



What are the Characteristics of Neglected Children and their Families?

There are two reports that provide the most comprehensive data on the characteristics of neglected children and their families. The first is the National Incidence Study-3 (NIS-3) (Sedlack & Broadhurst,), which sampled 35 CPS agencies around the country and looked at both children served by CPS as well as children identified by community professionals as being in danger of harm due to abuse or neglect. The second report is Child Maltreatment (U.S. Department of Health and Human Services), which is based on the National Child Abuse and Neglect Data System (NCANDS). NCANDS collects data from all CPS agencies in the United States regarding their services.

According to these two reports, boys and girls are neglected at approximately the same rates. Findings regarding the children's age, however, differed between the two studies. The NIS-3 reports that those children ages 6 and older suffer from neglect at higher rates than children 5 and under. Child Maltreatment reports that the rates of neglect are highest for children ages 0-3 and decrease as children get older.

The NIS-3 reports that the lowest income families (earning less than \$15,000 per year) have the highest rates of neglect. NIS-3 estimates that 27 out of every 1,000 children are neglected in these families while the neglect rate for children living in families that earn more than \$30,000 per year is less than 1 in 1,000 children. The NIS-3 also reports that neglect occurs more often in single parent families and in families with four or more children.

Schumacher, Slep & Heyman (in press) reviewed 10 studies completed between in which risk factors for neglect were identified. Some of the strongest associations were found between neglect and:

- Poverty
- Parental substance abuse
- Parental impulsivity
- Parental low self-esteem
- A lack of social support for the family.

Some practitioners believe that untreated depression also is common among neglecting mothers, but there has been little research to substantiate this. Brown, Cohen, Johnson and Salzinger identified 21 risk factors associated with neglect and found that as the number of risk factors increases, the risk for neglect increases.

It is important to point out, though, that the profile and risk factors for neglected children and their families are likely to vary significantly across types of neglect (Schumacher, Slep &

Heyman, in press). For example, the characteristics and risk factors for a family in which a baby has been abandoned are likely to be very different than those for a family who refuses medical care for their teenager. More targeted research is needed to more fully understand the risk factors for various types of neglect in order to inform prevention and treatment programs.

What are the Consequences of Neglect?

"Neglect is a complex, multifaceted problem that can have profound effects on children" (Black & Dubowitz). Research has shown that neglected children are at risk for a number of behavioral, social, academic, and medical problems. Citing numerous studies, Dubowitz states that some of the consequences include problems with attachment, low self-esteem, increased dependency, and anger (citing Egeland, Srouf & Erickson), impaired cognitive development and academic achievement (citing Eckenrode, Laird & Doris,), and a risk for delinquent behavior (citing Maxfield & Widom,). Egeland did a study showing that, as children get older, the effects of neglect become more severe. He refers to this as the "cumulative malignant effects" of neglect (p. 18).

Medical problems may be a result of malnutrition, which can result in deformities and life-long poor health (Munkel). Non-organic Failure To Thrive (NFTT) is a condition found in infants in which their height and weight are below the fifth percentile, when once they were within a normal range (Wallace). The diagnosis of NFTT indicates that there is no medical, or organic, reason for the infant's condition, and it is therefore attributable to an inability of the parents to physically care for the child. NFTT can result in continued growth problems, school failure, and possible intellectual disability (Wallace). Munkel adds that extreme neglect can result in death. "Neglected children suffer hurts in their bodies, their minds, their emotions, and their spirits" (Munkel).

Resilience

While the potential for severe negative consequences from childhood neglect exists, there has been some research into the effects of "protective factors" that promote resilience among neglected children. In general, this research has looked at factors that can mediate the effects of neglect, so the child is able to maintain healthy functioning in spite of the adversities (Prilleltensky & Pierson). Protective factors can include individual characteristics such as intelligence, creativity, initiative, humor, and independence (Melina, citing Wolin & Wolin's book *The Resilient Self*), or external factors such as access to good health care and a family's social support system, including alternative caregivers (Silver). The probability of "resilience" as an outcome increases when the number or significance of protective factors is sufficient to counteract the vulnerabilities or risk factors (Prilleltensky & Pierson). In other words, if a child suffers from neglect (e.g., his parents did not feed or clothe him adequately), he may not suffer long-term severe consequences if he also has some protective factors such as a spirit of independence, creativity, or access to other caregivers.

Fatal Neglect

Certainly the most severe, irrecoverable consequence of neglect is death. In a review of the States' child maltreatment fatalities revealed that 45 percent of the deaths were attributed to neglect and an additional 3 percent to neglect and abuse (Wang & Daro). Although not all

States reported the data, it is estimated that these percentages translate into approximately 502 child deaths associated with neglect in 1996. Another study conducted in Iowa (which only had a sample size of 34) found that two-thirds of the children who died from neglect were under the age of 2, more than two-thirds were male, and families had an average of 3.3 children (Margolin). This study also found that the large majority of children who died due to neglect died as a result of a single life-threatening incident rather than from chronic neglect. These fatalities included drowning and scalding in bathtubs, fires, unsafe cribs, gun accidents, choking, and drug/alcohol overdoses. "In the vast majority of fatalities from neglect, a caregiver was simply not there when needed at a critical moment" (Margolin).

Interventions

"Neglect" is a complicated issue that poses significant challenges to treatment providers. Reviews of intervention programs designed to treat neglecting families have indicated that these programs have had difficulty achieving desirable outcomes (Gaudin, 1993). The interventions that did have some success addressed problems individually, were long-term, and delivered a broad range of services (Ethier, et al., ; Gaudin). The severity of the families' problems was the most powerful predictor of outcome; the more severe the problems, the less likely the families were to achieve the targeted outcomes (Gaudin).

These issues are discussed in *Child Neglect: A Guide for Intervention*⁸ (Gaudin). Gaudin states that assessments should look at the individual personality of parents, family systems issues, and community stressors and resources.

Interventions then should be tailored to the type of neglect and to information gleaned from the assessment. His recommendations for practitioners include:

- Assume that parents want to improve the quality of care for their children.
- Identify and reinforce hidden strengths and build interventions upon them.
- Be culturally sensitive. Tataara emphasizes that cultural misperceptions can lead either to overinclusion (identifying a behavior as risky when in fact the risk is low) or underinclusion (ignoring a situation when intervention is really needed).
- Do not generalize families; each family is unique.
- Build parental feelings of self-esteem, hope, and self-sufficiency; do not foster dysfunctional dependency.
- Clearly outline service plans and use case management to broker formal and informal services.
- Set clearly stated, limited, achievable goals that are agreed upon by parents and children; systematically reinforce the parents' incremental steps.
- Use legal authority as a last resort.

Recent research also suggests that programs should actively seek out fathers or father figures and engage them in the interventions (Dubowitz, Black, Kerr, Starr & Harrington).

Gaudin also discusses aspects of various interventions. Interventions generally include some level of home visitation; in some cases, daily contact may be needed to monitor a child's safety, preserve a family and prevent removal of a child into foster care. Interventions can range from short-term crisis intervention to long-term support and stabilization to removal of children from their families for their protection. Family-focused interventions include all family members, not just the alleged child victim and parent perpetrator.

Interventions are not limited to families and children; they can target societal conditions as well, such as unemployment, lack of medical care, and poor housing. Some researchers feel that improvements in these societal conditions may well result in a lower rate of neglect. Waldfogel (citing Paxson and Waldfogel) suggests that higher welfare benefits may be correlated with fewer families being reported for neglect and fewer children being placed in foster care.

Child Protective Services (CPS)

Within the child welfare system, CPS offices usually are the first to respond to reports of child neglect.⁹ In general, the system works in the following manner. A report is received about suspected child neglect. If the information meets the threshold for what constitutes neglect in that particular jurisdiction, the report is referred for an investigation. CPS staff have legal authority to investigate the allegation. The investigator speaks with relevant parties in order to determine whether or not the child has, in fact, been neglected, and whether or not the child is still at risk of harm. If neglect is found and the child is still at risk, the child and family may be referred for services. In severe or high-risk cases, the court may order that the child be removed from his or her caretaker and placed with a relative or foster family while services are provided. Whether or not the child is removed, associated services (such as parenting skills classes for the parent and counseling for the child) may be provided by programs within the child welfare agency or by community-based agencies. In general, if the child has been removed, he or she will not be returned to the family unless and until the court determines that the family can provide a safe and stable environment. If the child has remained at home during the provision of services, the family's participation may be voluntary, and many factors may play a role in the length of service and the decision to terminate services. These factors include the family's wishes, the programs' guidelines, and the availability of insurance or payment for the services.

CPS-Problems and Reform Efforts

While the CPS system provides critical first-response services to children reported for neglect, some researchers and practitioners believe that in its current state, the response is not adequate for many families reported for neglect. Reports of child neglect (compared to physical or sexual abuse) are least likely to meet the threshold for investigation or intervention, resulting in many neglected children not being eligible for any CPS services (English). In addition, a sole reliance on an authoritative, investigative response is not necessarily appropriate for many families (English, Wingard, Marshall, Orme, & Orme), but in most jurisdictions, this is the only means of entry to the child welfare system.

To address these and other problems, some CPS systems have implemented a "multi-track" response system in which reports of child maltreatment determined to be low-risk (which includes many neglect reports) are referred for an "assessment" rather than an investigation. This response is generally voluntary and, compared to an investigative response, uses a more holistic approach and is more likely to use community-based agencies to provide services.

It remains to be seen whether or not multi-track response systems are effective. Important issues still to be addressed are:

- What criteria are used to differentiate high-risk reports that are referred for investigation versus low-risk reports that are referred for assessment (English)?

- Do families referred for voluntary assessments follow through with recommendations for services (English, et al.)?
- Does this alternative response adequately address the safety needs of the children involved (English)?

While these answers are still unclear, it is encouraging that some CPS systems are exploring alternative responses to better serve families in need.

Promising Practices

As mentioned earlier, intervention programs serving neglecting families face numerous challenges. But there are programs that show promise in addressing and treating child neglect. The following sections describe two such projects.

The Chronic Neglect Project St. Louis, Missouri, Division of Family Services (DFS). Recognizing the challenges in effectively serving chronically neglecting families, the St. Louis, Missouri, DFS established a Chronic Neglect Program in which staff receive training to recognize and treat chronic neglect.¹⁰ This program examines patterns of behavior, rather than individual incidents, when determining whether or not to intervene to protect a child. A Child Neglect Specialist is available to provide consultation to the staff.

The program emphasizes the empowerment of the family so the family takes ownership of their needs and solutions. Some of the outcomes the program strives to achieve include:

- Significant improvement in parental behavior
- Clear indication of bonding between the parent and child
- A home free of safety hazards
- For children who experienced medical problems as a result of the neglect, documented improvement in their physical development.

The program also emphasizes lasting change; its guidelines state that improvements must have been maintained for at least six months before closing a case to minimize the chance for a re-occurrence (Missouri Division of Family Services, n.d.).

Family Connections Program, University of Maryland at Baltimore. Family Connections is one of a number of Child Neglect Demonstration Programs funded by a 5-year grant from the Children's Bureau of the U.S. Department of Health and Human Services. This program combines services with education and research.¹¹ Some of the principles of Family Connections include providing individual assessments and services tailored to the needs of each family, developing partnerships with all family members, empowering family members to have control over their own lives, and delivering culturally competent interventions geared to achieve targeted outcomes. Some of the targeted outcomes include:

- The family's ability to meet basic needs
- The parents' abilities to cope with daily stresses and achieve self-sufficiency
- The children's demonstration of developmentally appropriate functioning
- The family's ability to mobilize resources and constructively resolve family conflicts
- The family's effective use of social supports
- The parents' (and/or caregivers') demonstration of appropriate attitudes and skills related to the children's needs.

Summary and Conclusion

Although child neglect has historically received less attention than other types of maltreatment, in spite of being the most prevalent type, much has been learned about it in recent years. Despite this growing interest, neglect continues to be a complex problem that is difficult to define, identify, and treat.

Neglect is a term used to encompass many situations, their commonality often being a lack of action—an act of omission—regarding a child's needs. Most commonly, neglect is related to a failure to meet a child's physical needs (including food, clothing, shelter, supervision, and medical needs), but neglect also can refer to a failure to meet a child's educational and emotional needs.

Neglect can range from a caregiver's momentary inattention to willful deprivation. Single incidents can have no harmful effects or, in some cases, they can result in death. Chronic patterns of neglect may result in severe developmental delays or severe emotional disabilities.

Understanding neglect requires an awareness of related social problems such as poverty, substance abuse, and domestic violence. Interventions to treat children and families affected by neglect require thorough assessments and customized treatment. Defining, identifying, and treating neglect is a significant challenge, but one that researchers, professionals, communities, and families must face together if they are to protect children from the harmful consequences of child neglect.
