

Child Neglect Symposium

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We all know that child neglect is the most frequent, most challenging, most frustrating group of maltreating families that confront workers.

They are also not a clearly defined group of families. There are many types of child neglect, with multivariate causality, consequently defying an unequivocal solution. Types of neglect are related to the predominant contributing causes, risk and protective factors. Nutritional neglect of a young, first-time mother, who waters down formula out of necessity and lack of knowledge is quite different from the emotional neglect of a mother addicted to alcohol, methamphetamine or cocaine, or a young working mother or father who leaves his/her 4-year-old home alone for several hours to go to work.

Neglect is highly correlated with poverty, yet National Incidence studies inform us that 97 percent of children living in poverty are not neglected. Polansky asked, "What are the mediating, contributing variables?" We know that parents who are not poor also neglect their children. We know some of the contributing causes, but they are different for each. Addiction to alcohol, prescription or other drugs is the cause of much neglect; depression among neglectful parents is also prevalent. We know many of the risk and protective factors. The ecological model of Bronfenbrener, Belsky and Garbarino is the required paradigmatic logic model, for understanding, assessing and intervening with child neglect.

However, our intervention efforts with neglectful families have not been overwhelmingly successful. Even the best-designed, best-funded demonstration projects have had limited success when follow-up data has been systematically collected to assess the stability of outcomes. Recidivism is a frequent phenomenon. Meanwhile the children are growing and being severely damaged.

The results of the research suggest that most successful intervention programs are multiservice models with a combination of tangible help and cognitive-behavioral approaches, like Diana's

neighborhood-based, in-home services model in Baltimore and John Lutzger's Project Safecare, which involves intensive, highly structured skills training. However, these are models that are very labor-intensive and require highly skilled graduate students or social workers to provide the services. These highly trained workers are the exception to the norm in CPS services, and our chances of getting the substantially greater funding to train, recruit, hire them in sufficient numbers and retain them, are extremely slim.

There is also the challenge of effectively engaging chronically neglectful families and sustaining their active involvement long enough for even short-term interventions like the SafeCare program, to make a difference. I think CPS workers must go back to Epstein's Task Model which begins with identifying something the family really "wants" and that the worker can contract with the family to work on. With many neglectful families, the family's "want" is for the worker to leave them alone. They can then work on the barriers to that occurring.

The compelling recent research on the critical early development of brain physiology before age 3 by Bruce Perry, Siegel, Weinstein and others supports the conclusions of earlier research by Egeland and Erickson, Kathy Widom and the LONGSCAN research, that victims of child neglect manifest the most serious cognitive, academic and emotional attachment deficits of all maltreated children.

I think that a critical focus for research and demonstration in child neglect must be answering two questions: (1) what interventions can effectively reduce these cognitive and emotional consequences, and (2) can the incidence of neglect and consequent developmental deficits in the offspring of these victims be reduced by these preventive interventions?

I believe that prevention must be the focus of our efforts. What can we do to prevent neglect before it occurs or to reduce or remediate the effects on victims of neglect and thus to prevent or

greatly reduce neglect in the next generation? We know that much neglect is repeated in the next generation, yet most neglecting parents say they were not neglected as children.

I have learned that CDC no longer uses the distinction between primary and secondary prevention, but I think that more effective sex education with birth control information in our schools, beginning in elementary school is a primary prevention strategy. I think also that we must invest more resources in the use of the public media to educate parents and the general public about the critical needs of children and the devastating effects of neglect on children, and seek to raise the needs of children as a high priority among decision makers and the public in general. The failure to expand the CHIP program is evidence of a lack of priority placed on the needs of children in our American society.

I think that the failure of our efforts to remediate neglect in neglectful families, in spite of well-funded and designed demonstration programs, speaks to the wisdom of focusing our research and intervention efforts on breaking the cycle of neglect by remediation of the devastating cognitive and emotional deficits in the child victims of neglect. **The knowledge we now have about the physiological development of brain before age 3 clearly indicates that pre-school programs are too late to intervene.** We must find ways to intervene within the first year of life, following up from the birth of the child, like the Healthy Families programs, to teach parents to provide parent-child interaction skills to stimulate critical brain development and emotional attachment, and/ or to provide supplemental parenting services to provide the necessary cognitive stimulation and emotional nurturing for infants and toddlers.

If I were making decisions about where American Humane should use its resources in the interest of reducing child neglect I would divide the resources between public education and research and demonstration efforts to mediate the devastating developmental effects of neglect on its victims. We can continue to place the emphasis on rehabilitating neglectful parents or we can learn to stop

beating our heads against this unyielding wall and focus on the children and preventing the devastating effects on the children and their children.