Impact of neglect on adolescents

Neglect rarely just starts in adolescence. There are undoubtedly cases where a previously well-cared for young person suddenly begins to be neglected; this may, for example, be associated with a change in the capacity of the parent or carer to meet their child's needs due to their own health problems, or to new unmanageable life events, or it may be associated with the failure of the parents or carers to adapt to the different needs of the young person who is now becoming more autonomous, and often presenting as more challenging. More likely, however, is that the neglected adolescent has been neglected for some considerable time (perhaps even going back to the pre-natal period) and that this neglect has either not been previously recognised or has not been addressed. Thus, by the time the child starts the transition to adulthood there may already be significant impacts associated with years of previous neglect. Research shows that neglect at home during teenage years can be as damaging as neglect during early years. The Children's Society conducted research with 1000 adolescents in 2016 which found:

- 8% of teenagers experienced some form of neglect,
- with lack of supervision being the most common (58%).
- More young people aged 14 and 15 years (3 times as many) than 12 and 13 years reported that their parents hardly ever or never helped them if they had a problem or provided emotional support.

This may indicate that as children get older parents think they need less of this kind of support. Research shows a strong correlation between young people's risk-taking behaviour, and they're not being emotionally supported at home. There is also a very strong correlation between young people experiencing very poor health and being exposed to neglectful parenting. Young people that experience neglect report low levels of general competence, feel that no one cares for them, are negative about their future, have difficulty in engaging in education and are generally unhappy with their lives overall. If the young person experienced different forms of neglect than their emotional wellbeing deteriorated with an increase in externalising behaviours e.g. drinking alcohol and truanting from school and internalising behaviours (depression, anxiety and post- traumatic stress disorder). Maltreatment that begins during adolescence is more damaging than neglect that starts and finishes during childhood as it causes problems during late adolescence and early adulthood including involvement in criminal behaviours, substance misuse, health-risking sexual behaviours and suicidal thoughts (Thornberry et al 2010).

Age of Concern (Ofsted) found that SCR of teenagers showed practice focused on a young person's challenging behaviour rather than the causes of this behaviour and that young people were being treated as adults rather than as children.

Adolescence (twelve to eighteen)

Neglect is likely to have an impact on the young person's ability to form and maintain friendships and pro-social relationships, though the young person may be more reluctant to disclose their situation if they fear becoming looked after or being split up from their siblings. Whilst adolescents can find sufficient food for themselves, they are likely to be drawn to the availability of high-fat, high-sugar convenience foods if they have never

learned to prepare meals. Adolescent risk-taking behaviour may be associated with, attributed to or exacerbated by a lack of parental supervision, which can expose neglected young people to the risk of harm through, for example, alcohol and substance misuse, risky sexual behaviour or criminal activity. Resilience to neglectful situations does not increase with age and can have significant consequences for young people's emotional wellbeing; in a study of Serious Case Reviews, Brandon et al (2012) noted that 'past neglect was a factor in eleven out of fourteen reviews conducted after a young person was believed to have committed suicide'.

- Drinks alcohol regularly from an early age
- Is concerned for younger siblings without explaining why
- Becomes secretive and reluctant to share information
- Talks of running away
- Shows challenging/disruptive behaviour at school
- Is reluctant to get changed for sports etc.

16+ into adulthood

- More at risk of victimisation
- Low future expectations for themselves
- Poor emotional wellbeing - more likely to experience internalising features, such as being withdrawn, anxious, depressed and angry
- Self-harm
- increase in risky behaviours – alcohol or substance misuse, sexual behaviour, teenage pregnancy
- The child or young person is likely to endure a complex cocktail of the different types of neglect, and these can be experienced singly, sequentially or simultaneously. As the neglected child or young person gets older it seems less important to focus on the causation of their difficulties.
- Young people may be reluctant to disclose or confront damaging home circumstances and relationships may be a response to the fear of being taken into care, perhaps then leaving younger siblings even more vulnerable. Equally, this reluctance may stem from a lack of confidence in the agencies who, it is feared, may take even more control of their lives away from the young person, or perhaps the fear that the situation is so far beyond hope that there is no point.
- The young person may be indulging in what we might view as extreme risk-taking behaviour; we may find this sufficiently challenging for us to resort to blaming them for their actions in a way which fails to recognise their helplessness.
- Some young people who are acting out the impact of years of previous neglect may be written off as being long beyond help. Whatever its manifestations or reasons, an adolescent's tolerance of neglect should never be interpreted as a

positive choice to be neglected nor as a reason to blame the young person for their circumstances or experiences.

Physical neglect

- Although some adolescents may develop a tolerance for living in squalid conditions, many will recognise that they are different from their peers. They will continue, as they have probably done throughout childhood, to prevent callers from entering their home and seeing the conditions for themselves, and so alter the basis of any potential friendships; in fact, they may be deprived of friendships. Chapple et al (2005) suggest that lack of pro-social relationships can be a factor associated with subsequent delinquency.
- Social development is also likely to be impaired by poor or inappropriate clothing; although “designer labels” may be beyond the financial reach of many neglected adolescents, this alone may not make them stand out as much as clothing which is ill-fitting or dirty.
- Whilst it is the case that many adolescents are capable of laundering their own clothes, this pre-supposes both the availability of laundry facilities and the recognition that it is important, both of which are often missing in the neglectful household. During adolescence the body produces more sweat, and body odour can be an obvious threat to social development. Additionally, the skin and scalp produce more oil, resulting in greasy hair and skin. In fact, at a time when showering and other aspects of personal care seem to many adolescents to become increasingly unattractive, unfortunately so do some physical characteristics. Acne (“zits”) and other skin blemishes can develop, and so can bad breath and yellow teeth.
- Ultimately the social response to these unappealing features can reduce self-esteem and can lead to the physical and emotional discomfort being compounded by bullying, and yet even in the face of this there are many adolescents who seem determined to neglect their personal hygiene. The children’s continence charity ERIC suggests that a substantial number of adolescents still have a problem with night-time bedwetting (enuresis) – and, indeed, with daytime wetting (ERIC, online).Whilst enuresis is not automatically associated with experience of neglect, it is a fair supposition to make that in many cases there will be a link. The problems associated with routinely poor personal hygiene are likely to be compounded by adolescent bedwetting.
- There is little confirmation that adolescents suffer acute physical illness as a result of poor living conditions per se, in that there does not appear to be strong evidence linking physical neglect in adolescence with specific acute disease; however, as this guide acknowledges, physical neglect can underpin a range of chronic conditions and even during adolescence physical neglect can result in significant developmental issues.

The impact of neglect on adolescent physical development

Puberty, the process of achieving sexual maturity, typically begins at age 11 for girls and 12 for boys, although there are huge variations and a range of five years (i.e. for girl’s

puberty starting between eight and 13 and for boys between nine and 14) is regarded as normal (NHS Choices, online).

NHS Choices (online) suggests that the age of menarche (the onset of menstruation) is typically about 12, but the range is from eight to 16 years. Smith et al (2003) suggest that on average boys produce mature spermatozoa at 15 years, although the range is from 11 to 17 years. Some of these variations are linked to genetics or body build, but there seems to be a consensus that environmental factors also have a significant part to play.

Of course, the changes in physical development are not just linked to sexual maturation but involve major changes in physical stature and appearance. From the commencement of puberty, physical growth starts to increase dramatically, from some five to six cms per year during primary school years, ultimately to about nine centimetres for girls and about ten centimetres for boys annually, (Smith et al, 2003).This rapid growth has many implications; from a dietary point of view more calories are needed. Undernourishment or malnutrition can slow down growth and even retard the onset of puberty (Smith et al, 2003).

This is not simply an issue of a young person comparing themselves with their more developmentally successful peers; some of the outcomes of puberty, such as increased strength, or increased sporting prowess, are often highly valued by one’s peer group, and delay in these areas can compound the disadvantage for an already socially inadept adolescent.

Difficulty in making and sustaining peer relationships (discussed in Guide to the impact of neglect on the primary school child: Five to eleven years) is therefore likely to be exacerbated by delayed development.

It has also been suggested, somewhat paradoxically, that adverse early experiences can trigger early puberty, thus making assessment in such a situation even more complex. Taking an evolutionary psychology base, adverse childhood experiences may encourage the adolescent to grow up earlier and faster; Smith et al (2003) describe “mixed support” for this hypothesis.

Early puberty is not without its accompanying issues. Early puberty can be associated with earlier sexual activity (which will be discussed in more detail later) as well as a range of anti-social behaviours such as truancy, recreational drug misuse, etc. On a positive note these issues tend to be temporary, as pro-social functioning often returns in later adolescence or early adulthood.

Graham and Power (2004) discuss how physical health issues which start earlier in childhood as a result of neglect (or other disadvantage) such as low birth-weight, slower growth, or greater susceptibility to illness continue to have a cumulative effect.

During adolescence patterns of cigarette smoking, dietary behaviour, exercise and alcohol use are often established, and these habits can be resistant to change later. Making this link between neglect in childhood, poorer health outcomes in adolescence and adverse consequences in adulthood,

Graham and Power point out;

"while there is much evidence to show that children from all social groups tend to experiment with smoking and alcohol as well as drugs, the potentially damaging long-term use of drugs and alcohol, as well as consumption of fat, sugar and salt, are established in adolescence."

(Graham and Power, 2004).

As has been pointed out in earlier guides, the human need for sufficient high-quality sleep is jeopardised by inadequate or uncomfortable sleeping conditions and lack of bedtime routines; not having a standard bedtime can impact on the quality of sleep, and this is more likely within a chaotic household.

Adolescents tend to have a different circadian rhythm, with their biology suggesting a later sleeping time and a later waking time than they have previously enjoyed (Better Health Channel, online). Although some manage with less, most adolescents need around nine or even ten hours of sleep each night.

The biological changes which push the sleeping time later create conflict with school starting times, and so there is a temptation to miss school to be able to remain in bed.

It is easy for any adolescent to develop a vicious circle of late nights and late mornings, but this is all the more tempting in the absence of parental challenge and in the face of an unrewarding educational career so typically experienced by many young people who have a history of neglect.

Besides feelings of tiredness and lethargy, lack of sleep for any child or young person (or, indeed, adult) can impair cognitive functioning and problem solving; where these are already impaired as a result of previous experience of neglect then this is in effect a "double whammy", potentially increasing the likelihood of low educational attainment. Hagell et al (2015) cite research indicating that 22% of 11-15 year olds report that they do not get enough sleep.

Besides the physical conditions within a chaotic neglectful household, one of the reasons for lack of sleep may be that it is increasingly difficult for adolescents to switch off from technology. Whilst the neglected teenager may not be the proud owner of the latest iPhone, Ofcom (2017) report that 83% of all young people between the age of 12 and 15 have a smartphone and over half have a tablet. 99% of this age-group use the internet, 90% use YouTube and 74% have a social media profile. Typically, these young people will spend almost 21 hours per week online. There is increasing concern that over-stimulation from the use of electronic equipment late at night delays the start of sleep and may affect the quality of sleep.

Nutritional neglect

Whilst physically the adolescent is likely to be able to "forage" for food, the absence of healthy and nutritious food supplies combined with limited experience of food preparation and the lack of insight into the nutritional needs of one's own body is likely to lead the adolescent towards convenience foods and snacks.

Foods with high saturated fat content, such as sausages, pies or crisps are considerably more likely to find their way into the neglected adolescent's diet than healthy foods such as

pulses, muesli or fresh fruit and vegetables, not least because for some young people the latter are strange and unfamiliar. The target of five fruit and vegetables per day seems a long way off when Hagell et al (2015, p.60) report that only 38% of young people aged 11-15 eat fruit every day, and only 43% eat at least one vegetable every day; almost six out of ten young people are not managing to eat one portion of fruit or vegetables daily.

There are both short-term and longer term implications for young people whose diet is inadequate. In the short-term, Bellisle (2004) confirms that ***"poor nutritional status is likely to have deleterious influence on both cognition and behavioural adaptation"*** affecting both academic and social performance. About one in seven secondary school children are eligible for free school meals (Hagell et al, 2015, p.7); the prospect of 'holiday hunger' must be daunting for the neglected adolescent who mainly has their nutritional needs met at school.

Some of the effects of poor diet may not be well understood, but there seem to be associations between certain aspects of diet and behaviour; concerns around the impact of food additives have been known for some years, but some dietary deficiencies can also affect behaviour. Thiamine, for example, is a vitamin that the body needs in small amounts, and thiamine-deficient adolescents whose diet consists mainly high calorie "junk food" have been found to be irritable and aggressive and subject to personality changes.

Administration of thiamine resulted in an immediate improvement (Bellisle, 2004). Lack of thiamine can also affect cognitive functioning. Combine a lack of sleep with a poor diet for a young person whose cognitive functioning is already impaired as a result of previous neglect and we now have a "triple whammy", illustrating perfectly the cumulative impacts of the different aspects of neglect.

Adolescent girls are at increased risk of iron deficiency, which can lead to feelings of tiredness and fatigue, and again this can be ameliorated by improved diet. Hagell et al (2015) report that half of females between the age of 11 and 18 are worryingly deficient in their consumption of selenium and magnesium as well as iron.

In the longer term, eating habits in adolescence are shown to track through to adult life; Rudolph (2009) reports that ***"….adolescents who regularly eat with their families eat more fruit and vegetables, dietary fibre, dairy products, basic vitamins and minerals, drink fewer soft drinks, and eat less saturated fats and "fast foods", and that on follow-up five years later these good dietary habits continued to be present".***

This is important because sadly, structured family mealtimes are unlikely to be a key feature in the neglectful household, and the most commonly eaten foods in the 11 to 18 age group are pizzas, burgers, sausages, chips and carbonated soft drinks (Donaldson, 2007).

Although levels of teenage obesity peaked in 2004 and have been slowly reducing, Hagell et al report that in relation to 11 to 15 year olds about one in five are obese. This has long-term health implications; Donaldson (2007) established that up to 79% of obese

adolescents remain obese in adulthood, with increased risk of developing type II diabetes, cardiovascular disease, respiratory disease, liver disease and some cancers.

Diet is only one factor in weight management; another factor is exercise. The government recommends that every child or young person should have at least 60 minutes per day of moderate to vigorous physical activity. The Health Survey for England 2012 found that between the ages of 11 and 12 some 19% of boys and 14% of girls achieved this target. By age 13 to 15 this feel to 14% of boys and only 8% of girls.

It is likely that included in these figures are many young people from neglectful households, who risk impairment of skeletal health and growth and increased risk of osteoporosis in adulthood as a result.

Emotional neglect

Hicks and Stein (2007) explain that the life stages and transitions involved in adolescence bring into play dimensions linked to identity formation, greater independence from carers, peer group involvement, and developing autonomy.

This can sometimes cloud the identification of the impacts of neglect, as it is sometimes difficult to differentiate the natural changes in relationships which are part of the maturation process from those associated with neglect. For example, some neglected adolescents can present as being emotionally independent from their parents.

It is natural that adolescents seek out opportunities to assert their independence, but when this is treated by the parents as the cue to emotionally abandon their adolescent offspring then this constitutes neglect.

Relationships between adolescents and their caregivers are often characterised as stormy, and even for some of the best-intentioned parents their limited aspiration is simply to survive their child's adolescence in good humour, with the expectation that their relationship will recover and eventually re-form into a new and different state.

Where the adolescent/caregiver dynamic is built on the unstable foundations of an emotionally neglectful relationship then the tensions in the relationship are likely to come to the fore. Conflict is very likely and may be externalised in a number of ways, from confrontation and rebellion to withdrawal and self-imposed "exile" or isolation. Rebelling against a neglectful parent can be unrewarding when there is little structure to rebel against.

Withdrawal and isolation can be painful as there are unlikely to be compensatory relationships within the peer group. Daniel et al (2010) point out that negative interactions with peers and family make it more difficult to develop a positive identity and, just as with a younger child, the lack of a secure base from which to explore the world inevitably makes this process of exploration more complicated and often more frightening (Daniel et al, 2010).

Bailey encapsulates this when she states:

"Because friendship and acceptance in the peer group are so important during adolescence, those who are isolated or rejected are highlighted

and, in particular, disadvantaged. Loneliness can be difficult to deal with especially when everyone else appears to be part of a group"

(Bailey, in Aldgate et al, 2006).

It would be easy to overlook the impact on the adolescent of sibling relationships within the neglectful family. As Rees et al (2010) remind us, some adolescents may take on a caring role in relation to younger children, sometimes in addition to providing care for their parent(s).

Others will isolate themselves from younger family members, sometimes within the refuge of their clean and tidy bedroom. Whether attempting to compensate for caregiver deficits or not, adolescents may feel a range of feelings from frustration and resentment at being in this situation to embarrassment or guilt that they are unable to improve the lives of their younger brothers or sisters.

Putting an adolescent in such a situation is at best inappropriate and at its worst may constitute emotional abuse.

An earlier part of this guide introduced the stark reality that adolescent neglect can be fatal. It is obvious that however unpleasant and damaging they may be, starvation or cold are not the threat to the adolescent's life; the reality is that the worst outcomes are associated with emotional neglect.

In Brandon et al (2010) analysis of serious case reviews, carried out following the death or serious injury of a child or young person, almost a quarter of all the reviews concerned a young person over the age of 11. For young people in this category suicide was by far the largest cause of death.

Educational neglect

Graham and Power (2004) describe how that the ***"inequalities in educational and psychological resources"*** which are likely to underscore the experience of the neglected child are unlikely to reduce in adolescence. Parental apathy towards, and disinterest in, the young person's education is unlikely to change, and therefore there will be little (or no) encouragement to address the problems which a neglectful history has created.

The neglected adolescent is likely to be experiencing cognitive impairment which may impact on problem-solving capacity, and difficulties in managing emotion. Within the school setting this can lead to frustration and a low anger threshold, sometimes resulting in behaviour which is challenging and difficult to manage.

It is possible that these signs of neglect could be interpreted as signs of learning difficulty (it is certainly the fact that the learning process will be made more difficult) or behavioural disorder. Low confidence and repeated academic failure may confirm to the adolescent that their negative self-image is justified, and thus consolidate their low self-expectations and aspirations.

The impact on the learning process is likely to be exacerbated by a high proportion of lateness and absence. Wary teachers and unwelcoming peers may compound the feelings of exclusion and disengagement and make school a far less attractive place than some of the more anti-social alternatives.

When the drive for acceptance is met with rejection by pro-social peers, the instant gratification and delinquency of the more negative subculture can provide much-needed status and esteem.

Government research outlined in a TES article by William Stewart (online) found that 22% of 16 to 19 year olds were functionally innumerate and 17% were functionally illiterate. For these young people numeracy levels were extremely basic, and literacy levels were less than the level needed to participate fully in family life, reading for pleasure, or employment.

It would come as no surprise to find a significant proportion of neglected young people in this category. Destined for unemployment or insecure and unrewarding minimum-wage jobs, the impacts of neglect will potentially be felt by these young people in impoverishment, poor health and poor social circumstances, possibly lasting a lifetime.

Medical neglect

Adolescents growing up in an environment of neglect will almost certainly be suffering poorer health outcomes than their peers. Graham and Power (2004) show how a poor start in life affects health throughout childhood as social circumstances subsequently reinforce and compound the disadvantages of the early years.

Poor self-esteem and recklessness towards one's own health needs can also typify the neglected adolescent, who may ignore or endure health problems rather than access the services which are available to assist, seeing them as irrelevant or unnecessary.

Medical neglect in adolescence may involve a choice not to take up medical treatment, but it is more likely to involve a failure to access or accept health advice and an increased likelihood of risk-taking behaviours.

Although there is a strong correlation between the two, poverty does not equal neglect. Children from poorer backgrounds do not only have a higher prevalence of chronic conditions but the impact of chronic illnesses on their lives appears to be greater.

Asthma severity is greater among children from lower socio-economic status homes and even conditions such as insulin dependent diabetes mellitus, that do not show a social gradient are associated with more hospital admissions among children from poorer homes (Spencer, undated). In neglectful homes this may be because of the parents' indifference, apathy or inability to prioritise their children's needs.

Preventative health care interventions continue to be important throughout adolescence. For example, the HPV vaccine which prevents infection by certain types of the human papillomavirus can be an important defence against cervical cancer and genital warts. This vaccine is administered to girls in year eight, at age 12 or 13. Additionally, the fifth part (the "teenage booster") of the three-in-one Td/IPV vaccine is administered to all young people between the ages of 13 and 18 to complete their protection against tetanus, diphtheria and polio.

Non-compliance with this protective regime can therefore carry significant future health risks.

Sexual health

Despite the apparent proliferation of advice services for young people around health matters (including the excellent Teen girls' health and Teen boys' health web pages) many young people still turn to their peers for information about intimate or personal matters, including sexual issues.

In one study it was found that 15% of older adolescents reported getting their education on sexual matters from their father, 33% from their mothers, and 61% from their peers.

This results in a high level of inaccurate and potentially dangerous misinformation (Daniel et al, 2010), underlining the threat posed by what we as adults define as adolescent risk-taking behaviour. For example, many young people who either give or receive oral sex do not label this as "sex" and therefore do not apply "safe sex" messages to this activity.

Despite major concerns about young people's online sexual activities, the trend in the lowering of the age of first sexual intercourse seems to be changing. In 2002, experience of sexual intercourse was reported by 40% of 15 year old boys and 38% of 15 year old girls. By 2014 these figures had fallen to 25% and 20% respectively (Hagell et al, 2015, p81). Whilst one might think it is the case that poor self-care and/or lack of social interactions may make it less likely that the neglected adolescent will form a relationship where sexual encounters will take place, this is not necessarily so.

In fact, given the context proposed by Daniel et al it would be reasonable to surmise that two neglected adolescents in a relationship are at increased risk:

"…early sexual encounters seem to be associated with behaviours such as drinking, smoking, and truancy and delinquency. They are associated with risk-taking in general and risky sexual behaviour in particular. It appears that young people engaging in such activities tend to show impulsive and sensation-seeking characteristics. Young people engage in more sexual activity where they lack familial closeness and support – so sex perhaps becomes part of asserting independence" *(Daniel et al, 2010)*

The Royal College of Paediatrics and Child Health (2017) examines the link between a range of risk-taking and problematic behaviours and experience of adversities in the teenage years, particularly focusing on neglect. This meta-analysis reports one study which when comparing neglected young people with those who had experienced other forms of maltreatment found no explicit association with teenage pregnancy but noted that ***"35% of neglected youth were aged less than 13 years at first "consensual" intercourse, and 65% had first "consensual" intercourse between the ages of 13 and 16 years."*** Neglected young people are clearly not following the national trend discussed above.

Chapple and colleagues (2005) make clear links between child neglect and poor emotional regulation and impulsivity, and Daniel and colleagues remind us that much of teenage sex is unplanned and that

"explanations of teenage sexual behaviour do not fit easily into rational decision-making and problem-solving models" *(Daniel et al, 2010).*

Whilst it is not the intention of this guide to paint a picture of the neglected adolescent as either infected or promiscuous, nonetheless practitioners should be aware of these links.

It is well known that Britain has a comparatively high rate of teenage pregnancy, although the annual rate is steadily declining and in 2013 the reported number of conceptions in the under 18 age group in England and Wales was the lowest since 1969 (Hagell et al, 2015, p88). Acknowledging that teenage pregnancy statistics will include some young couples in long-term loving relationships and that many teenage parents report their experiences as positive, nonetheless for some there is a clear link to deprivation and to adolescent neglect:

"Growing up in disadvantaged circumstances (for example, living in social housing and in low income households) was a predictor of young parenthood. In addition, individual childhood attributes such as poor reading ability, having a conduct disorder and having a mother with low educational aspirations for her child were also predictive factors. These five factors combined to increase the probability of having a teen birth from 1%, when none of these factors was present, to 31% when all five were present" *(Walker and Crawford, 2010).*

Teenage pregnancy is strongly associated with the most deprived and socially excluded young people. Having a baby at a young age can result in poor health outcomes and limit education and career prospects for a young woman. "***The ONS report that in 2015 62% of conceptions where the mother was under 16 ended in abortion".*** *(Hagell et al, 2015, p89),* an outcome also not without emotional and psychological consequences.

While young people can be competent parents, babies born to teenagers are more likely to experience a range of negative outcomes in later life and are up to three times more likely to become a teenage parent themselves.

Young people bear the greatest burden of sexual ill-health. Poor sexual health is much more common amongst those who already experience other inequalities and who have other public health needs, in particular alcohol and drug misuse and violence.

Deprivation does not automatically indicate neglect, of course, but the fact that there is a correlation is beyond dispute. Given the poor social circumstances of many teenage mothers it is unsurprising that they and their babies are more likely to face poor health outcomes.

The Government reported in 2007, that teenage mothers are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth. Their babies are on average smaller, more likely to be born pre-term, and they have a 60% increased chance of dying in their first year than babies whose mothers are in the 20-39 age range.

These increased risks result from the mother's age and cannot be attributed to environmental characteristics, but it would be difficult to argue with the Teenage Pregnancy Independent Advisory Group's conclusion (cited in Walker and Crawford, 2010) that ***"teenage pregnancy is both a cause and a result of exclusion, poverty and inequality".***

Anecdotally, girls who have grown up experiencing neglect and then become pregnant often say that they want to create a loving family that they never had or want to have someone to love them.

Psychological and mental health

Young Minds report a series of alarming statistics concerning children and young people's mental health:

- "One in ten children have a diagnosable mental health disorder – that's roughly three children in every classroom.
- One in five young adults have a diagnosable mental health disorder.
- Half of all mental health problems manifest by the age of 14, with 75% by age 24.
- Almost one in four children and young people show some evidence of mental ill health (including anxiety and depression).
- Suicide is the most common cause of death for boys aged between five to 19 years, and the second most common for girls of this age.
- One in 12 young people self-harm at some point in their lives, though there is evidence that this could be a lot higher. Girls are more likely to self-harm than boys." (Young Minds mental health statistics, online).

In 2017, The Office of the Children's Commissioner produced a briefing on mental health services for children which reported recent figures from the Millennium Cohort Study (MCS), a longitudinal study of over 10,000 children born in the year 2000. The MCS conducted detailed assessments at aged seven, 11 and 14.

They found that at age seven, about 7% of both boys and girls have a diagnosable mental health condition. At age 11, about 12% of both boys and girls have a diagnosable mental health condition. At age 14, about 12% of boys and 18% of girls have a diagnosable mental health condition.

When we contrast the life of a neglected child or young person with factors which promote good mental health, the link between experience of neglect and poor mental health is quite stark:

"Things that can help keep children and young people mentally well include:

- Being in good physical health, eating a balanced diet and getting regular exercise.
- Having time and the freedom to play, indoors and outdoors.
- Being part of a family that gets along well most of the time.
- Going to a school that looks after the wellbeing of all its pupils.
- Taking part in local activities for young people.

Other factors are also important, including:

- Feeling loved, trusted, understood, valued and safe.
- Being interested in life and having opportunities to enjoy themselves.
- Being hopeful and optimistic.
- Being able to learn and having opportunities to succeed.
- Accepting who they are and recognising what they are good at.
- Having a sense of belonging in their family, school and community.
- Feeling they have some control over their own life.
- Having the strength to cope when something is wrong (resilience) and the ability to solve problems."

Mental Health Foundation, online)

Alcohol, drugs and smoking

Many of the risk-taking behaviours discussed in this guide may be associated with, attributed to, or exacerbated by lack of parental supervision. Coupled with this, self-expression, rebellion, rehearsing apparently attractive adult behaviours, bravado, greater access and opportunity, immediate gratification and peer pressure can all contribute to young people behaving in a way which has the potential to cause themselves harm.

Fuller (2012) reports that there are about three million young people in the age range from 11 to 15, and it is undoubtedly good news that the proportion whose risk-taking behaviour includes drinking alcohol, using drugs, or smoking tobacco is declining.

The presence of any one of these behaviours is often associated with the presence of the other two; predictably, there are also links with truancy and exclusion from school, commonly linked to adolescent neglect.

Hicks and Stein (2010) make the point that parental monitoring and supervision of teenagers has to be balanced against the exercise of autonomy and independence in preparation for adult life. However, Clark and colleagues (2005) make it very clear that adolescents with inadequate supervision were significantly more likely to drink alcohol and more likely to develop enduring alcohol use disorders.

Many teenagers who experiment with alcohol do so in a moderate and restrained way, sometimes with an occasional and regrettable lapse which brings the issue to the attention of our caregivers and sometimes results in a loss of dignity and some other short-term unpleasantness.

Hagell et al (2015) report that the 'Smoking, Drinking and Drug Use' surveys of 11 to 15 year olds in England regularly show that the proportions of young people who drink alcohol has been falling. The latest data suggest that 61% of those aged 11-15 say they have never drunk alcohol. Around one in eleven (9%) report that they had drunk alcohol in the last week. This is the lowest rate at any time since the SDDU survey began in 1988. They go on to say that among the 10% of 15 year olds in the study who report being weekly drinkers, 83% of the boys and 57% of the girls had been drunk ten times or more in the last month (Brooks et al, 2015). This suggests there is a small group of young people who are not following the general trend of reducing consumption.

With a greater likelihood of risk-taking behaviours alongside Clark and colleagues' findings relating to lack of supervision there is little doubt that the neglected adolescent may be more willing and have more opportunity to use and abuse alcohol.

In 2014, about one in five 15 year olds reported that they had used illegal drugs (including solvents and volatile substances such as gas and glue) in the last year. Hagell et al, 2015, p.71) By far the most common substance used was cannabis. Whilst this figure sounds encouragingly low, Young Minds point out that;

"Children who have experienced four or more Adverse Childhood Experiences (ACEs) – like abuse, neglect or domestic violence – are twice as likely to binge drink and 11 times more likely to use crack cocaine or heroin."

The dangers of smoking tobacco are now well acknowledged, and Cancer Research UK (online) express concern that there is evidence that a younger age of smoking initiation increases the risk of lung damage; people taking up smoking before the age of 15 have three times the risk of developing lung cancer compared with those starting to smoke in their mid 20's (Donaldson, 2007). Cancer Research UK report that 40% of adult smokers started smoking before the age of 16.

The number of young people smoking is falling every year, and Cancer Research UK report that across the UK although about 18% of young people under the age of 16 have tried smoking, only 3% smoke tobacco regularly. There is little information available at present concerning young people's use of e-cigarettes of legal highs.

The lack of parental regulation of these young people's behaviour, or alternatively, parental indifference or collusion, all point towards a possible link with adolescent neglect. It is clear, though, that the relationship between neglect and drug use, or alcohol use, or smoking tobacco is not linear, and it would be difficult to prove that experiencing neglect is the predominant causal factor; adolescent behaviours are complex and contextual, and it is important not to be overly simplistic.

However, earlier guides in this series have demonstrated how experience of neglect in earlier childhood lays the foundations for risk-taking behaviour later. The reader is referred to the sections on "boundaries and rules" and "emotional neglect" in the Guide to the impact of neglect on the pre-school child: Two to four years, and to the corresponding sections in the Guide to the impact of neglect on the primary school child: Five to eleven years.

Lack of supervision and guidance

Davies and Ward issue a stark warning that ***"adolescent emotional abuse and neglect are … widespread and associated with numerous adverse consequences, including suicide and death or serious injury from risk-taking behaviours"*** (Davies and Ward, 2011).

They go on to say that there is much evidence that ***"inadequate supervision and monitoring of adolescents is associated with adverse behaviour patterns, but that there is no common understanding of what constitutes supervisory neglect of this age group".***

Horwath (2007) has some suggestions; she considers that a carer failing to distinguish between leaving older children occasionally and continually, adolescents being left to their own devices by carers who are unaware of their whereabouts, and adolescents staying out at night with caregivers not checking on the quality of supervision would all constitute supervisory neglect. These types of behaviour by caregivers would certainly provide opportunities for the risk-taking behaviours described above to take place.

Chapple and colleagues draw attention to the lack of self-control and impulsivity which can result in anti-social behaviour and criminality and make a clear link to neglect:

"Those with low self-control have difficulty managing their emotions, act without thinking, and often disregard the pain and suffering in others. According to Gottfredson and Hirschi, low self-control is not produced by socialization or learning but by the absence of nurturance, discipline, or training *(p95).* ***In order for self-control to develop, someone must care about the child (attachment), watch the child (supervision), and recognize and punish deviant behaviour when it occurs (discipline). Children who are neglected are devoid of parental caring and interaction and are unlikely to develop self-control, and would be more likely to engage in delinquency"*** *(Chapple et al, 2005).*

Smith and colleagues (2005) also make this link; their research concluded that adolescent maltreatment (in whatever form, and irrespective of whether it started earlier in childhood) led to a variety of negative consequences in early and late adolescence such as delinquency, drug use, teen pregnancy, internalising problems, and multiple problem outcomes.

They then studied the differential consequences of specific types of maltreatment and their findings suggest that adolescent neglect is associated consistently with both short-term and long-term negative behavioural outcomes, increasing the risk of arrest; general

offending and violent offending in late adolescence and the risk of arrest and drug use in early adulthood.

This worrying link between neglect and violence is backed up by Chapple and colleagues (2005), who said that they;

"find appreciable support for the idea that child neglect, especially physical neglect, increases the likelihood for violence later in life".

Cashmore (2011) is equally clear about the relationship between supervisory neglect and criminality, arguing that there is consistent evidence of a link, particularly strong when the supervisory neglect either begins or extends into adolescence.

Finally, a paper from the Standing Committee for Youth Justice on the characteristics of children and young people in custody makes the observation that;

"children in custody come in the main from the most disadvantaged families and communities, whose lives are frequently characterised by deprived social landscapes, neglect and abuse" *(SCYJ, 2010, online).*

Neglect and radicalisation

Although there is no empirical evidence linking the experience of neglect with vulnerability to radicalisation, factor such as social isolation, lack of parental supervision, feelings of alienation, craving for positive regard, experience of bullying or low self-esteem – all of which may be linked to neglect – would be the very factors which could potentially make a young person vulnerable to any form of exploitation, including radicalisation.

Radicalisation and extremism are discussed in detail at (hyperlink to the practice hub).

Neglect and the cluster of adversities

Children and young people who are neglected are also vulnerable to other victimisations. Research in Practice, along with the NSPCC and Action for Children, have produced a trio of papers which explore the links between neglect and experience of other adversities and issues.

Hanson's Evidence Scope 1 (2016) explores the relationship between neglect and child sexual exploitation, Reviewing what is currently known, she concludes that although many young people who experience sexual exploitation have not experienced neglect, and despite some limitations in the current knowledge base:

"overall the literature demonstrates the relevance of neglect to adolescent sexual victimisation and adolescent commercial sexual exploitation when it occurs in combination with other forms of maltreatment and family difficulties, and more tentatively indicates the likely relevance of neglect alone." *(Hanson, 2016, p.11)*

Allnock's equally thorough Evidence Scope 2 examines the links between neglect and intrafamilial child sexual abuse (IFCSA). This paper looks at the vulnerability of neglected children in relation to sexual abuse, and concludes that ***"There are some similarities in terms of the impacts of neglect and child sexual abuse. The impacts of neglect are very likely to set the scene for a child's increased vulnerability to IFCSA in a range of ways…. The impacts of CSA may well also increase a child's vulnerability to neglect in a range of ways"*** *(Allnock, 2016, p.13).*

The third document in this immensely interesting series is Hackett's Evidence Scope 3 which explores the relationship between experience of neglect and harmful sexual behaviour (HSB). Whilst being careful to emphasise the limited nature of what is currently known about any relationship between HSB and neglect and therefore treating any conclusions as tentative, Hackett points out that

"While it has commonly been assumed that HSB is related to prior victimisation, findings suggest that an experience of any form of maltreatment, neglect included, is an inadequate predictive factor for the development of HSB. In other words, a history of neglect in itself is a poor predictor of the development of HSB because most victims of neglect do not go on to sexually offend or to present with HSB.

At the same time, for children and young people who do go on to display HSB, their experiences of being victimised may be very relevant in explaining the developmental pathways they have taken towards HSB. Children and young people with HSB are therefore 'characterized more by pervasively negative histories in general' *(Chaffin, Letourneau and Silovsky, 2002: 206)* ***than by any one type of maltreatment experience."***

Conclusion

Adolescents are not too old to be neglected, and for many adolescents the neglect that they experience is simply a continuation of their previous experiences. Adolescents do not grow out of being neglected. On the contrary, the impacts of their earlier difficulties are likely to worsen in adolescence.

Cashmore (2011) points out that adolescence is a period in which increasing exercise of autonomy in a safe environment is important for optimal development but that it is also a time when opportunities to escape from an adverse family environment may involve risk-taking and may lead to trouble.

Escape to alcohol or drugs in adolescence is reducing overall, but the temporary relief and even pleasure that they provide may still be very attractive to someone whose world is already chaotic.