manual definition of supervisory neglect. The first author completed a close reading of twenty randomly selected narratives to identify and develop preliminary codes for contextual factors. The first and second author then reviewed these codes and independently applied them to a new random selection of thirty narratives to confirm that connections between the codes and the narrative data were intuitive and clear (Guest et al., 2011). To address coding discrepancies between the first and second author, authors iteratively revised or combined codes to provide a concise and comprehensive description of the data. The two authors dually coded the remaining 120 narratives using the revised code definitions. In instances where there were coding discrepancies between the first and second author, authors resolved through in-depth discussion (Bradley et al., 2007). To identify co-occurrences of supervisory neglect contextual factors, the study team

identified all combinations of supervisory neglect factors represented in the coded investigative case narratives and determined the frequency by which each unique combination appeared in the data. As with the visualization of allegation types, we used Charticulator to generate network visualizations of the prevalence and co-occurrence of factors.

Results

Prevalence and investigation-level correlates of supervisory neglect. Supervisory neglect was present in 71% (n = 7,945) of substantiated child welfare investigations conducted in the state between May-October 2019. By comparison, the next most commonly substantiated allegation type was physical abuse, which occurred in 20% (n = 2,297) of cases. Forty-eight percent of cases that included a supervisory neglect substantiation were opened for services. Cases of supervisory neglect were more likely to involve two or more children than cases without supervisory neglect (47% vs. 21%). The age of the youngest child involved in supervisory neglect cases tended to be less than the age of the youngest child in cases without supervisory neglect (5.3 vs. 8.2 years of age). **Table 1** provides additional comparisons between substantiated investigations that did and did not involve supervisory neglect.

Figure 1 illustrates the frequencies of the allegations of substantiated maltreatment and their co-occurrences. More than one allegation type occurred in 2,683 cases (24%). The three most common allegation co-occurrences all involved supervisory neglect. The co-occurrence of supervisory neglect and physical/medical neglect was observed in 8.4% of cases, the co-occurrence of supervisory neglect and threatened harm occurred in 6.6% of cases, and the co-occurrence of supervisory neglect and physical abuse occurred in 5.0% of cases.

Contextual factors of supervisory neglect. Through inductive coding, we identified ten distinct, non-mutually exclusive, contextual factors of supervisory neglect: absent caregiving, distracted caregiving, limited problem-solving or caregiving skills, mental health issues of caregiver, child exposed to domestic violence, child exposed to inter-personal violence, caregiver exhibited substance-related problems, child accessed and/or used substances, lack of adequate child care, and caregiver allowed child to engage in risky behavior. We also developed an "other" contextual factor category to capture all supervisory neglect contextual factors that did not match one of the prior ten factors and an "insufficient information" category when the contextual factor for supervisory neglect was not clear. This "insufficient information" category also included cases that were likely clerical errors, whereby the administrative data system categorized the case as substantiated, but the investigative report noted that the case was not substantiated. We provide contextual factor descriptions in the following paragraphs and illustrative examples from investigation summaries in Table 2.

Child exposed to domestic violence. Child exposure to domestic violence was the most common contextual factor of supervisory neglect (45%, n = 67), and it involved a child witnessing threats, harassment, or violence perpetrated by one current or former romantic partner against another. Violence could be physical or psychological in nature.

Caregiver exhibited substance-related problems. Caregiver exhibited substance-related problems was the second most common contextual factor of supervisory neglect (42%, n = 63). These problems encompassed caregivers' substance use interfering with their abilities to provide basic care and supervision to children, such as caregivers over-dosing while children were under their care.

Caregiver mental health issues. Caregiver mental health issues (11%, *n* = 16) was determined to be present when caregivers' mental health interfered with their abilities to provide adequate care and supervision to their children. Examples included caregivers attempting suicide while children are in their care and caregivers' depression making them unable to provide for children's basic needs.

Child accessed and/or used substances. A child accessing and/or using substances (9%, *n* = 13) included situations where a child gained access to and/or used drugs or alcohol. The child had to make physical contact with the substances to be considered access; the opportunity for child access in the absence of actual contact between the child and the substances was not considered child access to substances.

Child exposed to inter-personal violence. Child exposure to inter-personal violence (6%, *n* = 9) involved a child witnessing threats, harassment, or violence between two or more individuals who were not current or former romantic partners. Violence could be physical or psychological in nature.

Distracted caregiving. Distracted caregiving (6%, *n* = 9) involved a caregiver being physically present, but not engaged in parenting. Examples included caregivers sleeping when their children required supervision and caregivers being distracted by external stimuli—such as television—to an extent where they were not able to adequately supervise children.

Lack of adequate child care. Lack of adequate child care (4%, *n* = 6) was a contextual factor of supervisory neglect when a lack of access to child care caused a caregiver to not provide proper supervision to a child. Child care referred to babysitters, nannies, a child care center, in-home child care, and other short-term care options. For lack of adequate child care to be considered as a contextual factor of supervisory neglect, the child care need had to be related

to a caregiver's absence due to work, school, errands, or other caregiver responsibilities. Examples included leaving a younger child under the supervision of an older child that is not yet capable of providing full care, leaving a child home alone, or leaving a child in a low-quality care setting (e.g., with a sex offender).

Caregiver allowed child to engage in risky behavior. A caregiver allowing a child to engage in risky behavior (3%, $n = 5$) was a contextual factor of supervisory neglect when a caregiver passively allowed, approved, encouraged, or facilitated a child to engage in a known risky behavior, such as substance use or illegal behaviors.

Absent caregiving. Absent caregiving (3%, $n = 5$) entailed a caregiver not being present to care for their child. This contextual factor required physical absence of the caregiver for an extended period (beyond work and other caregiving duties) or without notice. Examples included scenarios such leaving a child with other caretakers and not returning for an extended period of time without notice.

Limited problem-solving or caregiving skills. Limited problem-solving or caregiving skills was the least common contextual factor (2%, $n = 3$), and it involved a caregiver's inability to assess and care for a child's basic needs. Examples include decreased cognitive capacity of caregivers (e.g., functioning at 9-year-old level) and caregivers not knowing how to take care of children (e.g., unsure when and/or how to change a diaper).

Figure 2 illustrates the frequency and co-occurrence of contextual factors for supervisory neglect. The co-occurrence of exposure to domestic violence and caregiver's substance-related problems was the most common co-occurrence pattern, observed in 18% of cases ($n = 27$). Caseworkers often described child exposure to domestic violence and caregiver's substance-

related problems occurring simultaneously. To illustrate, one caseworker described the following:

> "[MOTHER] was strangled by [FATHER]. She was observed by emergency services on scene but did not require medical care. The assault occurred in the home of a friend while the children were present. [CHILD] watched [MOTHER] and [FATHER] pushing each other. [MOTHER] and [FATHER] had both been drinking; [FATHER] had alcohol level of 0.109 and [MOTHER] 0.155."

In other reports, it was unclear if the caregiver substance-related problems and child exposure to domestic violence occurred within the same incident, or if they were separate occurrences:

> "[…] the parents deciding to consume alcohol to the point of intoxication and engaging in a physical altercation while the children were home, provides a preponderance of evidence for supervisory neglect."

The co-occurrence of caregivers' substance-related problems and child's access to and/or use of substance occurred in 5% of cases, as did the co-occurrence of caregiver's substance-related problems and mental health issues among caregivers (*n*s = 7).

Discussion

We undertook this investigation to support ongoing efforts in child maltreatment prevention. The finding here that supervisory neglect is present in over two-thirds of substantiated investigations aligns with prior work (Coohey, 1996; Hussey et al., 2006; Jonson-Reid et al., 2013) and suggests that preventing supervisory neglect could potentially reduce a substantial share of child maltreatment cases identified by the child welfare system. This study adds to the child maltreatment prevention research base by elucidating a complex and multi-layered set of contextual factors of supervisory neglect, thereby identifying the types of targeted

intervention strategies needed to prevent its occurrence and recurrence. Overall, our findings suggest that working with families to help overcome, address, or effectively parent in the presence of substance use and/or domestic violence would prevent a large proportion of child maltreatment substantiations.

Currently, the prevention infrastructure in the United States is more prepared to support caregivers in addressing substance use compared to domestic violence. For example, at the time of this writing, there are at least two programs for addressing caregiver substance misuse listed on the Title IV-E Prevention Services Clearinghouse—Families Facing the Future (Gainey et al., 2007) and motivational interviewing (Carey et al., 2006; Madson et al., 2016)—classified as "supported" or "well-supported" by existing research. Placement on this clearinghouse not only indicates the presence of an evidence base for these programs, but also allows child welfare systems to seek reimbursement for their use, further facilitating their deployment and availability in the field. Many promising interventions also exist for addressing substance-related problems among caregivers involved in the child welfare system (Green et al., 2007; Jason et al., 2021) . For example, the use of recovery coaches has been shown to promote stability of family reunification and prevent the re-entry of children into foster care (Ryan et al., 2017).

In contrast, and despite the high prevalence of domestic violence as a contextual factor of supervisory neglect, there is a clear absence of programs and services addressing domestic violence perpetration on the Title IV-E Prevention Services Clearinghouse. Other compiled lists of evidence-based interventions, such as The California Evidence-Based Clearinghouse for Child Welfare (CEBC; 2021), do list domestic violence-related programs as promising, however, these are largely used to mitigate the negative impact of domestic violence rather than to prevent subsequent perpetration (e.g., child-parent psychotherapy; Lieberman et al., 2006). To address

the occurrence or recurrence of domestic violence perpetration, the CEBC lists the Duluth Model—a batterer intervention approach—as a promising practice. Yet, findings from three meta-analyses assessing the effectiveness of batterer intervention programs on domestic violence recidivism were inconclusive due to small pooled effect sizes and a scarce number of randomized controlled trials (Arias et al., 2013; Babcock et al., 2004; Cheng et al., 2021).

The co-occurrence between domestic violence and caregiver substance misuse observed in this study is also a complex and multilayered problem, as these challenges often intersect with mental health and trauma-related needs (Fuller-Thomson et al., 2019; Victor, Resko, et al., 2021). Problematic substance use is a robust risk factor for domestic violence perpetration (Crane et al., 2014; Smith et al., 2012; Stuart et al., 2003). Yet, addressing substance abuse in tandem with domestic violence is the exception and not the norm (Easton et al., 2018). Most domestic violence prevention programs—which are often court-ordered batterer intervention programs—involve large group treatment sessions that are not grounded in evidence-based theory or best practice procedures (Babcock et al., 2004; Dutton & Corvo, 2007). There are also conflicting meta-analysis findings regarding the effectiveness of treatment of domestic violence perpetrators who use substances, with one study reporting no significant effects (Stephens-Lewis et al., 2019) and another study reporting interventions that incorporated components related to trauma and substance use yielded better results compared to interventions without those components (Karakurt et al., 2019).

By documenting the prevalence of the various contextual factors of supervisory neglect and their co-occurrence, the current study may also help set priorities for current and future prevention capacity building. Specifically, caregiver substance use and domestic violence perpetration are large contributors to supervisory neglect allegations, whereas limited problem-

solving and caregiving skills represent a small proportion of supervisory neglect cases. Incongruous with these findings, the majority of individual-level child maltreatment prevention programs focus on building general parenting skills (Berger & Slack, 2020; Klevens & Whitaker, 2007). Our findings suggest that child maltreatment prevention efforts may be better focused on addressing the complex circumstances that lead to parental substance misuse and domestic violence as opposed to a primary focus on mandated parenting classes. Additionally, although recent studies call for systematic responses to address economic struggles (Berger & Slack, 2020), in order to prevent supervisory neglect, it is also critical to provide tailored responses that consider the complex needs of caregivers struggling with domestic violence and substance misuse. Family resource centers, for instance, as a primary, resilience-focused child maltreatment prevention approach, lend themselves as an ideal venue to provide coordinated, community-based services that include concrete economic supports alongside a wide variety of effective services to address the complex needs of families affected by substance use problems and domestic violence, among others, and build caregiver resilience and connections to formal and informal supports (Wulczyn & Lery, 2018).

Moving forward, from a data-driven decision-making approach, child welfare systems should consider tracking justifications of maltreatment within the case record to make these contexts more visible within the system. As currently configured, most systems are unable to accurately assess the distribution of underlying justifications for supervisory neglect based on how they classify this maltreatment type in their administrative records. That is, all justifications are obscured and subsumed under an umbrella label of *supervisory neglect* that does not provide clear direction for prevention and intervention strategies. As an alternative, child welfare systems might consider linking the type of maltreatment with its underlying justification to make visible

the most common supervisory challenges and therefore targets for prevention efforts. For example, the use of *supervisory neglect due to domestic violence* or *supervisory neglect due to lack of child care* would be more useful to administrators and policymakers seeking to reduce rates of child maltreatment within their jurisdiction. Such visibility could assist with program fund allocation and planning, and help to ensure compliance with agency policy. As one example, evidence suggests that survivors of domestic violence are often erroneously held responsible for supervisory neglect (Victor et al., 2019). More clearly labelling cases substantiated based on children's exposure to domestic violence can aid administrators in ensuring that agency policy around holding caregivers accountable is properly applied in this context. In addition, identifying these determinants would allow for tailored approaches that respond to the particular needs of a caregiver, child, and family, instead of providing a set of predetermined services that may needlessly increase parents' requirements.

Strengths and Limitations

The present study included several strengths. The use of administrative data records for an entire state allowed us to uncover the breadth of contextual factors under which supervisory neglect is substantiated. Moreover, our mixed-methods approach enabled us both to evaluate all supervisory neglect cases for a given time period and gather rich information on a select set that represented the whole. Limitations involved our focus on one state. We do not know the extent to which findings generalize to other states with different policies for caseworker documentation within investigative case summaries. For instance, a large share of the maltreatment in the current study was attributable to children's exposure to domestic violence. However, a number of states make use of domestic violence-specific maltreatment types (e.g., neglect due to domestic violence) that are not subsumed under supervisory neglect (Victor, Rousson, et al.,

2021). As we focused on a six-month time period, we also do not know the extent to which findings generalize to other years. Finally, the contextual factors of supervisory neglect that we identified might be underlying factors of other maltreatment types. Future research should identify the extent to which contextual factors are similar—or distinct—between different forms of maltreatment.

Conclusions

Supervisory neglect remains a leading focus for child maltreatment prevention efforts, and contextual factors surrounding supervisory neglect include: child exposed to domestic violence; caregiver exhibited substance-related problems; caregiver mental health issues; child accessed and/or used substances; child exposed to interpersonal violence; distracted caregiving; lack of adequate child care; caregiver allowed child to engage in risky behavior; absent caregiving, and; limited problem-solving or caregiving skills. Childhood exposure to domestic violence and caregiver's substance-related problems emerged as the most common co-occurring contextual factors of supervisory neglect. As child welfare systems and federal policy continue to emphasize and invest in prevention initiatives, complex and multilayered contextual factors of supervisory neglect such as domestic violence and caregiver substance misuse need to remain at the forefront of planning, prevention, and intervention design.

References

Acts of Omission: An Overview of Child Neglect. (2018). Children's Bureau. https://www.childwelfare.gov/pubPDFs/acts.pdf

Arias, E., Arce, R., & Vilariño, M. (2013). Batterer intervention programmes: A meta-analytic review of effectiveness. *Psychosocial Intervention*, *22*(2), 153–160.

Armiento, J., Hamza, C. A., Stewart, S. L., & Leschied, A. (2016). Direct and indirect forms of childhood maltreatment and nonsuicidal self-injury among clinically-referred children and youth. *Journal of Affective Disorders*, *200*, 212–217.

Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review*, *23*(8), 1023–1053.

Berger, L. M., & Slack, K. S. (2020). The contemporary US child welfare system (s): Overview and key challenges. *The ANNALS of the American Academy of Political and Social Science*, *692*(1), 7–25.

Bradley, E. H., Curry, L. A., & Devers, K. J. (2007). Qualitative data analysis for health services research: Developing taxonomy, themes, and theory. *Health Services Research*, *42*(4), 1758–1772.

Chen, M., & Chan, K. L. (2016). Effects of parenting programs on child maltreatment prevention: A meta-analysis. *Trauma, Violence, & Abuse*, *17*(1), 88–104.

Cheng, S.-Y., Davis, M., Jonson-Reid, M., & Yaeger, L. (2021). Compared to what? A meta-analysis of batterer intervention studies using nontreated controls or comparisons. *Trauma, Violence, & Abuse*, *22*(3), 496–511.

Child Maltreatment 2019. (2021). U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. https://www.acf.hhs.gov/cb/report/child-maltreatment-2019

Coohey, C. (1996). Child maltreatment: Testing the social isolation hypothesis. *Child Abuse & Neglect*, *20*(3), 241–254. https://doi.org/10.1016/S0145-2134(95)00143-3

Crane, C. A., Oberleitner, L., Devine, S., & Easton, C. J. (2014). Substance use disorders and intimate partner violence perpetration among male and female offenders. *Psychology of Violence*, *4*(3), 322.

Danese, A., & Tan, M. (2014). Childhood maltreatment and obesity: Systematic review and meta-analysis. *Molecular Psychiatry*, *19*(5), 544–554.

Dubowitz, H., Feigelman, S., Lane, W., & Kim, J. (2009). Pediatric primary care to help prevent child maltreatment: The Safe Environment for Every Kid (SEEK) Model. *Pediatrics*, *123*(3), 858–864.

Dutton, D. G., & Corvo, K. (2007). The Duluth model: A data-impervious paradigm and a failed strategy. *Aggression and Violent Behavior*, *12*(6), 658–667.

Easton, C. J., Crane, C. A., & Mandel, D. (2018). A randomized controlled trial assessing the efficacy of cognitive behavioral therapy for substance- dependent domestic violence offenders: An integrated substance abuse- domestic violence treatment approach (SADV). *Journal of Marital and Family Therapy*, *44*(3), 483–498.

Fuller-Thomson, E., Sawyer, J.-L., & Agbeyaka, S. (2019). The toxic triad: Childhood exposure to parental domestic violence, parental addictions, and parental mental illness as factors associated with childhood physical abuse. *Journal of Interpersonal Violence*, 0886260519853407.

Green, B. L., Rockhill, A., & Furrer, C. (2007). Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review*, *29*(4), 460–473.

Guest, G., MacQueen, K. M., & Namey, E. E. (2011). *Applied thematic analysis*. sage publications.

Hussey, J. M., Chang, J. J., & Kotch, J. B. (2006). Child maltreatment in the United States: Prevalence, risk factors, and adolescent health consequences. *Pediatrics*, *118*(3), 933–942.

Jonson-Reid, M., Drake, B., & Zhou, P. (2013). Neglect subtypes, race, and poverty: Individual, family, and service characteristics. *Child Maltreatment*, *18*(1), 30–41.

Karakurt, G., Koç, E., Çetinsaya, E. E., Ayluçtarhan, Z., & Bolen, S. (2019). Meta-analysis and systematic review for the treatment of perpetrators of intimate partner violence. *Neuroscience & Biobehavioral Reviews*, *105*, 220–230.

Klevens, J., & Whitaker, D. J. (2007). Primary prevention of child physical abuse and neglect: Gaps and promising directions. *Child Maltreatment*, *12*(4), 364–377.

Lansford, J. E., Dodge, K. A., Pettit, G. S., Bates, J. E., Crozier, J., & Kaplow, J. (2002). A 12-year prospective study of the long-term effects of early child physical maltreatment on psychological, behavioral, and academic problems in adolescence. *Archives of Pediatrics & Adolescent Medicine*, *156*(8), 824–830.

Leiter, J., Myers, K. A., & Zingraff, M. T. (1994). Substantiated and unsubstantiated cases of child maltreatment: Do their consequences differ? *Social Work Research*, *18*(2), 67–82.

Morrongiello, B. A., & Cox, A. (2020). Issues in Defining and Measuring Supervisory Neglect and Conceptualizing Prevention. *Child Indicators Research*, *13*(2), 369–385. https://doi.org/10.1007/s12187-019-09653-3

Parental substance use as child abuse. (2020). U.S. Department of Health and Human Services, Children's Bureau. https://www.childwelfare.gov/pubPDFs/parentalsubstanceuse.pdf

Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The US Triple P system population trial. *Prevention Science*, *10*(1), 1–12.

Rebbe, R. (2018). What is neglect? State legal definitions in the United States. *Child Maltreatment*, *23*(3), 303–315.

Ryan, J. P., Marsh, J. C., Testa, M. F., & Louderman, R. (2006). Integrating substance abuse treatment and child welfare services: Findings from the Illinois alcohol and other drug abuse waiver demonstration. *Social Work Research*, *30*(2), 95–107.

Ryan, J. P., Perron, B. E., Moore, A., Victor, B. G., & Park, K. (2017). Timing matters: A randomized control trial of recovery coaches in foster care. *Journal of Substance Abuse Treatment*, *77*, 178–184.

Smith, P. H., Homish, G. G., Leonard, K. E., & Cornelius, J. R. (2012). Intimate partner violence and specific substance use disorders: Findings from the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychology of Addictive Behaviors*, *26*(2), 236.

Stephens-Lewis, D., Johnson, A., Huntley, A., Gilchrist, E., McMurran, M., Henderson, J., Feder, G., Howard, L. M., & Gilchrist, G. (2019). Interventions to reduce intimate partner violence perpetration by men who use substances: A systematic review and meta-analysis of efficacy. *Trauma, Violence, & Abuse*, 1524838019882357.

Stuart, G. L., Moore, T. M., Kahler, C. W., & Ramsey, S. E. (2003). Substance abuse and relationship violence among men court- referred to batterers' intervention programs. *Substance Abuse*, *24*(2), 107–122.

Victor, B. G., Henry, C., Gilbert, T. T., Ryan, J. P., & Perron, B. E. (2019). Child protective service referrals involving exposure to domestic violence: Prevalence, associated maltreatment types, and likelihood of formal case openings. *Child Maltreatment*, *24*(3), 299–309.

Victor, B. G., Resko, S. M., Ryan, J. P., & Perron, B. E. (2021). Identification of Domestic Violence Service Needs Among Child Welfare–Involved Parents With Substance Use Disorders: A Gender-Stratified Analysis. *Journal of Interpersonal Violence*, *36*(5–6), NP2908–NP2930.

Victor, B. G., Rousson, A. N., Henry, C., Dalvi, H. B., & Mariscal, E. S. (2021). Child protective services guidelines for substantiating exposure to domestic violence as maltreatment and assigning caregiver responsibility: Policy analysis and recommendations. *Child Maltreatment*, 10775595211002640.

Wulczyn, F., & Lery, B. (2018). *Do Family Support Centers Reduce Maltreatment Investigations? Evidence from Allegheny County*. Chapin Hall. https://fcda.chapinhall.org/wp-content/uploads/2019/03/FSC-Allegheny-County-_Dec2018.pdf

Table 1. Descriptive summary of substantiated investigations (*N*=11,208).

	Overall (N = 11,208)	Included substantiated allegation of supervisory neglect? No (n= 3,263)	Yes (n = 7,945)
Case opened for services			
Yes	5,630 (50%)	1,698 (52%)	3,932 (48%)
No	5,578 (50%)	1,565 (48%)	4,013 (51%)
Number of children			
One	6,819 (61%)	2,561 (79%)	4,228 (53%)
Two	2,432 (22%)	355 (11%)	2,077 (26%)
Three	1,166 (10%)	151 (5%)	1,015 (13%)
Four or more	791 (7%)	166 (5%)	625 (8%)
Race of child(ren)			
White	6,167 (55%)	1,769 (54%)	4,298 (55%)
Black	2,853 (26%)	960 (29%)	1,893 (24%)
Multiracial	918 (8%)	269 (8%)	649 (8%)
Latino	743 (7%)	198 (6%)	545 (7%)
More than one race	448 (4%)	43 (1%)	405 (5%)
Asian/Pacific Islander	30 (<1%)	14 (<1%)	16 (<1%)
American Indian	23 (<1%)	3 (<1%)	20 (<1%)
Age of youngest child *mean(sd)*	6.2 (5.3)	8.2 (5.7)	5.3 (4.9)
Gender of child(ren)			
Boy(s)	4215 (38%)	1,362 (42%)	2,853 (36%)
Girl(s)	4226 (38%)	1,497 (46%)	2,729 (34%)
Boy(s) and girl(s)	2766 (25%)	403 (12%)	2,363 (30%)
Number of adults			
One	7,877 (70%)	2,585 (79%)	5,292 (67%)
Two	3,108 (28%)	632 (19%)	2,476 (31%)
Three or more	223 (2%)	46 (1%)	177 (2%)
Age of youngest adult *mean(sd)*	33.3 (9.1)	35.2 (10.0)	32.5 (8.5)
Gender of adult(s)			
Women only	4,417 (40%)	1,404 (43%)	3,013 (38%)
Men only	3,574 (32%)	1,195 (37%)	2,379 (30%)
Women and men	3,181 (28%)	643 (20%)	2,536 (32%)

Table 2. Examples of contextual factors of supervisory neglect (N = 150 cases).

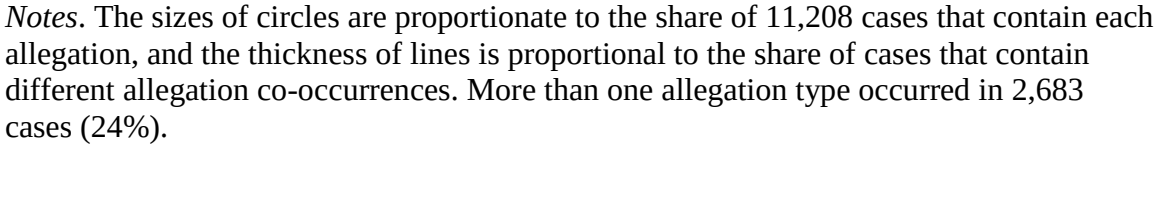
Contextual factor	**Example**	**Prevalence**
Child exposed to domestic violence	"[MOTHER] stated that her children were present during the domestic violence incident and explained that [DAUGHTER] was pushed into the street due to trying to intervene and help her. CPS interviewed [DAUGHTER] who admitted to the domestic violence incident occurring and trying to help her mother which caused her to be pushed by [FATHER]… CPS was able to obtain the police report which confirmed [MOTHER'S] story regarding the domestic violence. At this time, this case is being substantiated against [FATHER] due to evidence gathered."	45%
Caregiver exhibited substance-related problems	"[FATHER] had the children today and was observed driving and swerving on the road, stopping in the middle of the road for no reason, and turning out the wrong lane. He was pulled over and found to be drunk driving with the children in the car. This is the second time [FATHER] has been caught driving drunk with the children in the car. [FATHER] blew a .273 on the PBT."	42%
Caregiver mental health issues	"Children's interviews stating that [MOTHER] hits them, talks to voices that are not able to be seen, their home and vehicle being "bugged", and their overall fear of their mother. [MOTHER] indicated in her interview that she is honest with the children about the voices and has no realization that they are hallucinations. [MOTHER]'s mental health records indicated that she has a history of not following through with her medication regimen and she is paranoid with visual and audio hallucinations."	11%
Child accessed and/or used substances	"CPS forensically interviewed [DAUGHTER] at her mother's home on [DATE]. [DAUGHTER] reports that there were brownies left on the counter at her father's home. [DAUGHTER] went downstairs and made a snack for herself and her friend. The snack was ice cream and brownies off the counter. [DAUGHTER] reports that she felt sick after eating the brownies and that she had to stay home from school […] [DAUGHTER] stated that her dad told her that it must have been something else that made her sick or it was because the brownies were old. [DAUGHTER] reports that she knows that there was marijuana in the brownies because she felt the same way as she did once before when she ate cookies containing marijuana. The time with the cookies her dad told her that they contained marijuana."	9%
Child exposed to inter-personal violence	"On [DATE] CPS received security camera footage of the night in question from Centralized Intake. In the video [MOTHER] appears intoxicated, she is yelling at a man who was walking down the alley behind her home. The video then jumps to the man, [MOTHER] and [FRIEND] all fighting, [CHILD] was outside in his underwear crying. [MOTHER] made no attempt to console [CHILD], the video ends with her chasing the man down the alley."	6%
Distracted caregiving	"[DAUGHTER] was found wandering, walking down a road, without supervision […] During a face to face interview with [MOTHER] on [DATE], [MOTHER] admitted to CPS that she had disarmed the door alarm and taken down the baby gate(s) in the home in order to clean her vehicle out. These actions went against the safety plan established with CPS during the initial investigation."	6%
Lack of adequate child care	"[CHILD] had what appeared to be a chemical burn on her leg. [CHILD] reported that the "stuff for the sink" burnt the carpet and burnt her leg. [CHILD] reported that when her mom saw it her mother said it "wasn't that bad" but reported that her mother put bees wax on it. […] She reported that she was home with her sister and brother when this occurred and her mother was at work. [CHILD] reported that her mother works until 9pm or 10pm. She reported that her mother goes to work when they go to school […][CHILD] then reported that no one is home when she and her sister get home from school. She reported that they will take a shower, eat cereal that her mom leave out for them, watch a movie, then go to sleep. [CHILD] reported that when her mom gets home from work, her mother will wake them up to eat and then they will go back to bed. [CHILD] was asked what happened to her sister's leg and she reported that her sister touched the thing for the sink and it spilled."	4%

	"Around 11:10am, [CHILD] was found at the gas station […].[CHILD] was trying to find his mother. [MOTHER] was located at the laundromat in the same area. [CHILD] was approximately a mile away from his home. A stranger took [CHILD] back to their home and called 911. The police picked up [CHILD] and he was able to identify his home. [MOTHER] showed up at home around 11:45am. [MOTHER] has family watch [CHILD] when she is not home, but she did not have anyone watching him today."	
Caregiver allowed child to engage in risky behavior	"[DAUGHTER] disclosed on her 13th birthday, she came to her father's home "stoned". [FATHER] told her, that he had smoked marihuana with his father at 13 and offered to smoke with her. [FATHER] provided her with a "joint" and they smoked together. They have continued to smoke marijuana with each other since. [DAUGHTER] estimated that she had smoked marijuana with her father 50-100 times. [DAUGHTER] also disclosed that she has used methamphetamine 50-100 times. She reported smoking it, snorting it, and "hot railing" it. [DAUGHTER] stated her parents know she uses methamphetamine." "[FATHER] admitted to allowing [CHILD] to drive from [SCHOOL] to their home on [DATE] at approximately 10pm without a permit or driver's license. [FATHER] understands the severity of what could have happened if a car accident would have occurred."	3%
Absent caregiving	"[MOTHER] is supposed to have the children during the week, but over the summer, [MOTHER] has only had the children approximately four times. [MOTHER] always has excuses as to why she cannot take the children. When the children are with [MOTHER], [DAUGHTER] is the primary caregiver of her siblings." "[MOTHER] leaves [SON] home babysitting the children all of the time while she goes out to party and drink."	3%
Limited problem-solving or caregiving skills	"At this time CPS recommended court intervention due to substance abuse, unaddressed mental health, a pattern of lacking parenting skills, and non-compliance with investigation." "It was alleged that [DAUGHTER] wasn't attending school, there wasn't enough food at home and the parents have cognitive impairments […] [TEACHER] stated that [DAUGHTER] was in a self-contained classroom with her. [TEACHER] reported that she believes that the parents are delayed, but they understand that the children need to attend school and what happens if they do not. She stated that when she explained it to them, they definitely understood. She stated that they just do not ensure that the children are attending."	2%

Note: Names and dates redacted from investigative summary text. Multiple contextual factors could be observed in the same investigative narrative, so the prevalence column does not sum to 100%.

Figures

Figure 1. Frequency and co-occurrence of maltreatment types among substantiated maltreatment cases (*N*=11,208).

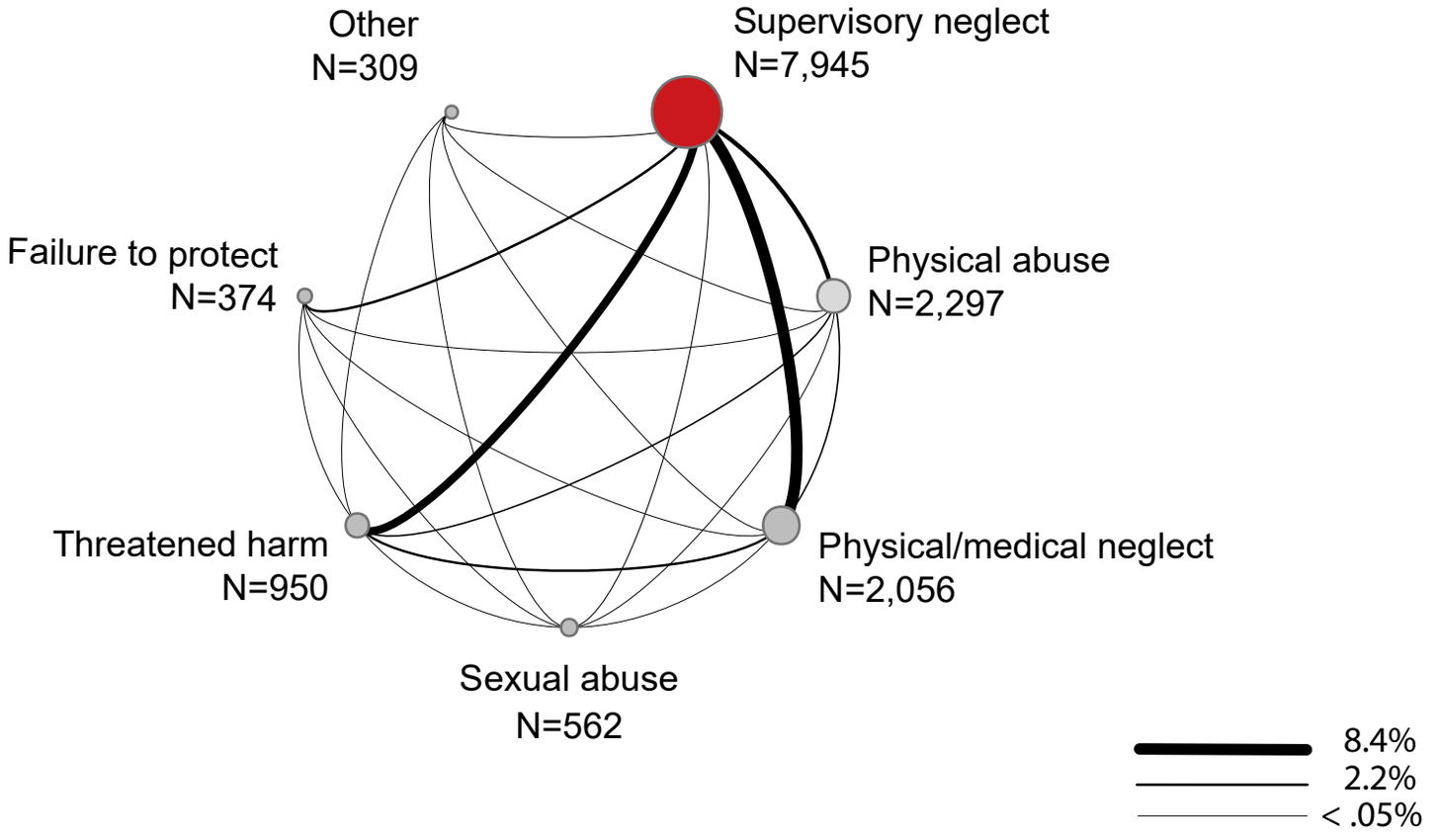


Notes. The sizes of circles are proportionate to the share of 11,208 cases that contain each allegation, and the thickness of lines is proportional to the share of cases that contain different allegation co-occurrences. More than one allegation type occurred in 2,683 cases (24%).

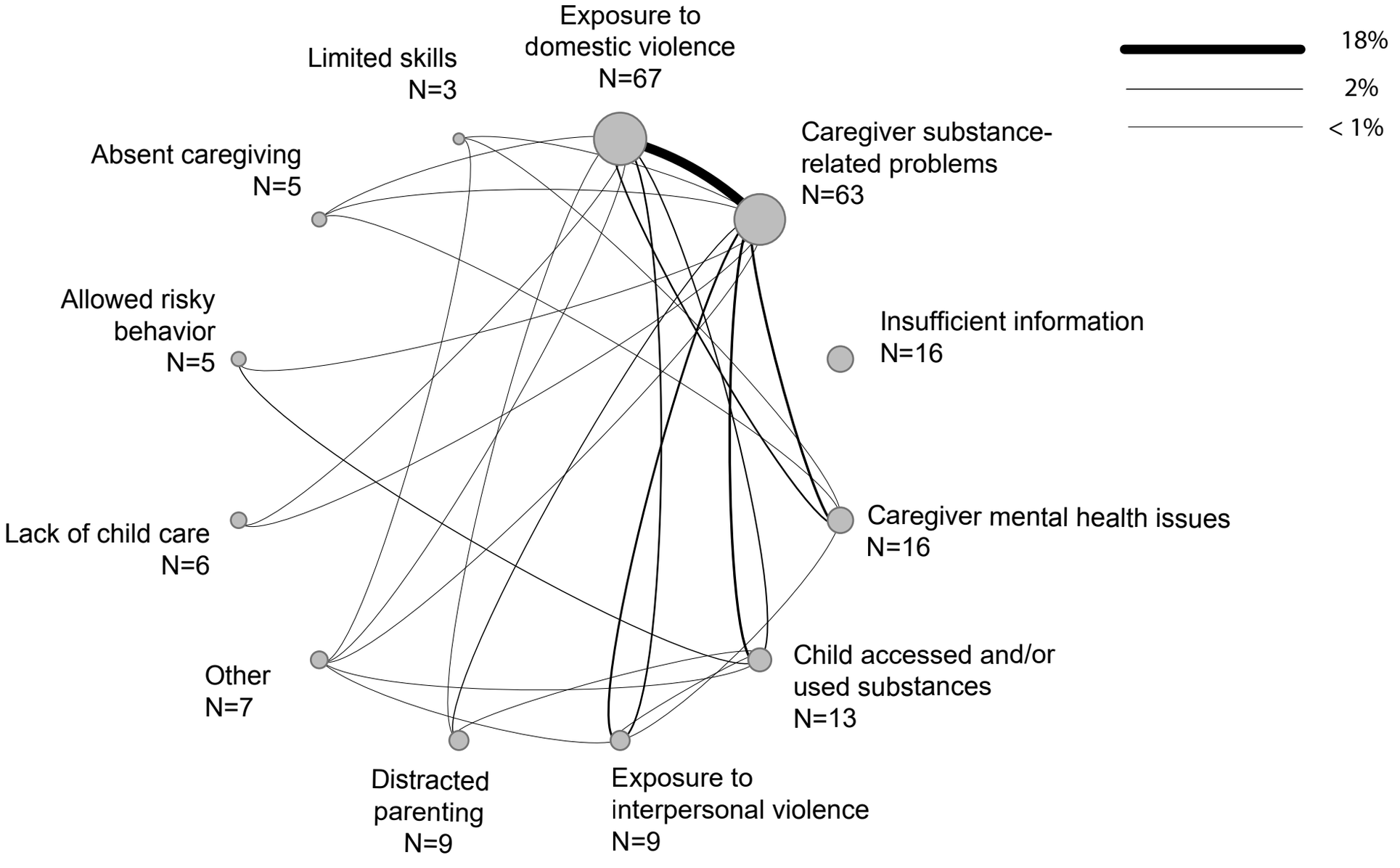
Figure 2. Frequency and co-occurrence of supervisory neglect contextual factors at the case level (*n*=150).

Notes. The sizes of circles are proportionate to the share of 150 randomly selected cases that contain each contextual factor, and the thickness of lines is proportional to the share of cases that contain different contextual factor co-occurrences. More than one contextual factor occurred in 53 cases (35%).

4. Figure(s)


Other
N=309
Supervisory neglect
N=7,945
Failure to protect
N=374
Physical abuse
N=2,297
Threatened harm
N=950
Physical/medical neglect
N=2,056
Sexual abuse
N=562
8.4%
2.2%
< .05%

4. Figure(s)


Exposure to domestic violence N=67
Limited skills N=3
Absent caregiving N=5
Caregiver substance-related problems N=63
Allowed risky behavior N=5
Insufficient information N=16
Lack of child care N=6
Caregiver mental health issues N=16
Other N=7
Child accessed and/or used substances N=13
Distracted parenting N=9
Exposure to interpersonal violence N=9
18%
2%
< 1%