

Introduction: Shining Light on Chronic Neglect

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The chronic neglect of children is one of the most persistent and intractable challenges facing the nation's child protection system. Among the more than 3.3 million reports of child maltreatment involving 6 million children made to state child protective services agencies each year, over half of the reports alleged neglect versus abuse. In fact, during 2006 (the most recent data available), 64.1% of maltreated children experienced neglect, 16% were physically abused, 8.8% were sexually abused, 6.6% were psychologically maltreated, and 2.2% were medically neglected (U.S. Department of Health and Human Services [USDHHS], 2008). This means that the majority of effort of public child welfare staff is focused on families that struggle to meet the basic needs of their children. And this burden on the system is multiplied, as many families reported for neglect tend to be repeatedly reported for new episodes of neglect (DePanfilis & Zuravin, 1998, 1999; Fluke, 2008; Fluke, Yuan, & Edwards, 1999).

The recurrence of child maltreatment following a report to child protective services is one index of the effectiveness of the public child welfare system. Experts have expressed concern that child protective services programs across the country are faced with problems of such magnitude that their ability to protect children and prevent recurrences is severely compromised

(Waldfoegel, 1998). And this “neglect of neglect” (Dubowitz, 1999) takes an enormous toll when children are chronically neglected. *Chronic child neglect* generally refers to the ongoing, serious pattern of deprivation of a child's basic physical, developmental, and/or emotional needs by a parent or caregiver. Although the exact number of children impacted by chronic neglect is unknown,

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research clearly indicates that these children often experience lasting adverse effects on their physical, emotional, and cognitive development (Hawley, 2000). These developmental effects include language deficits; academic problems; poor social relationships; low self-esteem; physical problems such as neurological impairments, chronic illness, and delayed growth; poor attachment; and oppositional behavior (DePanfilis, 2006; Eckenrode, Laird, & Doris, 1993; Gaudin, 1993).

Definitions of chronic child neglect vary by state, county, and local child welfare systems and are operationalized in a variety of ways. Several dimensions include the duration of neglect, the period covered by multiple child protective services reports, the number of reports (not just substantiations), the referral for multiple types of maltreatment, the documentation of nonadherence in medical or school records, and the child's developmental indicators (English, Marshall, Brummel, & Orme, 1999). The lack of definitional clarity of the characteristics of chronic neglect limits a consistent understanding

of the problem and its underlying causes. For these reasons, it is imperative that focused and coordinated efforts be initiated that offer assistance the first time families are identified with neglect concerns (thereby preventing chronic neglect) and timely and effective individualized interventions in response to chronic, repeated episodes of deprivation of children.

The inability to reach these families and positively influence the well-being of their children is a fundamental gap in the child welfare system. The enormous human toll is compounded by the significant economic toll, as resources are disproportionately spent on these families in the hope of addressing immediate safety issues rather than enhancing their capacity to parent their children over time. Costs associated with families who chronically neglect their children have been determined to be seven times those associated with nonchronic families (Loman & Siegel, 2004). There is an undeniable need for more sustained and broad-ranging approaches to families whose problems lie beyond immediate safety considerations, and for more relevant literature and research to provide a base of knowledge that informs our practices and policies. This issue of *Protecting Children* is dedicated to shining light on the nature and extent of the problem and potential solutions.

Inside This Issue of *Protecting Children*

This volume is dedicated to topical issues germane to the *chronic* neglect of children. The papers were selected from among 20 proposed abstracts and then subjected to peer review prior to publication. This substantial interest in chronic neglect suggests a growing awareness by researchers, policymakers, program managers, line workers, and members of the community that the societal response to families who are unable to meet the basic needs of their children over time is inadequate.

In “How Can Neglected Organizations Serve Neglected Children?,” Sue Steib and Wendy

Whiting Blome apply organizational theory and knowledge to explore whether the dominant structure in child welfare agencies is well-fitted to the mission of these organizations, particularly as it relates to chronic neglect cases. In “Demonstration Models on Neglect: Lessons Learned,” Jack Denniston, Sally Flanzer, and Janice Shafer analyze and update the findings of 10 federally funded demonstration projects in which selected projects provided innovative services to families with chronic neglect issues. Katharine Cahn and Kristine Nelson’s article, “Mobilizing Community Responses to Chronic Neglect: A Research to Practice Approach,” reviews one state’s multilayered response to chronic neglect, using basic research, training, and community-level action planning. Frances Johnson explores the many lessons learned in “Chronic Neglect Practice With St. Louis Families.” In “Building Healthy Families: An Innovative Approach to Working with Families Affected by Chronic Neglect,” Melissa Jonson-Reid presents a process and outcome evaluation of the pilot project Building Healthy Families that includes components of other promising interventions in working with families reported for neglect. The study conducted by Joshua Mersky, James Topitzes, and Arthur Reynolds and described in “Chronic Neglect: Prediction and Prevention” uses data from the Chicago Longitudinal Study, which follows a cohort of 1,539 minority children who attended the Chicago Child-Parent Centers and other public early childhood educational programs in 1985-1986. The authors extend the research on the Child-Parent Centers to determine if preschool participation was associated with a reduction in chronic neglect. “‘Whatever It Takes’: Illuminating a New Promising Practice for Responding to Chronic Neglect” by Sandra Altshuler, Amber Cleverly-Thomas, and Mary Ann Murphy contributes to the growing knowledge of evidence-based approaches to intervene effectively and efficiently with families who chronically neglect their children. It describes a treatment approach that provides intensive,



sustained services to families with persistent neglect. The intervention incorporates the use of strength-based and community-centered approaches and is based on the core assumption that the quality of the relationships among the professionals and family members working together is at the heart of effective change (Bertacchi, 1996; Kalmanson & Seligman, 1992).

Beyond This Issue of *Protecting Children*

Markers of Chronic Neglect

Poverty

There is a strong association between poverty levels of families and the neglect of children, including chronic neglect. Children from families with annual incomes less than \$15,000 compared to children from families with annual incomes greater than \$30,000 were 44 times more likely to be victims of neglect (Sedlak & Broadhurst, 1996). There is no good understanding of how poverty influences family functioning. Material hardship, food insecurity, episodic homelessness or residential instability, inadequate medical and dental care, being trapped in dangerous neighborhoods or in dangerous relationships, physically demanding low-wage jobs, inadequate transportation, and the daily experience of stigma and social exclusion take a huge emotional toll, especially when these conditions are severe and last a long time (Wilson, 2007). Low socioeconomic status can be an indicator of chronic environmental stressfulness (Adler, Marmot, McEwen, & Stewart, 1999). Families with incomes below poverty level often cannot provide their children with adequate food, clothing, shelter, and education. They live in communities that are economically and socially impoverished, have precarious or substandard housing or homelessness, and have increased levels of violence and crime. Sustained poverty and economic problems and the concomitant chronic stressors have been shown to compromise

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the manner of parenting to a more inconsistent, irritable, and coercive direction (McEwen, 1998; Wahler, 1990).

Substance abuse

While there is a large overlap between substance abuse and child maltreatment of all types, and parental substance abuse or addiction may increase risk of all types of child maltreatment, some studies have reported

that substance abuse is more likely to be a factor in reported neglect than in reported physical abuse, sexual abuse, or emotional maltreatment (Herskowitz, Seck, & Fogg, 1989; USDHHS, 1999). Children involved in the child welfare system whose parents have substance abuse problems are more likely to be the victims of severe and

chronic neglect and from families with more problems overall (USDHHS). Changes in rates of substance abuse and substance addiction can influence the incidence of neglect. Changes in the effectiveness of treatments for substance abuse can also affect the incidence of neglect. For the large number of cases of neglect in which substance abuse is a factor, long-term, intensive intervention and monitoring is needed if children are to remain in their homes (Morton & Salovitz, 2001).

Mental illness

The relationships among poverty, substance abuse, mental health problems, and trauma histories are not well understood. Child neglect can be secondary to a parent's self-neglect or to debilitating conditions such as mental illness (Morton & Salovitz, 2001). Nelson, Saunders, and Landsman (1993) found that children of chronically neglecting caregivers had more problems with mental illness than those in short-term neglect cases. Individuals who self-identified as neglectful were significantly more likely to



receive a diagnosis of depressive disorders than parents who did not self-report neglect of their children (Chaffin, Kelleher, & Hollenberg, 1996). Loman (2006) found that families encountering the child protection system four or more times were more likely to have a mentally ill parent at the time of the first report than were families with a single encounter with the child protection system. Considering the overlap between child neglect and depression and mental impairments, mental health treatments need to be readily available and coordinated with child protection efforts.

Adverse consequences and long-term outcomes

Chronic neglect has serious detrimental effects on children's cognitive and social development. Neuroscientific research on brain development indicates that the young children warranting the greatest concern are those growing up in environments, starting before birth, that fail to provide them with adequate nutrition and other growth-fostering inputs; expose them to biological insults, such as prenatal alcohol exposure; and subject them to abusive and neglectful care (Shonkoff & Phillips, 2000). If basic needs go unmet, they thwart higher-order development. A terrorized child exists in a state of alarm that prevents opportunity for more sophisticated reflection and learning. An unloved child does not know trust in the feeling part of his or her brain (Garbarino & Kostelny, 1996). Children without touch, stimulation, and nurturing can literally lose the capacity to form any meaningful relationships for the rest of their lives (Perry, 2003).

Markers of Specialized Practice

Engagement of families and their support persons

Engaging parents who are often depressed, demoralized, and socially isolated requires a worker with exceptional engagement skills.

Successful engagement with families who may be resistant to intervention requires an ability to feel and demonstrate empathy with caregivers (Siu & Hogan, 1989) despite initial resistance. The involvement of the family's informal support persons and nontraditional partners is particularly important to successfully engaging and involving the family. It is essential to develop a broader family support practice with connections that are meaningful and accessible to these families.

Assessment and decision making

Decisions that reflect a critical analysis help assess risk with an understanding

of both immediate and cumulative harm. These are not "either/or" concepts. Accumulation of harm associated with chronic neglect does not manifest itself in the same manner as acute and more readily transparent safety and risk factors assessed with traditional instrumentation. There are key risk factors associated with the cumulative harm that frequently results from chronic neglect. These factors include parental impairments, substance abuse, and history of abuse or neglect as a child; family history of domestic violence; and prior history of reports to child protective services (English, Marshall, Brummel, & Coghlan, 1998). A cumulative risk assessment can include both immediate and cumulative harm and give equal weighting to low-impact events if they occur frequently and affect any aspect of the child's development.

Importance of hope

Hope is a key to intervention and change — in particular, to counteracting the pervasive impacts of despair and demoralization. Hope aims to lift expectations in relation to a better future. Any factor or set of factors that influence the hopes of poor parents that they may one day have a better life, affects their morale, which in turn affects their parenting practices (Wilson & Horner, 2005).

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Goals regarding intervention should be founded on building hope, self-esteem, and self-sufficiency for both the parents and the children (Gaudin, 1993). A touch of hope, a trustworthy attachment, growing self-esteem, and a sense of being in control can make the unbearable somewhat less so (Krugman, 1987).

Focus on sustaining change

In order to prevent the “revolving door” phenomenon all too common with neglect cases, there must be an ever-present focus on sustaining changes before closing cases. Families with long-term histories of cumulative problems and disadvantage cannot be expected to overcome what are often intractable difficulties in short time frames. Effective intervention may take a year or more in families that are not functioning at a level to secure their child’s well-being. The amount of time required to have a positive result may be an important datum in the decision making (MacDonald, 2001) and an indicator of sustained change. Decisions about additional services or alternative permanency arrangements for the children need to loom large in chronic neglect cases in which sustained levels of adequate parenting cannot be assured. The cumulative harm to children growing up in homes characterized by chronic neglect must inform decision making in such cases (Schene, 2001).

Markers of Public Agency Response

New approach to service delivery

The public agency has a responsibility to go beyond responding to reports of child maltreatment. The focus must be more on prevention and early intervention, and constructing partnerships with other community and informal support resources to identify and

facilitate the provision of effective strategies. The only way to address chronicity is to interrupt the cycle before it begins. Evidence suggests that comprehensive, intensive, and long-term services are required, and support networks are the most cost-effective long-term support mechanism (Gaudin, Wodarski, Arkinson, & Avery, 1990-1991).

Intervention is “beyond the borders” of the public child welfare agency. Current literature suggests that long-term, multiservice, comprehensive models with integrated services are the best choice for chronically neglecting families (Morton & Salovitz, 2001). Much like differential response systems, the effective response to families who chronically neglect their children necessitates movement away from traditional, allegation-based systems.

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American Humane Launches Chronic Neglect Initiative

In November 2007, American Humane launched a national initiative on chronic neglect. Guided by national and local child welfare experts, this initiative addresses the unique safety and protection needs of children who are chronically neglected by their families. The initiative will identify and monitor specialized child protection practices nationwide, develop best practice guidance, and create strategic alliances with traditional and nontraditional partners. Through these means, this endeavor will provide training, tools, technical assistance, and consultation that promote comprehensive, community-based approaches to prevent neglect and the recurrence of neglect; reduce the risks of chronicity; support and strengthen families in which neglect occurs; and facilitate more responsive and effective system change. This issue of *Protecting Children* is the first major product associated with this initiative.



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References

- Adler, N. E., Marmot, M., McEwen, B. S., & Stewart, J. (Eds.). (1999). *Socioeconomic status and health in industrial nations: Social, psychological, and biological pathways*. New York: New York Academy of Sciences.
- Bertacchi, J. (1996). Relationship-based organizations. *Zero to Three*, 17(2), 1-7.
- Chaffin, M., Kelleher, K., & Hollenberg, J. (1996). Onset of physical abuse and neglect: Psychiatric, substance abuse, and social risk factors from prospective community data. *Child Abuse & Neglect*, 20(3), 191-203.
- DePanfilis, D. (2006). *Child neglect: A guide for prevention, assessment, and intervention*. U.S. Department of Health and Human Services Child Abuse and Neglect User Manual Series. Retrieved March 4, 2009, from <http://www.childwelfare.gov/pubs/usermanuals/neglect/neglect.pdf>
- DePanfilis, D. & Zuravin, S. J. (1998). Rates, patterns, and frequency of child maltreatment recurrences among families known to CPS. *Child Maltreatment*, 3(1), 27-42.
- DePanfilis, D. & Zuravin, S. J. (1999). Epidemiology of child maltreatment recurrences. *Social Service Review*, 73(2), 218-239.
- Dubowitz, H. (Ed.). (1999). *Neglected children: Research, practice, and policy*. Thousand Oaks, CA: Sage.
- Eckenrode, J., Laird, M., & Doris, J. (1993). School performance and disciplinary problems among abused and neglected children. *Developmental Psychology*, 29(1), 53-62.
- English, D. J., Marshall, D. B., Brummel, S. C., & Coghlan, L. K. (1998). *Decision-making in child protective services: A study of effectiveness. Final report, phase I: Quantitative analysis*. Olympia, WA: Department of Social and Health Services.
- English, D. J., Marshall, D. B., Brummel, S., & Orme, M. (1999). Characteristics of repeated referrals to child protective services in Washington state. *Child Maltreatment*, 4(4), 297-307.
- Fluke, J. D. (2008). Child protective services reporting and recurrence — Context and considerations regarding research. *Child Abuse & Neglect*, 32(8), 749-751.
- Fluke, J. D., Yuan, Y.-Y., & Edwards, M. (1999). Recurrence of maltreatment: An application of the National Child Abuse and Neglect Data System (NCANDS). *Child Abuse & Neglect*, 23(7), 633-650.
- Garbarino, J. & Kostelny, K. (1996). The effects of political violence on Palestinian children's behavior problems: A risk accumulation model. *Child Development*, 67(1), 33-45.
- Gaudin, J. M. Jr. (1993). Effective interventions with neglectful families. *Criminal Justice and Behavior*, 20(1), 66-89.
- Gaudin, J., Wodarski, J., Arkinson, M., & Avery, L. (1990-1991). Remedying child neglect: Effectiveness of social network interventions. *Journal of Applied Social Sciences*, 15(1), 97-123.
- Hawley, T. (with Gunner, M.). (2000). *Starting smart: How early experiences affect brain development* (2nd ed.). Retrieved March 19, 2009, from <http://www.zerotothree.org/site/DocServer/startingsmart.pdf?docID=2422>
- Herskowitz, J., Seck, M., & Fogg, C. (1989). *Substance abuse and family violence: Identification of drug and alcohol usage during child abuse investigations*. Boston: Massachusetts Department of Social Services.
- Kalmanson, B. & Seligman, S. (1992). Family-provider relationships: The basis of all interventions. *Infants and Young Children*, 4(4), 46-52.

- Krugman, S. (1987). Trauma in the family: Perspectives on the intergenerational transmission of violence. In B. van der Kolk (Ed.), *Psychological trauma* (pp. 127-151). Washington, DC: American Psychiatric Association.
- Loman, L. A. (2006, February). *Families frequently encountered by child protection services: A report on chronic child abuse and neglect*. St Louis, MO: Institute of Applied Research.
- Loman, L. A. & Siegel, G. L. (2004, February). *Differential response in Missouri after five years: Final report*. Retrieved March 4, 2009, from <http://www.iarstl.org/papers/MODiffResp2004a.pdf>
- MacDonald, G. (2001). *Effective interventions for child abuse and neglect: An evidence-based approach to planning and evaluating interventions*. New York: John Wiley & Sons.
- McEwen, B. S. (1998). Protective and damaging effects of stress mediators. *The New England Journal of Medicine*, 338, 171-179.
- Morton, T. D. & Salovitz, B. (Eds.). (2001). *The CPS response to child neglect: An administrator's guide to theory, policy, program design and case practice*. Duluth, GA: National Resource Center on Child Maltreatment.
- Nelson, K. E., Saunders, E. J., & Landsman, M. J. (1993). Chronic child neglect in perspective. *Social Work*, 38(6), 661-671.
- Perry, B. D. (2003). *Bonding and attachment in maltreated children: Consequences of emotional neglect in childhood*. Retrieved March 19, 2009, from <http://teacher.scholastic.com/professional/bruceperry/bonding.htm>
- Schene, P. (2001). CPS responsibility for child neglect. In T.D. Morton & B. Salovitz, *The CPS response to child neglect: An administrator's guide to theory, policy, program design and case practice* (pp. 60-74). Duluth, GA: National Resource Center on Child Maltreatment.
- Sedlak A. & Broadhurst, D. (1996). *Third national incidence study of child abuse and neglect*. Rockville, MD: U.S. Department of Health and Human Services.
- Shonkoff, J. P. & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
- Siu, S. F. & Hogan, P. T. (1989). Public child welfare: The need for clinical social work. *Social Work*, 34, 415-423.
- U.S. Department of Health and Human Services. (1999, April). *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection*. Washington, DC: Author.
- U.S. Department of Health and Human Services. (2008). *Child maltreatment 2006*. Washington, DC: Author. Retrieved February 24, 2009, from <http://www.acf.hhs.gov/programs/cb/pubs/cm06/index.htm>
- Wahler, R. G. (1990). Some perceptual functions of social networks in coercive mother-child interactions. *Journal of Social & Clinical Psychology*, 9, 43-53.
- Waldfogel, J. (1998). *The future of child protection: How to break the cycle of abuse and neglect*. Cambridge, MA: Harvard University Press.
- Wilson, D. (2007, June). *Poverty and chronic neglect: An epidemiological perspective*. Presentation at Creative Solutions to the Challenge of Chronic Child Neglect, New York City, NY.
- Wilson, D. & Horner, W. (2005). Chronic child neglect: Needed developments in theory and practice. *Families in Society: The Journal of Contemporary Social Services*, 86(4), 471-481.

