



Child neglect and poverty: A Brazilian study

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ABSTRACT

Neglect is a type of child abuse that leads to a variety of consequences on child development. Although neglect is present in any social class, a lot of parents that live in poverty are not negligent; but poverty has many characteristics that contribute to the presence of neglect. Considering the importance of preventing and better understanding neglect, the present paper aims to describe and discuss similarities and differences among negligent families, comparing them to other families in terms of socioeconomic aspects and risk factors related to neglect. A total of 90 parents of children aged 6–8 years participated in the data collection. They were divided into three groups: (1) 30 caregivers of substantiated cases of child neglect from Child Protection Services; (2) 30 caregivers of suspected cases of child neglect based on teachers' observations, but that were not notified to Child Protection Services; and (3) 30 caregivers of children who were not suspected of child neglect. All participants were interviewed. Results showed that poverty is not a determining factor for neglect, but it presents a highly favorable context for neglect to be expressed. Considering participant's working status, group 1 showed a significant difference (p -value = 0,003) when compared with groups 2 and 3. In groups 2 and 3, most participants worked (53% and 67%), but in group 1 the majority were unemployed. When comparing the groups in relation to educational years, it was noted that groups 1 and 2 were equivalent (average of 4,5 and 5,1 respectively), and significant different (p = 0,001) from group 3 (average of 9,4 years). Considering the social support provided for mothers after their first child was born, 70% of mothers from group 3, 26,7% of mothers from group 2 and 30% from group 1 had support. When comparing the three groups, there were statistical differences (p -valor = 0,001) between group 3 and groups 1 and 2. As for alcohol abuse, groups 1 and 2 had similar results (30% group 1 and 20% group 2) and the groups were statistically different (p -valor = 0,003) from group 3 (0%), indicating that, although they were a minority, there were participants from groups 1 and 2 consuming alcohol. No participant declared to use drugs. Although they live in the same neighborhoods and study in the same schools as do the reference group, groups of children suspected of being neglected had less favorable economic conditions, and their caregivers had fewer years of education and less specialized employment. Presence of risk factors and lack of social support favor the occurrence of child neglect. According to the results obtained by the present study, we must also point out that the condition of poverty is not a determining factor for neglect, but it is presented as a highly favorable context for the expression of neglect.

1. Introduction

1.1. Child neglect: Characterization and difference/relation to poverty

Any kind of physical, emotional or sexual maltreatment, neglect and exploitation that results in real or potential damage to children health development is considered child maltreatment. In this paper the focus is on child neglect, one of the most prevalent types of child maltreatment around the world (Azar, McGuier, Miller, Hernandez-Mekonnen, & Johnson, 2017; Fallon et al., 2010; Featherstone et al., 2019; Hahm,

Lee, Ozonoff, & Van Wert, 2010; Mayer, Lavergne, Tourigny, & Wright, 2007; Slack, Holl, Mcdaniel, Yoo, & Bolger, 2004; McLeigh, McDonell, & Lavenda, 2018; Theodore, Runyan, & Chang, 2007; Vanderminden et al., 2019), including in Brazil (Bazon, 2008; Pasian, Bazon, Pasian, & Lacharité, 2015; Pires & Miyazaki, 2005; Roque & Ferriani, 2007).

It is worth mentioning that child abuse, as a research topic, has received increasing attention in the last decades, but neglect has gained some attention just a few decades ago. Although neglect has not received much attention in research, the number of related cases in child protection services has brought the urge to better understand and deal

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with it (Hildyard & Wolf, 2002; McLeigh et al., 2018), especially considering that the first results have shown the serious damage caused by chronic neglect in one's life (Glaser, 2000; Hildyard & Wolf, 2002; Lacharité, Éthier, & Nolin, 2006). There are many types of neglect: physical neglect, emotional neglect, medical neglect, educational neglect.

Data on child deaths due to neglect and abuse continue to increase, according to Welch and Bonner (2013) literature review study, which analysed 22 years of data provided by the Oklahoma Child Death Review Board (CDRB) and the Oklahoma Department of Human Services (DHS) Division of Children and Family Services. These results were analysed according to the child's age, ethnicity and birth order, age and ethnicity of the parents and cause of death. In the category of fatal negligence, the authors found supervisory negligence, deprivation of basic needs and medical negligence. Young children, male children, and African-American children made up most fatalities when compared to the studied population.

A study conducted by Featherstone et al. (2019) discussed poverty, inequality, child abuse and neglect. Its purpose was to discuss the challenges faced by UK child protection policies. It is important to highlight social assistance policies in countries such as the United Kingdom and compare them to those of developing countries such as Brazil. A concern identified in Hotez's study (2008) concerned diseases that are typical of contexts of poverty in US cities.

Still in the context of the US, a study by McLeigh et al. (2018) sought to understand the mechanisms that affect child abuse rates, from the correlation between neighborhood poverty and child abuse and neglect rates in districts of South Carolina. Caregivers of children under 10 years old ($n = 483$) and documentary analysis were included in that study. Results demonstrate direct effects of poverty on rates of neglect and abuse. The study also discusses the development of programs to increase social cohesion in the surveyed neighborhoods as a strategy for reducing child abuse rates.

The Brazilian context is not different from the context of other countries. In recent years, the number of studies and papers on child abuse has grown, particularly since the 80s. Nevertheless, neglect still plays a small part in researchers' concerns, even with the alarming number of cases in child protection services (Bazon, 2008; Martins, 2010).

A lot of challenges emerge when neglect is considered, beginning with the lack of a consistent definition which translates the complexity nature of the phenomenon (Calheiros & Monteiro, 2000; Mayer et al., 2007; Smith, 2010). Adding to this difficulty, there is another challenge faced both by researchers and professionals, which is to substantiate suspected cases of neglect, considering the number of different situations related to this type of child abuse (Dubowitz, 2007; Mayer et al., 2007; Mcsherry, 2007; Smith, 2010). One common mistake is considering neglect situations as typical of poverty. So, it is required to differentiate neglect and poverty, especially in Brazil, a large country with huge social differences and economic problems (Bazon, 2008; Pasian, Faleiros, Bazon, & Lacharite, 2013).

Due to the adverse situations caused by poverty, such as a frequent lack of meeting basic needs, usually poverty is confused with child neglect. When parents or people responsible for a child fail to give proper attention to child development and well-being in terms of health, education, psychological development, nutrition, safety and shelter, particularly when they can provide it, then it is considered child neglect. This peculiar difference between the two phenomena leads to the main difficulty in substantiating cases of alleged neglect: is it due to lack of care by parents or due to socioeconomic family problems (Gelles, 1999; Sullivan, 2000; Pasian et al., 2013)?

Although poverty is considered a risk factor to the occurrence of child neglect, it is worth noticing that neglect occurs in all social strata. Moreover, many families that live in poverty take proper care of their children even with all the adversities they face daily (Pasian et al., 2013; Vagostello, 2006). Understanding how the intergenerational

issue of neglect can occur, in social terms, can contribute to the formulation of preventive public policies. A study by Azar et al. (2017), for example, compared highly socially disadvantaged mothers with mothers with a history of child neglect. The social cognition of mothers in both groups contributed significantly to childhood neglect, which may in turn contribute to an intergenerational connection regarding neglect, as well as play an important role in its onset and permanence.

As discussed above, child neglect occurs when parents fail to meet child's needs and includes various elements such as: lack of safety, which can affect child development; not educating their child; not imposing adequate limits; and lack of school attendance, social connections, proper food and clothes and healthy hygiene (Guerra, 2001). Neglect is not characterized by a single incident, but it involves a chronic situation of lack of care and failure to promote child well-being. Good parent-child relationship practices documented among UK families may be related to what is socially accepted in terms of activities commonly performed by elite social groups when compared to other groups (Dermott & Pomati, 2016). Understanding the multiple factors of neglect might contribute to the proposition of preventive, non-deterministic policies.

Neglect is a complex social problem with serious consequences (Lacharité, 2014); in a considerable number of cases, child neglect occurs due to lack of parent psychological health to give appropriate care (e.g. depression, intimate partner violence, health condition of a family member, etc.) or lack of social support to help them meet their child's needs (Martins, 2010; Lacharité, 2014; Pasian et al., 2015). In his study, Lacharité (2014) described the ecosystem and development model in the city of Quebec, Canada, as a strategy to combat child neglect. Akarro and Mtweve (2011) studied variables related to child labor in poverty in a Tanzanian district. Child labor as a form of parental neglect can affect that child's education. Results identified a correlation between child labor and family poverty.

In Brazil, allegedly negligent families don't know why they were negligent; they misunderstand the reason child protection services were called. For example, the majority of notifications in child protection services in Brazil are due to child and adolescent school attendance, especially in the first years of school, but parents fail to understand it as neglect and seem astonished when they are reported to child protection services. These situations draw attention to the fact that some inadequate child care could be attributed to lack of knowledge of child development needs. Serious cases or recurrences according to Brazilian Law, could lead to removal of parental power, that is, parents can no longer take care of their child, even when they are cannot understand why (Martins, 2010; Pasian et al., 2013)

Poor families face a considerable number of risk factors that can lead to child abuse, such as social exclusion, parents' lack of school education and mothers' depression, often related to single parent families (Martins, 2010; Mayer et al., 2007; Silvano, Siqueira, Rolim, & Cavalcante, 2011). To be poor means to be exposed to a number of adverse conditions that undermine one's personal achievements, thus making individuals unable to deal with challenges in their social and economic situation. In addition, a different factor refers to the social processes of the neighborhood and their relationship with abuse. A study conducted in districts of the city of Chicago identified greater collective effectiveness and social support networks related to lower rates of neglect, physical abuse and sexual abuse cases (Molnar et al., 2016).

Poor family members often show lack of self-esteem, internalizing a negative image of themselves, undermining their own growth, their potential for development, and feeding their feelings of apathy and failure. All of this could be associated to their view of powerlessness to meet their child's needs (Lacharité & Éthier, 2002; Manso, 2002; Pires & Miyazaki, 2005; Merrit, 2009). In some cases poverty could lead to family social isolation and lack of social and communitarian support interactions. When socially excluded, poor family members have more difficulty to notice their need to build social and affective bonds that

help them deal with their situation, and this could lead to negligent behaviour (Lacharité, 2014).

As discussed previously, parents have limited knowledge about parenting, and frequently they can unintentionally engage in negligent behaviour without being aware of it. When parents don't count on social support, it makes it difficult to have support and guidance about it. Lack of financial resources and social support increases the likelihood of child neglect. Data from different researchers has shown that the odds for children in poor families to be neglected are stronger than in middle class families (Lacharité, 2014; Mayer et al., 2007; Pasian et al., 2013; Silvano et al., 2011)

So, beyond poverty, neglect occurs due to family isolation and to overwhelming situations, especially due to parents/caregivers condition, because they lack information and social support that drives to helping and guidance. In a study conducted by Theodore et al. (2007) in United States, in which mothers of children (0–17 years) answered an anonymous interview by phone, showed that children “at risk of abandonment” lived with lack of food, had difficulties to access medical care and lack of supervision, so this variables were related to poverty and family income.

Although neglect is present in any social class and different countries, a lot of parents that live in poverty are not negligent; but poverty has many characteristics that contribute to the presence of neglect. So, would it be reasonable to accept that there is a relationship between poverty and neglect? Do negligent Brazilians families have different social and economic characteristics when compared to other families? Are they poorer? Do they show more risk factors associated to child neglect? Does child neglect in the context of a developing country, such as Brazil, shows the same risk factors identified in the literature of other countries?

Thus, the innovative aspect of the present study refers to the Brazilian context, since Brazil is a developing country, and the correlation of poverty with risk factors present in neglect was studied in three different groups.– Group 1: families with neglected children, Group 2: families suspected of being negligent, and Group 3: families that do not neglect their children. Considering neglect and its consequences on child development, the present paper aimed to describe and discuss similarities and differences among negligent families comparing them to other families living in similar poor socioeconomic conditions and exposed to risk factors related do neglect.

2. Method

2.1. Participants

This research was performed with three groups formed from the identification of children in early school, aged six and eight. Participants were parents/caregivers and teachers of their children. A total of 90 caregivers participated in data collection. They were divided into three groups:

Group 1 – 30 caregivers of substantiated cases of child neglect from Child Protection Services from São Carlos-SP

Group 2 – 30 caregivers of suspected cases of child neglect based on teachers' observations, but that were not notified to Child Protection Services.

Group 3 – 30 caregivers of child that were not suspected by teachers of child neglect.

Besides the caregivers, a total of 11 teachers from one Elementary Municipal School and 05 State Schools contributed indicating child's names and their caregivers' names to compose groups 2 and 3.

2.2. Measures

In order to collect data to characterize the children, their families and identify risk factors related to caregivers, all participants completed a Sociodemographic Characterization Questionnaire (*Questionário de*

Caracterização Sociodemográfica) elaborated by Bringiotti (1999). The questionnaire has questions that allow us to characterize caregivers in sociodemographic aspects (age, gender, educational level, income, marital status) and some risk factors (age when the first child was born, number of children under their supervision, difference of ages between children's birth, number of house places – number of rooms, number of people living in the house, working status, place of birth, level of satisfaction with the neighborhood, perceived social support from neighborhood and family, and level of satisfaction with intimate partner relationship). Besides, there were questions regarding the pregnancy of the target child (was it planned or not?) and information about prenatal characteristics, postpartum and health condition from the caregiver and the child.

2.3. Ethical issues

All ethical procedures were followed. First, the research Project was presented both to Child Protection Service team and for the Municipal Education Secretary to have their authorization. After that, the project was submitted and approved by Ethical Committee of FFCLRP-USP (n°. 394/2008).

2.4. Data collection procedures

In Child Protection Service data collection of target cases to compose this research were conducted. The following criteria were taken into account: substantiated cases of child neglect; occurrence of only neglect (not co-occurrence of other types of child abuse); children from 6 to 8 years old. All possible cases were contacted and a sample of 30 caregivers agreed to take part in the research.

Concomitantly case selection in Child Protection Service, the research Project was presented to school managers to get their approval. After that, all teachers that agreed to participate had a brief training of signs and symptoms that a negligent child exhibits in the school context. They were asked to register all suspected cases of child neglect and send it to the researchers. These families were invited to take part in the research and only the ones who agreed (n = 30) to sign the consent composed the sample. To compose Group 3, teachers were asked to designate cases with no suspicion of child neglect, taking into account the child's age and gender to have similar groups.

Each group consisted of 30 child/parent dyads, totaling 90 participant dyads (n = 180), and there was a fourth group comprising teachers of these children (n = 11). The children were attending the initial grades of elementary school (second and third) in public schools of a city in São Paulo state countryside, and were aged between six and eight. All selected children were from the same schools so as to ensure participants had similar socio-cultural conditions, thus allowing a comparison of the results. It is, however, a convenience sample, respecting the selection criteria referred to herein.

The first group (G1) comprised cases of child negligence officially notified to the city's Child Protection Council, including the 30 children and their guardians. The second group (G2) was composed of suspected cases of negligence, based on observations of teachers (n = 11) in the school context, but not notified to the Child Protection Council (therefore unknown to the official protection system). The third group (G3) consisted of 30 children with no indication of neglect or any other type of abuse (control group), based on observations of teachers (n = 11) in the school context, as well as their parents or guardians, totaling 30 dyads. A total of 90 children and 90 parents/caregivers participated in the study, as well as 11 teachers of children from G1 who were also used as reference to identify cases to form G2 and G3, so that standardized information was gathered regarding the development of children in the three groups.

Descriptive statistical analyses were held to describe the sample profile per study group, and Fisher's exact test and Analysis of Variance were applied. To assess the association between qualitative variables

Table 1
Results: compared variables.

	Group 1	Group 2	Group 3	p-value
Family aspects				
Divorced	50	43,33	30	0,326
Living with the partner	43,33	50	66,7	0,172
Years of marriage (average)	9,7	8,6	10,4	0,653
Number of children (average)	2,1	1,9	1,9	0,775
Number of people living in the house (average)	4,9	4,4	4,3	0,193
Sociodemographic characteristics of participants				
The parent Works	100	93,3	79,17	0,179
<i>Lives in...</i>				
Own house	33,33	43,33	40,00	0,797
Rented house	43,33	43,33	53,33	0,773
Ceded house	23,33	13,33	6,67	0,217
Has lived in the same house in the last 2 years	87,66	74,30	74,30	0,391
The participant Works	23,33	53,33	66,67	*0,003
Kind of work performed by participants (G1 = 7, G2 = 16, G3 = 20)				
Higher specialized	0%	0%	15%	-
Technical	14%	19%	40%	-
Service providers	28%	31%	25%	-
Manual workers	57%	50%	20%	-
Participant's family income				
Until 1 minimum wage	17%	3%	0%	-
From 1 to 2 MW	70%	70%	23%	-
From 2 to 3 MW	13%	24%	57%	-
More than 3 MW	0%	3%	20%	-
Aspects involved in motherhood				
Mean age when mother had the first child	17,4	18,9	21,9	< 0,001
Planned pregnancy	6,67%	26,67%	40%	0,007
Prenatal	53,33%	83,33%	100%	0,001

*Significant differences between Groups 1 and 2 and Groups 1 and 3.

"Fisher's exact test" was used. The analysis through this methodology was performed using PROC FREQ SAS software version 9.2. For all analyses, the significance level was considered at 0.05.

3. Results

Data from the questionnaire that characterized caregivers of the children, as well as the children of the three groups were organized in Table 1. Taking into account Family configuration, there weren't significant differences between groups in terms of marital status, average time of union, number of children and number of cohabitants.

Data showed that the three groups were equivalent considering working status of the partner, the majority of the participants from the three groups lived in rented houses (66%, 56% and 60%, respectively) and more than 70% of participants from the three groups lived in the same house for more than 2 years. Considering participant's working status, group 1 showed a significant difference (p-value = 0,003) when compared with groups 2 and 3. In Groups 2 and 3, the majority of participants worked (53% and 67%), but in group 1 the majority were unemployed. Table 1 presents data regarding type of work developed by participants, depending on the level of training required: higher specialized (teachers, nurses, lawyers, etc.), technical (administrative assistant, technical nursing, prosthetic, etc.), service providers (dealers, commerce, servers, etc.) and manual workers (laborers, craftsmen, tinkers, cane cutters, etc.).

As seen above, the reference group (Group 3) had participants in the four categories of work. The majority executed technical or higher specialized works, with a greater frequency in technical works. In contrast, Groups 1 and 2 had most participants concentrated (50% or more) in the category called "manual workers." It is noteworthy that in the specialized higher category there are not any participants from Groups 1 or 2 and the reference group owning 15% working in this

category. So it would be expected that the reference group had higher income when compared to the other groups and higher educational years. When comparing the groups in relation to educational years, it was noticed that Groups 1 and 2 were equivalent (average of 4,5 and 5,1 respectively), and significant different (p = 0,001) from Group 3 (average of 9,4 years).

As expected, Groups 1 and 2 had a family income from 1 to 2 minimum wages (70%), and Group 3 had an income from 2 to 3 minimum wages to more than 3 minimum wages (77%). In a study conducted by Theodore et al. (2007), an anonymous survey was conducted by phone with mothers of children aged between 0 and 17 years old in the United States. Data showed that children were considered at risk of been abandoned when they lived with lack of food, difficulty to access medical care or they received improper supervision, all these variables were related to poverty and family income.

Besides this Picture, it is possible to find families that, although living in poverty and dealing with lack of proper public policies to their needs, they are not child negligent (Cavalcante & Goldson, 2009; Slack et al., 2004). As discussed above, child neglect could occur despite social economic status and attributed to parental practices. This could explain, for example, the occurrence of child neglect in wealthy families or in families without economic difficulties.

Considering some of caregiver motherhood characteristics, data was collected to understand who they were and some risk factors to child abuse they might present. Considering data from Table 1, it could be seen that there were statistical differences between groups concerning mean age of mothers when they had their first child; planned pregnancy and prenatal. Mothers of Group 3 had their first child, in average, older than mothers from groups 2 and 1; almost half of Group 3 samples planned their pregnancy and all of them had had prenatal. It should be noticed that most mothers of all groups took prenatal activities.

Considering the social support provided for mothers after their first child was born, it could be noticed that 70% of mothers from group 3, 26,7% of mothers from Group 2 and 30% from Group 1 had support. When comparing the three groups, it could be seen that there were statistical differences (p-value = 0,001) between Group 3 and Groups 1 and 2. When asked about their feeling of satisfaction with neighborhood, groups 2 (83,3%) and 3 (86,7%) were statically different from Group 1 (56,7%).

Another aspect considered in the data collection consisted in general health from caregivers. Most participants from the three groups (80%, 90% and 96% respectively) affirmed they were healthy and did not present any kind of pathology. Some participants from the three groups referred some symptoms of depression (20% Group 1; 10% Group 2; 13% Group 3). They also reported that they did not have trouble to sleep (100% group 1; 93% group 2; 90% group 3).

When asked about smoking habits, a minority of participants considered themselves as smokers. Group 1 had the highest frequency (40%), when compared to groups 2 and 3 (both with 27%), although these differences were not statistically significant (p-value = 0,472). About alcohol abuse, groups 1 and 2 had similar results (30% group 1 and 20% group 2) and the groups were statistically different (p-value = 0,003) from group 3 (0%), indicating that, although a minority, there were participants from groups 1 and 2 consuming alcohol. No participant affirmed to use drugs.

4. Discussion

All participants were recruited considering the children's school and classroom, so they all lived in the same region/neighborhood, thus guaranteeing some homogeneity among the groups. The groups had some similarities considering family aspects, although families of substantiated cases of child neglect had some sociodemographic characteristics that differed from those of families in the other groups (group 2 – teacher's suspicion; and group 3 – no sign of neglect).

Negligent families were poorer and present more risk factors when

compared to the other groups (mothers were younger when they had their first child; had less social support; were less satisfied with neighborhood, for example). Groups 1 and 2 showed more similarities when comparing groups, for example, the average of schooling was almost the same for the two groups (4,53 and 5,07 years of schooling in average), and statistically different from group 3. This could contribute to the presence of child abuse (Brangiotti, 2000), especially considering that the lower the level of caregiver's education, the greater the risk for child abuse (Martins, 2010; Mayer et al., 2007; Zielinski, 2009).

Another critical variable to be examined is inequality and the correlations among poverty, child abuse and neglect. Data from the present study, conducted in a city of São Paulo state countryside - Brazil, replicates the findings of Featherstone et al., 2019, in the UK, regarding the need to guarantee child social protection policies. Countries like the USA have also identified factors such as diseases commonly present in poverty that require more accurate information for the establishment of social assistance and healthcare policies (Hotez, 2008).

Caregivers' type of job and level of income seem to reflect and to be associated with their low level of education. In this study, Group 1 differed from Groups 2 and 3, which were similar as to whether the participants were working; only 7 caregivers in group 1 reported to have a job, whereas 16 and 20 caregivers reported to work in groups 2 and 3 respectively. With respect to the kind of job performed, more than half of Groups 1 and 2 were classified under "manual labor", with the remainder in the "service provider" and "technical" categories, without any reference to work requiring a higher level of education. In contrast, caregivers in the reference group (Group 3) performed less "manual labor", and most of them were classified as "highly specialized jobs", "technical" and "service provider".

Another aspect associated to the finding of more pronounced poverty experiences in groups with children neglected and type of work performed and the level of education of caregivers, is family income, and the families of Groups 1 and 2 receive, mostly, between one and two minimum wages, but in the reference group, most of the families received between two and three minimum wages or above three minimum wages. These results are consistent with a descriptive study conducted between 1997 and 2006, by Silvano et al. (2011), where it was found that the most striking family characteristics of abused and neglected children were the low educational level of the parents, and most caregivers were unemployed or inserted into the informal labor market.

However, when examining under what criteria parenting practices are classified as "good parenting practices" in the context of the UK, Dermott and Pomati (2016) point to the need to be wary of social determinism, since such practices are generally related to well-educated parents who perform certain activities with their children, differently from parents with other levels of education. Examining issues related to neglect at different levels of schooling and validating the different activities performed by parents from different socio-economic groups might contribute to a more accurate reflection, avoiding labels and the propagation of social determinism.

The combination of low levels of education, unemployment and underemployment (with low wages), and consequently lower income levels, generates a low family socioeconomic status, which is a risk factor for child abuse. Multiple factors may contribute to the onset of neglect. For example, findings by Azar et al. (2017) add to a growing body of work on the role of cognition in parenting risks, as well as on the psychopathological behavior of adults linked to issues related to cognitive problems that are present in the quality of interactions between parents and their children, with or without neglect. Another example refers to access to education as a protective factor against neglect, especially in developing countries, such as Brazil. The present discussion is not intended to outline social determinism on the issue of neglect, nor to predict that poor, less educated parents are more negligent, but rather to generate a discussion about the various factors linked to this social issue and to demystify such context, since activities

present in the interaction between parents with higher education and their children are accepted as a reference in relation to the other groups (Dermott & Pomati, 2016). This highlights the importance of research studies on less privileged groups, especially in developing countries.

In addition, it has been demonstrated that abuse and neglect in childhood affect a person's socioeconomic well-being in adulthood, causing the cycle of socioeconomic difficulties and family violence to be repeated from one generation to another (Zielinski, 2009). This is a situation identified by Akarro and Mtweve (2011) in which the association of poverty with a family organization where there is child labor may result in less access to education. As reported by Silvano et al. (2011, p. 32): "low level of education and unemployment may influence the occurrence of domestic violence, by raising high stress situations. The stability and the balance of the family unit are an important protection factor for children in every way; and the opposite situation is considered risky".

The socio-demographic characteristics found in this study corroborate the notes of other studies, according to which the neglect stands out among other forms of ill-treatment, to have a greater association with a number of socio-demographic characteristics such as poverty, parents with lower education, lower family income, single parenthood, early motherhood and social isolation (Manso, 2002; Pasian et al., 2013; Pires & Miyazaki, 2005; Theodore et al., 2007).

Another point searched was on satisfaction with the neighborhood where families lived. In Group 1 almost half of caregivers were dissatisfied with the neighborhood and in Groups 2 and 3 most respondents said they were satisfied with it. The satisfaction /dissatisfaction with the home district may reveal that the caregiver has difficulty in accessing or interacting with what the neighborhood offers, often for difficulties and/or disabilities for the personal use of resources offered (Bazon, Mello, Bérnago, & Faleiros, 2010; Lacharité et al., 2006).

Studies of structural issues in the neighborhood (Molnar et al., 2016) and of neighborhood aspects in general, such as mutual trust and shared expectations among neighbors (also called social cohesion in the neighborhood) (McLeigh et al., 2018) suggested that strategies to increase neighborhood social cohesion can be effective to reduce child abuse rates, ensuring protective factors at the neighborhood level rather than individual and family-centered efforts.

In this sense, it could be highlighted the relation between lack of social support and child abuse potential. Social networks can affect the relationship between parents and children or with friends and other formal support in the social environment; if the network exists and is used as a resource, family stress is moderated by these factors, which increases their ability to cope with adversity, with access to resources and services, some aimed at helping the basic needs (Merrit, 2009; Lacharité, 2014).

Having the perception that social environment is supportive and provides development opportunities both for himself and caregiver, as well as for their children, it is important when it favors the search for support in different situations, for example, in the care of the children. On the other hand, social isolation limits and harms the family relationship with the community and within the family itself (Bazon et al., 2010; Lacharité, 2014).

In relation to data collected on well-being and health of caregivers, with regard to alcohol abuse, there was significant difference between Groups 1 and 2 compared to group 3, denoting a higher consumption in the first two groups. Some studies have shown the relationship between child abuse and caregivers alcoholism, and the use of alcohol is a risk factor for the accentuation of severe punishment or neglect of children (Cheng & Lo, 2010; Mayer et al., 2007).

It is possible to say that families in poverty live on less favorable conditions, which can contribute to abuse due to the stress generated by the material difficulties. Thus, poverty becomes an important risk factor for child neglect (Manso, 2002; Merrit, 2009; Pires & Miyazaki, 2005), especially in cases of death of children. A study by Welch and Bonner

(2013) found that one way to avoid child deaths from neglect would be through prevention and education programs related to adequate adult supervision and adequate safety measures.

The groups also showed significant differences on other risk factors associated with child neglect. Regarding aspects involving motherhood, there was a significant difference between the three groups of participants (G1 = 6,67%, G2 = 26,67%, G3 = 40%, p-value = 0,007) on the fact that they had planned the pregnancy, performed prenatal and got help to take care of the first child. These results corroborate published on risk factors for neglect, such as the fact that the pregnancy was marked by little care on the part of the caregiver (Maia & Williams, 2005).

There was also significant difference in the age at which the mother had her first child in three groups, and the mothers of groups 1 and 2 had their first child on average, before twenty, unlike the mothers of group 3, which had it on average after 20 years of age. Having the child before the age of 20 is pointed in different surveys, as an important risk factor for child abuse, especially associated with the neglect and lack of social support (Mayer et al., 2007; Rios, Williams, & Aiello, 2007).

5. Conclusion

The topic of the research was child neglected and poverty in Brazilian context. The proposal involved three groups of families (Group 1: families with neglected children, Group 2: families suspected of being negligent, and Group 3: families that do not neglect their children). This proposal shows data from developing countries, such as Brazil and discuss about neglect and poverty are often confused and that although poverty may “contribute to” neglect, it is distinguishable. The present paper aimed to describe and discuss similarities and differences among negligent families comparing them to other families living in similar poor socioeconomic conditions and exposed to risk factors related to neglect.

In the case of children identified by teachers as suspected of being neglected (Group 2), a notification was made to Child Protection Services. Considering that neglect is a complex social problem with serious consequences (Lacharité, 2014), all results relating to risk factors present and absent in the Groups 1 and 2, in contrast to the control group (Group 3), suggest that these similarities point to a conjunction of demographic, socioeconomic and psychosocial characteristics, which are associated with an increased likelihood of child abuse within these families. For example, aspects involved in motherhood (planned pregnancy – G1 = 6,67%, G2 = 26,67%, G3 = 40%; prenatal – G1 = 53,33%, G2 = 53,33%, G3 = 100%); kind of work performed by participants (technical – G1 = 14%, G2 = 19%, G3 = 40%; manual workers – G1 = 57%, G2 = 50%, G3 = 20%); sociodemographic characteristics of participants (ceded house – G1 = 23,33, G2 = 13,33, G3 = 6,67; the participant works – G1 = 23,33, G2 = 53,33, G3 = 66,67)

According to the results obtained by the present study, we must also point out that the condition of poverty is not a determining factor for neglect, but it is presented as a highly favorable context for the expression of neglect. Although they live in the same neighborhoods and study in the same schools as the control group subjects, family income and economic conditions are the same, children in the group of suspected neglect had less favorable economic conditions, and their caregivers had fewer years of education and less specialized jobs, affecting family income, which was also much lower in this group when compared to the reference group.

Risk factors associated with unfavorable economic situation reveal that families living in precarious situations are at an increased risk of neglecting their children. The fact that these families also make less use of existing support services in the community, often because they have more personal difficulties to learn how to use them, is a factor which must be added to the analysis. The lack of support and social isolation of the family are factors favoring the occurrence of child neglect. In any

case, although this paper supports the notion that abuse happens in all types of socioeconomic situations, it also defends that more effective policies aimed at reducing poverty and improving income distribution would improve the living conditions of children, because these factors seem to be especially relevant to the manifestation of neglect and seem to play an important role in perpetuating poverty from one generation to another.

Regarding limitations of the present study, it only dealt with comparative analyses of information. Other variables could be included, such as if the family had access to “Bolsa Família” Program. Future investigations should proceed to correlation analyses between different variables in order to better understand their interactions.

Ethical approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee. The project was approved by the Ethical Committee of FFCLRP-USP – Brazil, nº. 394/2008).

CRedit authorship contribution statement

Mara Silvia Pasian: Conceptualization, Methodology, Validation, Formal analysis, Investigation, Writing - original draft. **Priscila Benitez:** Writing - original draft, Writing - review & editing, Visualization. **Carl Lacharité:** Supervision, Project administration.

Declaration of Competing Interest

The authors declare that no conflict of interest.

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