

Child Neglect

The role of the family in American society is important in our nation's history and tradition. Society presumes that parents want to and do act in their children's best interest. Based on that assumption, parents have a right to rear their children if they are willing and able to protect them. However, the Supreme Court provided that this presumption can be overcome and cited the incidence of child abuse and neglect as grounds for rebutting parents rights. Therefore, when parents cannot meet their children's needs and protect their children from harm, society has a responsibility to intervene to protect the health and welfare of children.

Child Neglect: A condition in which a caretaker responsible for the child, either deliberately or by extraordinary inattentiveness, permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual, and emotional capacities.

A study commissioned by the National Center on Child Abuse and Neglect determined that 64% of the cases of child maltreatment involved child neglect. The study reported 996,600 children had been the victims of neglect during the year analyzed. Breaking the neglect down by types:

Physical neglect is the most frequently occurring type. It accounts for 51% of the neglect cases and involved 507,000 children in 1988.

Educational neglect is the second most frequent type occurring in 29% of the cases involving 285,900 children.

Emotional neglect is the least frequent type with 203,000 children or 20% of the neglect cases.

Generally, child neglect means the failure of a parent or a caretaker responsible for the child's care to provide minimally adequate food, clothing, shelter, supervision, and/or medical care for the child. Defining minimally adequate levels of care, and reaching consensus on these definitions, however, are not easy processes.

Types of Neglect

The following describes various types of child neglect under the four categories of physical neglect, emotional neglect, educational neglect and supervision neglect.

Physical Neglect

Refusal of Health Care - Failure to provide or allow needed care in accord with recommendations of a competent health care professional for a physical injury, illness, medical condition, or impairment.

Delay in Health Care - Failure to seek timely and appropriate medical care for a serious health problem which any reasonable layman would have recognized as needing professional medical attention.

Abandonment - Desertion of a child without arranging for reasonable care and supervision. This category included cases in which children were not claimed within 2 days, and when children were left by parents/substitutes who gave no (or false) information about their whereabouts.

Expulsion - Other blatant refusals of custody, such as permanent or indefinite expulsion of a child from the home without adequate arrangement for care by others, or refusal to accept custody of a returned runaway.

Other Custody Issues - Custody-related forms of inattention to the child's needs other than those covered by abandonment or expulsion. For example, repeated shuttling of a child from one household to another due to apparent unwillingness to maintain custody, or chronically and repeatedly leaving a child with others for days/weeks at a time.

Other Physical Neglect - Conspicuous inattention to avoidable hazards in the home; inadequate nutrition, clothing, or hygiene; and other forms of reckless disregard of the child's safety and welfare, such as driving with the child while intoxicated, leaving a young child unattended in a motor vehicle, and so forth.

Educational Neglect

Permitted Chronic Truancy - Habitual truancy averaging at least 5 days a month was classifiable under this form of maltreatment if the parent/guardian had been informed of the problem and had not attempted to intervene.

Failure to Enroll/Other Truancy - Failure to register or enroll a child of mandatory school age, causing the school-aged child to remain at home for non-legitimate reasons (e.g., to work, to care for siblings, etc.) an average of at least 3 days a month.

Inattention to Special Education Need Emotional - Refusal to allow or failure to obtain recommended remedial educational services, or neglect in obtaining or following through with treatment for a child's diagnosed learning disorder or other special education need without reasonable cause.

Emotional Neglect

Inadequate Nurturance/Affection - Marked inattention to the child's needs for affection, emotional support, attention, or competence.

Chronic/Extreme Abuse or Domestic Violence - Chronic or extreme spouse abuse or other domestic violence in the child's presence.

Permitted Drug/Alcohol Abuse - Encouraging or permitting drug or alcohol use by the child; cases of the child's drug/alcohol use are included here if it appeared that the parent/guardian had been informed of the problem and had not attempted to intervene.

Permitted Other Maladaptive Behavior - Encouragement or permitting of other maladaptive behavior (e.g., severe assaultiveness, chronic delinquency) in circumstances in which the parent/guardian had reason to be aware of the existence and seriousness of the problem but did not attempt to intervene.

Refusal of Psychological Care - Refusal to allow needed and available treatment for a child's emotional or behavioral impairment or problem in accord with competent professional recommendation.

Delay in Psychological Care - Failure to seek or provide needed treatment for a child's emotional or behavioral impairment or problem which any reasonable layman would have recognized as needing professional psychological attention (e.g., severe depression, suicide attempt).

Other Emotional Neglect - Other inattention to the child's developmental/emotional needs not classifiable under any of the above forms of emotional neglect (e.g., markedly overprotective restrictions which foster immaturity or emotional overdependence, chronically applying expectations clearly inappropriate in relation to the child's age or level of development, etc.)

These two types of neglect are a little more recent in being recognized. Both can be difficult to diagnose and difficult to treat.

Prenatal Exposure to Drugs

Considerable controversy surrounds the issue of prenatal exposure of infants to drugs and alcohol. Courts are still debating whether such exposure is neglectful behavior on the part of a pregnant woman. Pregnant women who abuse alcohol, however, have exposed their fetuses to the serious mental and physical disabilities known as fetal alcohol syndrome. An estimated 73 percent of pregnant 12 to 34 year old women have used alcohol sometime during their pregnancy. The incidence of fetal alcohol syndrome is 1.9 births per 1,000. Prenatal exposure to cocaine and other drugs also results in negative developmental consequences for 30 to 40 percent of the estimated 500,000-740,000 drug-exposed infants in the United States.

Failure to Thrive/Malnutrition

Children whose physical development falls below the third percentile in height and or weight for no known medical reason have been designated non-organic failure to thrive. Recent thinking calls for categorizing all children whose development is thus significantly impeded by inadequate nutritional intake as acutely malnourished. The parents' failure to provide necessary nutritional and/or emotional nurturing, often in spite of efforts to do so, presents a challenging problem which has proven difficult to remedy beyond immediate improvements with hospitalization. Failure to thrive children respond with improved weight gain and developmental progress to inpatient hospital treatment, which includes intensive enhancement of nutritional and emotional nurturing. Normal developmental progress frequently does not continue when the children are returned home to the care of parents, and follow-up studies indicate continuing developmental delays in about half of the children. Outcomes of intervention appear to be related to the cause of failure to thrive and the parents' degree of awareness and cooperation with the treatment. The less chronic the developmental failure and the greater awareness and cooperation of parents, the more positive the outcomes.

Deficits in the critical bonding and attachment process between parent and child are thought to be at least partially responsible for the significant developmental delays among children. Depression and other personality problems in the parents, lack of knowledge about child care, poverty, and other sources of social stress have been identified as contributing causes of non-organic failure to thrive.

Philosophy

1. Intervention must be sensitive to culture, values, religion, and other individual differences.

It is important for professionals to be aware of the essential uniqueness of each individual. Since there is no single cause of child maltreatment, the community response should be individualized to examine the particular circumstances of each child and family. Since many abusive and neglectful adults have similar problems, it is easy to categorize or pigeonhole them and then offer packaged solutions. While people may have similar problems, there are elements of individual situations that will invariably be unique. Therefore, intervention must consider the unique background, strengths, and resources of each family.

2. Professionals must recognize that most parents do not intend to harm their children; rather, abuse and neglect is the result of a combination of factors: psychological, social, situational, and societal.

Parents may be more likely to maltreat their children if they were emotionally deprived, abused, or neglected as children; are isolated without family or friends to depend on; feel worthless and have never been loved or cared about; are emotionally immature or needy; abuse drugs or alcohol; or are in poor health.

3. In order to be helpful to families, service providers need to believe that many maltreating adults have the capacity to change their abusive/neglectful behavior, given sufficient help and resources to do so.

All forms of helping are based on the belief that people have the strength and potential to make changes in their lives. While some children and families need help only briefly, others need assistance, in one form or another, for long periods of time.

4. If the goal is to help families protect their children and meet their basic needs, then the community's response must be non-punitive, non-critical, and conducted in the least intrusive manner possible.

One of the essential ingredients in developing a therapeutic relationship is demonstrating respect for the client. This does not mean approval of a caretaker's abusive or neglectful behavior. It does mean to show respect for the person, while disapproving of his/her actions.

5. Growing up in their family is optimal for children, as long as children's safety can be assured. Maintaining the family as a unit preserves the bonding and loving relationship with the parents and siblings, and allows the children to grow and develop within the culture and environment most familiar to them.

Therefore, if safety for children can be assured, the first goal is to maintain children in their own homes by strengthening families so that they can meet their children's developmental needs and protect them from harm. Regardless of the physical and emotional trauma children may suffer at the hands of their parents, they develop attachment to their parents, even though the attachment may be dysfunctional. Efforts must first be to empower families to meet the needs of their children and to resolve the problems that led to maltreatment.

6. If families cannot or will not meet their children's needs or protect their children from harm, and children have to be removed from their families to ensure their safety, all efforts must focus on a permanent plan for the child.

Removing a child from his/her family should be a measure of last resort; it should be used only to ensure the child's safety. This is because removal of children from their parents alters children's developmental needs; children experience loss of the family, identity confusion, and negative effects on their self-concept. Children in foster care live day-to-day with an uncertainty of knowing that they can be moved at any minute. Children who live with their families rarely suspect that their families would expel them or that they could be taken away, even if these ideas are verbalized by parents in anger. However, once separated, the reality of this becomes compelling in the child's life experience. Each day and hour lived without the reassurance of permanence detracts from a child's capacity to form trusting relationships; something needed to survive in the larger society.

Assessment of Child Neglect

Effective intervention to prevent or remedy child neglect is dependent on accurate and continuing assessment. Assessment is an ongoing process that begins with the first contact and continues throughout the life of a case.

Indicators of Neglect

The assessment process begins with identification of the indicators of neglect; that is, the specific parental inadequacies resulting in the unmet basic needs of the child. For example, a toddler left unsupervised outside daily for an hour or more at a time; severely unsanitary or dangerous conditions in the home; failure to keep medical appointments for a child's serious health problem; non-organic failure to thrive; or, chronic, unexplained absences from school are specific indicators of neglect. It is also important to determine whether the condition is chronic or a recent change.

Helping professionals must always remember that neglect means lack of minimally adequate care, and be aware of cultural and social class differences and norms affecting childcare. For example, the minimum age at which a child is expected to be able to care for a toddler varies cultures. Older children in some families are trained to care for younger siblings and have learned basic safety skills, including who to contact in emergency situations. Child care and supervision is a responsibility shared by extended family members, neighbors, or friends in lower income families. Assessment of adequacy of supervision in these families must include these substitute or supplemental care providers.

Similarly, assessment of the adequacy of the size, structure, and physical condition of housing and household furniture and appliances must be considered in the context of the limited housing options that

conditions of poverty allow many families. The unavailability of adequate low-rent housing becomes a question of community neglect, rather than child neglect on the part of parents who are denied access to more adequate housing by reason of economics or discrimination.

Problems Identified by the Parents

Obtaining the parent's own perspectives on the family's problems and their causes is essential. Parents' perceptions of problems and priorities may be quite different from that of professional helpers. Chronically neglectful families are typically poor, with multiple problems. Therefore, it is important to identify and set priorities among the family's neglect-related problems. A mother's concern about money to keep utilities on or to forestall eviction must come before the caseworker's concerns about teaching non-abusive approaches to disciplining children.

Gaining the cooperation of neglectful parents is often difficult, but necessary for effective intervention. Recognizing and giving assistance to the problems identified by the parents are critical to obtaining parental cooperation and commitment to improved parenting.

Barriers to Providing Adequate Care

To change a pattern of neglect, the helping professional must address the causes rather than the symptoms. For example, if an infant is malnourished due to parent neglect, CPS intervention would be very different for a mother who lacked knowledge about how and what to feed her baby than for a mother whose abuse of alcohol resulted in the baby's malnourishment.

Assessments should include examination of problems, causes, and barriers at all system levels, that is, individual, family, organizational/community, and cultural. It is equally important to identify and acknowledge the strengths, coping skills, and resources of parents and other family members that may be mobilized to reduce the risk of further maltreatment. The availability and accessibility of informal social network supports and formally organized supportive services should also be considered in the assessment.

Understanding the interaction of stressful life circumstances, lack of environmental supports, and deficits in personal resources is the first step in developing a plan for intervention. The following factors should be considered in that assessment:

Individual Personality Factors

1. Strengths; e.g., motivation, concern for the children, willingness to learn, and resourcefulness.
2. Mental Status (while examples represent deficits, opposite assessment findings should be noted as strengths in mental status).
 - Diagnosis of serious mental illness or hospitalizations for mental illness.
 - Impaired intelligence level; e.g., evidence of mental disability or illiteracy.
 - Poor reality orientation; e.g., noticeable distortions of reality, disorientation to time, place, or circumstances.
 - Inappropriateness of affect; e.g., unusual elation or unhappiness.
 - Symptoms of depression; e.g., previous hospitalization for depression, loss of appetite, unexplained weight loss, restricted affect, listlessness, sleep disturbances, suicidal thoughts, poor self concept, or low self-esteem.
 - Poor judgment, especially in relation to care of children, use of money, etc.
 - Poor impulse control; e.g., difficulty in handling anger and controlling sexual urges, misspending money.
 - Substance abuse; e.g., abuse of alcohol or other drugs, or addictions.
 - Overstressed; e.g., overwhelming feelings of helplessness, fears, and confusion resulting from a crisis with the report of neglect often exacerbating the stress.
3. Parenting knowledge and skills; e.g., age-appropriate expectations of children, empathic ability with children, knowledge of children's medical needs, or safety consciousness.
4. Interpersonal skills; e.g., verbal and written communication, ability to maintain social relationships, stability of intimate relationships, handling of conflict, and problem-solving skills.

5. Physical health.
6. Cooperation, motivation for accepting help, improving adequacy of parenting, and willingness to engage in a helping relationship.

Family System Factors

1. Family strengths; e.g., concern for children, stable relationships, family cohesion, and assertiveness in problem-solving.
2. Income; e.g., employment of head of household and adequacy of income.
3. Size of household, number and spacing of children, and other dependent adults in home.
4. Stability and supportiveness of marital relationship or relationship with significant intimate partner.
5. Children with special needs; e.g., a physical or mental disability, serious behavioral problems, developmental delays, or learning problems.
6. Stability of family membership; e.g., recent deaths, divorces, separations, births, children removed or replaced, or assuming care for children of relatives or friends.
7. Degree of structure and organization of family; e.g., explicitness of family rules, discipline, roles, generational boundaries, and role reversals.
8. Family interaction patterns; e.g., observed verbal and non-verbal communication between parents and children and between adults, attention to children, handling of conflict, balance of negative versus positive parent/child communications, amount of positive physical contact between parental figures and children, children's display of aggressive or withdrawing behaviors.
9. Family boundaries; e.g., openness of the family to outside influences; amount of interaction across family boundaries with individuals, organizations, and the community; and knowledge and use of formal and informal helping resources in community.

Environmental / Community Factors

1. Housing; e.g., adequacy of space for family size; condition of housing; safe conditions for children; and availability of stable, affordable housing.
2. Neighborhood supports for parenting; e.g., safety of neighborhood and recreational facilities; safety of play areas for children; level of neighborhood organization; and communicative, mutually supportive networks.
3. Supportiveness of informal social networks; e.g., availability of relatives, neighbors, friends, pastors, etc., to provide tangible aid, advice, guidance, and emotional support to assist parents.
4. Availability of organized parenting support services; e.g., availability of affordable child care, emergency assistance, after-school programs, recreational programs, parks, high-quality school programs for children with special needs, mental health, and health care, family counseling, parent education, and peer support groups.

Cultural Factors

Cultural Strengths

1. Strong loyalty to family, family cohesiveness, and family ownership of children's problems in families.
2. Strong, supportive extended family linkages, and sharing in child care tasks by family, friends, and neighbors.
3. Cultural emphasis on discipline, obedience to rules, and respect for elders who are sources of advice for child rearing.
4. Bicultural competence of children and adults, which permits preserving cultural identity while negotiating the dominant culture.
5. Cultural emphasis on independence of children in Native American families, and interdependence of siblings in Hispanic families.
6. Strong religious values, customs, rituals, and institutions that provide spiritual support and reinforce strong, ethical values for life decisions, respect for elders, and give meaning to life. Churches provide group socialization activities and supplementary child care for children.
7. Value placed on education of children, who are seen as the hope for the future.

8. Strong ethnic community representatives and organizations that help people of color to bargain, negotiate, and obtain resources from the larger societal systems.

Cultural Barriers

1. Language differences between immigrant groups and larger culture.
2. Differences in styles of communication.
3. Discrimination, bias against immigrant minorities or people of color.
4. Child-rearing norms that are at variance with dominant culture norms; e.g., use of folk remedies to treat illnesses, or expecting young school-aged children to care for toddlers.
5. Social status differences and conflicts within cultural groups.
6. Lack of knowledge about how the larger social systems operate in the dominant culture; i.e., how to cope with complex bureaucracies and political processes.
7. Distrust of authority figures from majority culture, or assumption of punishment rather than help.

Resources to Overcome Obstacles

1. Cross-cultural competence of professional helpers, who are informed about diverse cultural heritages, values, customs, child rearing norms and practices, communication styles, and aware of their own cultural heritage and biases.
2. Culturally sensitive and responsive outreach to people of color by organizations and communities.

A complete assessment of neglectful families includes consideration of all factors that may be contributing to the child's neglect, as well as factors that may contribute to problem resolution. The diagnostic assessment and service/treatment plan is based on this information with revisions occurring as additional information about the family is obtained.

Understanding the Causes of Child Neglect

Effective intervention to prevent or remedy child neglect requires an understanding of the causes. However, specification of the causes of neglect is hampered by the limited research on child neglect. Most studies of child maltreatment include both neglectful and abusive families and fail to differentiate between the groups, thus making it impossible to identify results specifically related to neglect. The numbers of studies that focus specifically on child neglect are few in comparison to studies on other types of maltreatment.

Nevertheless, it is clear from existing studies and from the experience of practitioners that there is no single cause of the inadequate parenting we term child neglect. Thus, understanding the causality of child neglect requires that it be viewed from a broad ecological-systems perspective. It has been proposed that the determinants of adequate parenting arise from three sources:

- parents' own developmental history and resultant personal psychological resources,
- characteristics of the family and child, and
- contextual sources of stress and support.

The developmental experiences of parents influence their personality and psychological resources, which directly influence both their parenting attitudes and behavior, and their ability to develop supportive relationships with others. Parenting behavior influences the child's personality and behavior, which reciprocally influences parents' response to the child. The social context of the parent-child relationship, which includes the marital relationship, social network supports, and work-related factors, is highly influential on parenting. The model provides an organizing framework for examining the contributing causes of neglect suggested by the existing research.

Parents' Developmental History and Personality Factors

The ability of a parent to provide adequate care for a child depends partly on his/her emotional maturity, coping skills, knowledge about children, mental capacity, and parenting skills.

Growing up in unstable, hostile, non-nurturing homes led to unstable personalities when the children became adults, which led to stressful marriages and abusive parenting practices with their own children. Parental personality is the most influential factor on parenting because the personal psychological resources of the individual are also influential in determining the marital partner, the quality of the marital relationship, and the amount of social support one receives.

Child development researchers have used attachment theory to shed light on the personality development of abusive and neglectful mothers. The mothers' lack of secure psychological attachment and psychological immaturity result from inadequate care received as children. They found that regardless of level of stress or the availability of emotional supports for parenting, the emotional stability of the mother was the most significant predictor of maltreatment. Mothers who were no longer maltreating their children at a 6-year follow-up were more outgoing, more mature and less reactive to their feelings, more realistic in problem solving than those who continued to neglect and abuse.

A cycle of neglect is suggested in numerous studies. Nevertheless, the direct cause-effect relationship between parental history of neglect and subsequent neglect of children is not clearly established by the research. Most of the studies are based on high risk or clinical samples or retrospective studies of identified neglectful parents who are not representative of the population of neglect victims.

Victims of neglect who do not repeat the cycle have fewer stressful life events; stronger, more stable and supportive relationships with husbands or boyfriends; physically healthier babies; and fewer ambivalent feelings about their child's birth. They are also less likely to have been maltreated by both parents and more apt to have reported a supportive relationship with one parent or with another adult. These mediating factors provide critical indicators for interventions to improve parenting potential.

Neglectful mothers as a group were judged to be more dysfunctional than the abusive mothers, less socialized, more angry, more impulsive, more easily aroused (by infant cries), and have greater difficulty habituating to stressful and non-stressful stimuli.

Neglectful parents are typically not only deficient in their parenting skills, but have pervasive deficiencies in coping skills in many areas of living. Studies of neglectful mothers revealed that deficiencies in social skills and poor self-esteem resulted in neglectful mothers selecting equally ineffectual, unsuccessful male partners, who only served to confirm and compound their deficiencies. A subsequent study, which included neglectful fathers, revealed deficiencies in social participation and in their abilities to invest themselves emotionally in another person and in productive work.

Abuse of alcohol or drugs is often present in cases of child neglect. Recent reports from urban CPS agencies indicate that substance abuse is a factor in a growing percentage of child neglect cases. A study of women served in a Chicago alcoholism treatment program reported that 65 to 75 percent of the women were neglectful toward their children. The epidemic of cocaine addiction in urban inner-city areas has resulted in large increases in the numbers of neglect reports. The alarming increase of cocaine-affected infants has placed large burdens on the already overtaxed child welfare system. In spite of these associations, there is yet insufficient data to conclude that substance abuse causes neglect, but it is an increasingly significant contributing factor.

Characteristics of the Family and Child

Research suggests that certain factors in family composition, size, and patterns of interaction contribute to child neglect. Even some characteristics of children may contribute to neglectful parenting.

Child Characteristics

Studies have not identified unique characteristics of neglected children that contribute to neglect. However, studies of parent-child interactions in abusive and neglectful families suggest that the children in neglectful families develop behavior patterns as a result of the interactions that make them more likely to experience further neglect. As a result of the mother's inattention, the neglected child often develops patterns of either extremely passive, withdrawing behavior or random, undisciplined activity. Both of these patterns are likely to result in further inattention and distancing on the part of the child's neglectful parent.

Family Composition

Most neglectful families are single-parent families. The absence of the father in the majority of neglectful families means lower income and less tangible resources to provide for children's needs. Neglectful families with fathers present in the household had significantly higher income and provided better physical care than the single-parent families, but not better emotional/cognitive care. The physical absence or emotional disengagement of the father has been identified as contributing to deprived parenting in families of failure to thrive infants.

Family Size

Chronic neglectful families tend to be large families with fewer resources to meet basic needs than other families. Numerous studies have discovered that neglectful families on the average have more children than non-neglecting families. The Study of National Incidence and Prevalence of Child Abuse and Neglect reported that the estimated rate of neglect among families with four or more children was almost double the rate among families with three or fewer children.

Family Interaction Patterns

Patterns of verbal and non-verbal communication between neglectful parents and children have been characterized as infrequent and predominantly negative. Compared with abusive mothers and non-maltreating controls, the neglectful mothers stood out as the most negative and least positive in their relationships with other family members.

Similarly, neglecting mothers offered so little stimulation and responded to so few infant signals that they left their infants socially powerless and largely responsible for their own stimulation. Their infants showed correspondingly depressed levels of activity which reduced both the stimulations and feedback available to the already unresponsive mother.

The neglecting parents are characterized as unresponsive and withdrawn. They responded to few of their children's overtures when interacting with them and initiated almost no activity. Their children responded with a reduction in communicative activity. Toddlers in the neglectful homes, as soon as they were able to walk, sought out their own stimulation through uncontrolled exploratory activity. Neglectful mothers largely ignored these toddlers on the loose, only infrequently and ineffectively attempted to exercise some control by yelling at them, often without bothering to observe the results. The children merely imitated the parent's disregard.

Neglecting families who were also abusive were typically large, very unstable, and disorganized, with children sired by several different fathers. The mother had often lived with a series of men, been alone, and lived with her own mother for periods of time. The only certainty was that the present structure, too, would change. The parent-child interactions in these families vacillated from the extremes of non-systematic, unpredictable, violent episodes of physical punishment in an effort to control the children's behavior to sullen withdrawal. The goal was momentary peace and quiet relief from the chaos in the family. Children react to their highly unpredictable environment by being always on guard and chronically anxious. The need to be ever vigilant to unpredictable violent adult reactions resulted in the children experiencing significant developmental delays.

The marginally maltreating families were typically two-parent families, but with different fathers for the children. The mother-partner relationships were unstable and often physically abusive. These families were disorganized and chaotic, constantly reacting to a series of day-to-day crises with frantic, ineffectual activity. There were no consistent rules or expectations of the children, and discipline was an expression of parents' frustration. The marginally maltreating parents were not able to engage in systematic problem solving, but instead stumbled from crisis to crisis trying to cope with whatever limited methods and help they could muster. These mothers were not always angry and could respond empathetically to their children's distress when it was expressed dramatically through tears or tantrums. Consequently, tears and tantrums were frequent, but the solace that resulted was short-lived and not secure.

These distinctively different patterns of interaction in contrasting types of neglecting families reinforce the need to assess each neglectful family independently. Individualized family patterns suggest the need for individualized interventions to remedy the neglect.

Contextual Sources of Stress and Support

Neglectful families do not exist in a vacuum. The availability of formal and informal supports for parenting from outside the family system are critical determinants of the adequacy of parenting. Schools, churches, work settings, neighborhoods, and communities can supplement parents' resources for providing adequate care for children. On the other hand, these systems can produce additional demands and stressors, which make parenting more difficult.

Unemployment, which causes psychological and economic stress, is frequent in neglectful families. Neglectful families are less likely to be involved in church or other formal organizations that might be sources of tangible or psychological support. Neglectful families tend to live in impoverished neighborhoods and view their neighborhoods as less helpful and less supportive than do non-neglectful parents. Chronically neglecting families are viewed as deviant, even by their similarly impoverished neighbors, who avoid social contacts with them.

Informal Support Systems

Most parents must rely at times on supportive relationships with spouses, other relatives, neighbors, and friends to cope with demanding parenting tasks, especially in times of illness, loss of income, or other life crises. The social networks of neglectful mothers tend to be dominated by relatives who are critical, rather than supportive. Interactions with relatives may be frequent, but not very helpful. Because neglectful parents often lack the necessary social skills to maintain relationships, already weak linkages tend to break down, leaving the parents isolated and lonely.

Stress

The coping abilities of neglectful families are severely taxed by stressful life circumstances. A high proportion of reported neglectful families are dependent upon public assistance for income, and they have the lowest income and the fewest material resources.

People of color are over-represented in neglectful families. However, because of the higher incidence of poverty among Native Americans, Hispanics, and African-Americans, this overrepresentation seems to disappear when socioeconomic status is held constant. The ethnic and cultural differences in child maltreatment are small or non-existent when families have adequate economic and social resources.

Poverty

Poverty is a significant confounding factor in child neglect. Although most impoverished families manage to provide strong, nurturing care for their children, the association of child neglect with poverty is clearly supported by many studies. Families receiving Aid to Families with Dependent Children (AFDC) are often reported for neglect. Even among impoverished families, neglectful families are the poorest of the poor, often lacking adequate housing, health care, and child care.

Consequences of Neglect

Child neglect can have devastating effects on the intellectual, physical, social, and psychological development of children. Numerous studies have documented significant developmental problems in children who have experienced inadequate, neglectful parenting. Child development researchers have accumulated substantial evidence that neglected and abused infants and toddlers fail to develop secure attachments with their neglecting and/or abusive primary care providers. Because of the hostile, rejecting, inattentive, or inconsistent attention to the needs these very young children receive, they develop anxious, insecure, or disorganized/disoriented attachments with their primary care providers. This lack of

secure attachment relationship then hinders the infant's or toddler's ability to explore his/her environment and develop feelings of competence.

Neglected children appear to be more generally passive and socially withdrawn in their interactions with peers, whereas abused children are more aggressive and active. This may be due to neglected children's behavior being learned from the less active, socially withdrawn behavior that they observe modeled by their parents. Similarly, the abused children learn to imitate the more aggressive behavior of their parents.

Effects of Neglect on Children

Infants and Toddlers

Limited research evidence from studies of small samples of neglected infants and toddlers reveals that children who are victims of physical and emotional neglect suffer severe and continuing problems in functioning. Studies have shown behavior that indicate infants' lack of secure psychological attachment to their mothers begin to manifest itself at 12 months of age and gets progressively more prevalent through the preschool years. Two-year-olds demonstrated significant deficits in coping skills, more frustration, anger, and non-compliance when compared to non-neglected children in control groups. Neglected preschool children also manifested lower self-esteem, poorer control over impulses, and expressed less positive and more negative affect than the non-maltreated children. When placed in an experimental Barrier-Box situation, where desirable toys were placed in a locked Plexiglas box that prevented access to the toys, the neglected children were the least creative in seeking solutions to the dilemma. They were distractible and hyperactive, reluctant to seek help, and showed the most negative and least positive affect of the children. They were also the least persistent in problem solving.

At 42 months of age, physically neglected children lacked persistence and enthusiasm, and were negative and non-compliant in response to their mothers' efforts to teach them simple tasks. In a preschool classroom, these children were seen as more dependent and less able to control impulses than the non-maltreated children. Children whose parents were emotionally neglectful manifested sharp declines on appropriate indicators of development from infancy through the toddler period.

Kindergarten and Early School

As neglected children grow older, developmental deficits are still apparent. They are less well-prepared for learning. Teachers have rated neglected children as extremely inattentive, uninvolved, reliant, lacking in creative initiative, and as having much difficulty in comprehending day-to-day schoolwork. They were described as lacking persistence, initiative, and confidence to work on their own. They were dependent on the teacher, somewhat helpless, passive and withdrawn, and at times angry.

Older School-Aged

School-aged children with histories of neglect have serious learning deficits. They score significantly lower on measures of school performance than physically abused or non-maltreated children, particularly in the areas of reading and math. Lack of intellectual stimulation in the neglectful home environment appears to result in significant language deficits. Teachers report that neglected children work and learn at below average levels. They also rate neglected children as having more behavioral problems in school than non-maltreated children. Neglected children are absent from school significantly more often and have a higher percentage of grade repeats than non-maltreated children.

Mediating Effects

Negative developmental consequences for neglected children are not inevitable. Other factors have been identified, which either buffer or add to the effects of neglect on children. Stability of the children's living environment has been identified as modifying the negative effects of maltreatment, whereas multiple out-of-home placements, multiple life stresses, and parental depression contribute to more negative developmental effects of neglect and abuse on children. Children with higher I.Q.'s also appear to suffer less serious developmental effects.

Neglect Related Fatalities

Studies of child fatalities related to child maltreatment indicate that children die from neglect almost as often as from physical abuse. A review of 556 child fatality cases reported to CPS agencies in 1986 indicated that 44.3 percent were related to physical neglect.

Summary

The indications from limited research are that child victims of neglect fail to develop secure psychological attachments as infants, which seriously handicaps their subsequent development. Neglected preschool children demonstrate lack of readiness for learning, behavior problems, and less active interaction with peers. School-aged neglected children do poorly in school, but the connection between delinquency and abuse is less clear. Neglected children under age 3 are at high risk for child fatalities. However, children who have higher I.Q.'s and/or who live in less stressful, stable home environments suffer less serious effects of neglect.

Intervention

Appropriate intervention must be tailored to the type of neglect. Intervention with a non-organic failure to thrive child usually requires immediate hospitalization of the infant with intensive nutritional and emotional nurturing for 2 weeks, and intensive coaching and instruction for the parents. Recent research indicates that new, chronic neglect is characterized by high stress related to recent life crises. In these cases, a crisis intervention model of family preservation may be the most appropriate course of action. Chronic, multi-problem neglectful families require more sustained intervention with multiple services. Neglectful families, who are also abusive, require more attention to behavioral approaches such as anger control.

General Guidelines

1. Most neglectful parents want to be good parents, but lack the personal, financial, and/or supportive resources. Professional helpers must assume that parents want to improve the quality of care for their children. Interventions must be developed with that assumption.
2. All parents have strengths that can be mobilized. The hidden strengths of the neglectful parent must be identified during the assessment process, reinforced, and the interventions built upon those strengths.
3. Helping interventions must be culturally sensitive. Professional helpers must intervene with knowledge of and respect for the differences in life experiences, cultural and religious beliefs, child-rearing norms, and role expectations held by families of color.
4. Each family is unique, regardless of ethnic or cultural background. Assumptions and generalizations about neglectful families lead to inappropriate intervention decisions.
5. It is essential to set clearly stated, limited, achievable goals that are shared with and agreed upon by the parents and children. Goals should emerge from the problems identified by the parents and the professional helper, and from the causes or obstacles to remedying the problems. Goals should be clearly expressed in a written service/treatment plan, which is developed with the family.
6. Exercising legal authority by the professional helper is often necessary to overcome the initial denial and apathy of the neglectful parent. Confrontation with the reality of legal mandates and the possibility of legal intervention are sometimes necessary to mobilize the parent to change neglectful parenting practices. The threat of legal action should be used only as a last resort after efforts to obtain cooperation have been tried.
7. Neglectful families are typically poor and lack access to resources. Therefore, the intervention plan must include brokering and advocacy to mobilize concrete formal and informal helping resources. Successful mobilization of outside resources to meet the family's identified priorities helps to overcome the family's hopelessness, resistance, and distrust of professional helpers.

Family and Group Interventions

Family Focused Intervention

Interventions that include family members, rather than focusing only on the principal care provider, are more successful. Interventions must target the dysfunctional family system, not just the parent. Traditional, in-office, one-to-one counseling by professionals is ineffective with neglect. Assertive, intrusive intervention is necessary with neglectful families to disturb the dysfunctional family balance in the interest of achieving a more functional family system balance that does not sacrifice the needs of the children. Some examples of such family interventions are those that seek to reallocate family role tasks, establish clear intergenerational boundaries, clarify communication among family members, reframe parents' dysfunctional perceptions of themselves and their children, and enable parents to assume a strong leadership role in the family.

Group Approaches

Participation in Parents Anonymous groups was found to be particularly effective, regardless of what other services were received by parents. Groups for neglectful parents that provide very basic child care information and skills, problem solving, home management, and social interaction skills were more successful with neglectful parents than those offering more general content on child development and needs of children.

Informal Support and Legal Intervention

Informal Support Networks

The informal social networks of neglectful parents are typically closed, unstable, and tend to be dominated by often critical, non-supportive relatives. They do not provide the kinds of tangible aid, advice and guidance, or social and emotional support that parents often call on to help with parenting. The members of their social networks typically share and reinforce the neglectful parenting norms and behavior. Neglectful families often lack the social skills to maintain or to expand their social networks.

Interventions to enhance network supports include:

- Direct intervention by the professional into the family's support network (e.g., neighbors, siblings, and children's fathers) to mediate, facilitate communication, problem solve, modify, and reframe negative, dysfunctional perceptions of the neglectful parent and/or the parent's negative perceptions of members of their support networks.
- Use of volunteers and parent aides to expand and enrich impoverished resources of networks, and provide new information, positive norms, and helpful suggestions about child care.
- Social skills training to teach basic communication and social skills individually and in parent support groups through modeling, practice, rehearsal, and reinforcement. Teaching neglectful parents to make and maintain friendships and to reciprocate aid received from others facilitates mutually supportive linkages.
- Parent support groups that provide safe opportunities for development of social skills and for making new friends to expand networks of support.
- Identification, linking, and consultation with indigenous neighborhood natural helpers (neighbors with recognized natural helping skills) to enhance the parent's informal helping network.
- Linking neglectful parents with existing supportive resources in the community; e.g., church, school, or neighborhood groups.

Legal Intervention

Involvement of law enforcement and the courts is less frequently used with neglectful families than in the case of physical and sexual abuse. Legal intervention is sometimes necessary, however, to ensure the safety of the neglected child and to bring about change in the family system. Formal confrontation in court of the family's failure to meet minimally adequate child care standards may create the tension necessary for the family to see the unacceptability of its child care, and to move toward providing adequate care. More often, the confrontation that comes from the neglect report and the CPS investigation is sufficient to mobilize family energy toward needed change.

Termination of Parental Rights - In extreme cases of child neglect, when persistent intervention efforts have failed to bring about the necessary minimally adequate level of care, and the family's response offers little hope of providing adequate care, court action to terminate parental rights is necessary to free the child for adoption. A decision to pursue termination of parental rights should be made only after consultation with CPS, other professionals, and after exhausting all alternatives for preserving the family. Termination proceedings in court require factual observations, written documentation, and witnesses if available, to convince the court of the wisdom and justice of this action. The presumption in most juvenile and family courts is in favor of the rights of the biological parent. Convincing evidence must be presented to prove that parental care is less than minimally adequate, likely to remain so, and that adoption is the least detrimental alternative for the child.

Treatment of Neglected Children

Most intervention programs with neglectful families focus services on the parents, and few offer direct therapeutic services to the children. Removal of children and placement in foster care to assure the safety of the child is the most widely used direct intervention with children. Removal and placement of children resulted in reduced rates of repeated maltreatment for children and adolescents.

Review of projects providing direct services for abused and neglected children revealed improvements in all areas of functioning for over 70 percent of the children served. Group counseling, temporary shelter, and personal skill development classes were effective interventions with adolescents. Therapeutic day care services for preschool children proved to be the most effective service for both the neglected and physically abused children served by the projects reviewed.

Therapeutic Child Care for Young Children

Child care programs for children with specially designed therapeutic activities to provide stimulation, cultural enrichment, and development of motor skills and social skills, have proven to have a significant impact on the child's functioning and the prevention of repeated maltreatment by parents. Therapeutic child care requires thorough individual assessments to identify specific cognitive, physical, emotional, and behavioral problems. Successful care also includes intensive, daily contact between the children and the child care staff to carry out the planned therapeutic activities to meet specific goals for each child. Child care staff must be well trained to understand the negative developmental effects of neglect and provide the therapeutic interactions with the children. Neglectful parents should also be involved in the program and receiving simultaneous intervention to remedy deficits in parenting.

Programs for Older Children

School-aged children who are victims of neglect have serious deficits in cognitive and academic skills that require intervention to prevent school failure and dropout, and a continuing downward cycle of functioning. School and community programs are required to remedy the child's social and learning deficits.

Examples of preventive programs and services for school-aged children and adolescents follow.

- Special education programs with low teacher-to-child ratios, structured learning-by-doing activities, positive reinforcement, and the best computer-assisted learning technology available help remedy deficits in cognitive stimulation and motivation to learn.
- School or community tutorial programs using professional teachers or volunteers provide neglected children and adolescents with necessary academic help, encouragement, and a relationship with a nurturing adult to help overcome academic deficits.
- Group counseling and personal skills development classes for older children and adolescents provide opportunities for developing life skills appropriate to age and developmental level. Groups are especially appropriate with younger maltreated children because their observations and interpretations of commonly shared experiences exert a corrective influence on one another.
- Volunteer big brothers and big sisters provide neglected children with emotional nurturing, tutoring, cultural enrichment, recreation activities, and positive role modeling as well as vocational and career counseling.

Reunification Planning

If temporary placement of the child outside the home is necessary, a service/treatment plan must be developed with the family specifying what must be accomplished, when, and by whom in order for reunification to occur.

The plan should provide:

1. a definite projected time for returning the child to the parents;
2. specific goals to be achieved prior to the child's return;
3. specific actions to be taken by the parents, foster parents, and professional helpers to facilitate the accomplishment of the goals and the return of the child.

Consistent professional support and follow-up with the family on scheduled activities and goals are essential. The reunification plan represents a partnership in problem solving.

Prevention

The tragic consequences of child neglect suggest that significantly greater efforts should be directed toward prevention. Prevention requires the development of a range of services to parents at risk of neglect, and their children who are potential victims. Prevention of neglect requires action on three levels.

Primary Prevention

Primary prevention is directed at the general population with the goal of stopping neglect from occurring.

Primary prevention requires that public services be available in the community to support the efforts of parents to provide adequate care for their children. When these services are unavailable to parents, children are at risk for neglect. The necessary services include the following:

- Affordable, geographically accessible health care for mothers and children that includes prenatal and obstetric care, preventive pediatric care and treatment for illness, public health screening, health promotion, and immunization and other disease prevention services.
- High-quality public education with curricula that includes age-appropriate life skills training for children, and parent education for all older elementary and high school students and adults.
- Parks and recreation programs for children of all ages offered through public and private agencies to provide safe activities to enhance physical, intellectual, social, and emotional development, and after school supervision for school-aged children.

Secondary Prevention

Secondary prevention calls for targeting families at high risk of neglect and alleviating conditions associated with the problem.

There are several different methods used to target families that are at risk of becoming neglectful.

Early Childhood Education

Early childhood education programs for preschool children have documented their effectiveness in significantly enhancing the cognitive and social development of children from impoverished families. Numerous studies have documented the significant and enduring improvements in intelligence, cognitive development, academic achievement, child health, and social emotional development for children who were enrolled in full-year Head Start preschool programs. Given the serious cognitive and academic deficits identified in child victims of neglect, the provision of preschool early intervention programs, such as Head Start, is clearly indicated for neglected children. When compared with children from poor families who did not participate in programs, children who participated were clearly more successful and

manifested less problem behavior in school. At age 19, the children who participated were more likely to be employed, less likely to be on welfare, and were less likely to be involved in delinquency or criminal behavior.

Home Health Visitation

Early intervention with parents identified as high risk for neglect, using lay or professional home health visitation, has proven to be an effective prevention strategy. High-risk parents may be identified by reason of their poverty, mental retardation, drug abuse, or lack of social support; by their own history of being maltreated; by observing parent-infant interactions for indicators of poor bonding; or by use of standard risk assessment instruments. Identifying high-risk factors that reliably predict neglect is still an elementary inexact science requiring further research, but clearly the parental groups listed above are at higher risk than the general population.

Parent Skills Training

Parent education programs that are structured and designed to focus on specific parenting skills have been successful in improving the adequacy of childcare provided by high-risk parents. In selecting a parent education program, the professional must always consider the program's cultural/ethnic appropriateness for the target family or group. Parent education programs and materials must be developed and written in language that is understandable by parents with limited education and literacy levels. Parent education programs offered through neighborhood schools, public health agencies, mental health centers, churches, and other organizations may be especially attuned to cultural factors affecting parents in the immediate community.

Strengthening Social Network Supports

Parents benefit from strong supportive networks of neighbors, friends, and relatives, and from involvement with churches and other supportive organizations. Efforts to strengthen social network supports have proven to be an effective intervention with high-risk and neglectful families. Assessment of stress level and supports using standard instruments or informal questioning can help to identify parents in need of such intervention. Improving supports and reducing negative external influences can enable parents, under high stress from poverty and other life events, to cope more effectively with the demands of parenting.

Tertiary Prevention

Tertiary prevention entails targeting services to neglecting parents and their children to remedy the neglect and its consequences on the children, and prevent its recurrence.

Intervention targeted to children shows success in alleviating the damaging consequences of child neglect. By being helped to achieve improved functioning during childhood, the neglected child is more likely to succeed as a parent in adulthood.

Another possible tertiary prevention outcome of direct intervention with neglected children revolves around the parents. The efforts of parents to improve their parenting abilities may be bolstered by evidence of improvement in their children. Progress in the child's development, better performance in school, and/or more manageable child behaviors at home help neglectful parents to feel encouraged and hopeful about the future.