



ADVISOR

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

EVALUATION AND TREATMENT Defining and Differentiating Child Neglect

—by James Gaudin, Jr.

Child neglect is a formidable, multi-faceted type of maltreatment that seriously affects more than half a million U.S. children each year. It is the most damaging form of maltreatment on the development of its victims.

Child neglect continues to be the most frequently reported and substantiated form of child maltreatment, accounting for 47% to 65% of all child abuse reports (American Humane Association, 1988; USDHHS, 1988; 1994). The 1994 annual fifty state survey of the National Committee to Prevent Child Abuse indicated that child neglect constituted 49% of substantiated reports of child maltreatment, followed by 21% for physical abuse, and 11% for sexual abuse (Daro & McCurdy, 1995).

Child neglect often has severe negative consequences for its victims. Forty percent of child fatalities due to maltreatment are the result of neglect (American Humane Association, 1988; Daro & McCurdy, 1995; Margolin, 1990). Longitudinal studies have confirmed relationships between neglectful parenting and severe deficits in the cognitive and social functioning of child victims of neglect (Eckenrode, Laird, & Doris, 1990; Herrenkohl, Herrenkohl, Egolf, & Wu, 1991; Erickson, Egelund, & Pianta, 1989; Wodarski, Howing, Kurtz, & Gaudin, 1990).

Yet child neglect continues to receive limited attention from researchers, professional journals, and from beleaguered child protective services (CPS) agencies, which are overwhelmed with investigating reports

of sexual abuse and severe physical abuse. The strong association between neglect and poverty, and the multiple problems and dearth of resources in neglectful families present a formidable challenge to professional helpers. Polansky and colleagues warn that the attitude of futility characteristic of many chronically neglectful mothers can be contagious, infecting professional helpers who work with neglectful families (Polansky, Chalmers, Buttenweiser, & Williams, 1981).

The purpose of this article is to provide a concise overview of the major obstacles in defining and conceptualizing neglect, and to consider their implications for professional practice.

Defining neglect

A formidable obstacle to both professional helpers and researchers is the elusiveness of a clear definition of neglect. Professionals and lay people of different ethnic groups tend to agree that neglect involves the failure of parents or other care providers to provide minimally adequate care and attention to the basic needs of a child (Giovannoni & Becerra, 1979; Polansky, Ammons, & Weathersby, 1983). But researchers, practitioners, and policymakers have substantial difficulties conceptually and operationally defining neglect: legal defi-

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NEWS Third National Colloquium a Major Success; CAPTA Intact Through Senate Committee; APSAC Establishing Legislative Network; Media Relations Efforts Building

—by Theresa Reid

TUCSON COLLOQUIUM A MAJOR SUCCESS

More than 700 professionals attended APSAC's Third National Colloquium in Tucson, June 7-10. With volunteers and faculty, more than 800 people were in attendance, by far the highest number yet for an APSAC Colloquium. Professionals attended from all 50 states and from Canada, New Zealand, Australia, Mexico, the Netherlands, Spain, and other countries. Sixty employees of the Arizona Department of Children's Services attended at a special group rate intended to encourage the participation of local CPS professionals. Participants represented all of the major disciplines involved in child maltreatment, including mental health, medicine, nursing, child protective services, law, and law enforcement.

Formal evaluations are still being processed, but informal feedback suggests that the Colloquium was a success on every front. The APSAC Colloquium's unique combination of in-depth skills-based training and field-generated poster pre-

sentations and training seminars seems to meet the needs of members and other professionals. Hundreds of abstracts were submitted in response to APSAC's Call for Abstracts; as a result, field-generated poster presentations were on display every day of the Colloquium, and 36 field-generated training seminars were featured on Friday, June 9. The very high quality of those seminars and posters was impressive evidence of the wealth of expertise being brought to bear on the problem of child maltreatment in America. Next year's Call for Abstracts is enclosed with this issue of *The APSAC Advisor*. We hope that even more professionals will take advantage of this opportunity to share their work with colleagues in the field.

Highlights of the program included Wednesday night's moving awards ceremony (see inside for a list of awards recipients) and Dr. David Finkelhor's opening keynote address on "'The backlash' in historical perspective." Dr. Finkelhor argued per-

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Implementing the Family Preservation and Support Services Program

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Center for the Study of Social Policy/Children's Defense Fund (1994). *Making strategic use of the family preservation support services program*. Washington, DC: Author

Child Welfare League of America. (1992). *Child welfare as a field of social work practice* (2nd Edition). New York: Author

Child Welfare League of America. (1993). *Start me up: Discussion guide*. Washington, DC: Author.

Child Welfare League of America. (1994). *Developing linkages between family support and family preservation services*. Washington, DC: Author

Family Preservation and Support Services Program: Proposed rule (October 4, 1994). *Federal Register* 59 #191 pp 50646-50673

Gelles, Richard (1993). The doctrine of family reunification: Child protection or risk? *The APSAC Advisor*. Vol 6(2) pp 9-11.

Kadushin, A. & Martin, J. (1988). *Child welfare services* (Fourth Edition). New York: MacMillan

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nitions and CPS policies regarding neglect vary greatly across states, and there is little consistency in conceptual or operational definitions across studies of neglect, many of which fail to differentiate between neglect and other forms of maltreatment. These inconsistencies significantly hamper attempts to gain greater understanding of the problem and to intervene effectively.

No single definition of neglect meets all needs. Zuravin (1991) has argued that the definition of neglect should be specific to the purpose for which it is to be used: research, legal action, authoritative intervention, or prevention. Zuravin proposes a research definition of neglect that focuses on the parents, clearly identifying specific behaviors or omissions of the parent or caretaker which endanger the child's future physical, cognitive, or emotional health. Others (Dubowitz, Black, Starr, & Zuravin, 1993) argue from a preventive and practice perspective for a broader definition of neglect that focuses on the condition of the child, regardless of the cause.

However, operational definitions of neglect must also take into account legitimate cultural differences in child care practices. The predominant Eurocentric models for normal child development and family functioning merit critical examination and adjustments for children of color (Korbin, 1994). Polansky et al. (1981) found high levels of agreement about indicators of neglect among working class and upper middle class women, and one study revealed substantial agreement on basic indicators of neglect between African-American and White groups (Polansky, Ammons, & Weathersby, 1985). However, another study (Giovannoni & Becerra, 1979) indicated some significant differences in ratings of the severity of specific indicators of neglect among Hispanic, African-American, and White groups. For instance, Hispanic respondents rated vignettes depicting

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sexual abuse, physical abuse, and drug or alcohol abuse as more serious than did African-Americans or Whites. African-Americans rated descriptions that reflect neglect (i.e., failure to provide adequate nutrition, medical care, supervision, cleanliness, education, clothing, and housing) more seriously than did White or Hispanic respondents. Overall, Whites rated the vignettes describing abuse and neglect less seriously than did either of the other two ethnic groups. Although there is general agreement across ethnic groups about basic needs of children, operational definitions of neglect must acknowledge legitimate differences among ethnic groups on norms for child care, while maintaining standards that assure that children's basic needs are met.

Differentiating types of neglect

Neglect is often over-simplified and stereotyped; it is not a unitary phenomenon, nor does it typically occur alone. Neglect is often accompanied by physical abuse and sexual abuse. Data from a recent longitudinal study revealed significant correlations between adolescents' reports of physical neglect and sexual abuse and between severe emotional neglect and physical and verbal abuse (Ney, Fung, & Wickett, 1994). There is growing evidence as well that a significant portion of neglectful mothers suffer from symptoms of depression (Nelson, et al., 1993; Gaudin et al., 1993; Zuravin and Grief, 1989). Substance abuse is involved in an increasingly higher percentage of neglect cases, with estimates varying from 30% to 90%. Even non-organic failure to thrive (NOFT), a unique, often life-threatening type of neglect, is a heterogeneous condition that is differentiated by a variety of causal conditions ranging from poverty of family resources, parents' lack of knowledge of child care and nutrition, to severe family crises or conflicts that interfere with parents' ability to nurture their young children (Drotar, 1992). Precision of definition in research is critical for longitudinal studies which seek to identify outcomes of various types of maltreatment on children. Differentiating subtypes of

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PASS ALONG EXTRAS!

Ever wonder why you receive several copies of Colloquium announcements? APSAC uses several different mailing lists donated by other organizations to compile its 60,000+ mailing list for conference advertising. Members who are on more than one of these donated lists receive multiple copies of the mailings. Pruning the lists would be much more costly in staff time than simply mailing to all the names. We hope members will help us disseminate information more widely by passing along extra copies to friends and colleagues who haven't received any.

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The strong association between neglect and poverty, and the multiple problems and dearth of resources in neglectful families present a formidable challenge to professional helpers.

neglect also enables practitioners and policymakers to devise specific, effective interventions which can be evaluated meaningfully.

Below is a brief review of some of the research efforts to differentiate and define neglect. The inconsistency in definitions and typologies of neglect across studies has made the interpretation and generalization of the disparate results extremely difficult. The tendency of neglect researchers to work independently with little encouragement from their funding sources to seek some consistency in operational definitions of neglect has resulted in non-comparable samples and results that are often conflicting. Although such eclecticism provides some richness and diversity of perspective, the failure to build on previous research efforts hinders the systematic development of knowledge about neglect and the development of effective interventions to prevent it.

Polansky et al. (1981) identified five types of neglect related to the personality patterns and mental health condition of neglectful mothers: (1) mothers

with apathetic-futile personality, (2) mothers with impulsive personality, (3) mothers in reactive depression, (4) mentally retarded mothers, and (5) psychotic mothers.

The Second National Incidence Study (NIS-2; USDHHS, 1988) identified seventeen types of neglect: six types of physical neglect, seven types of emotional neglect, three types of educational neglect and a separate category for supervisory neglect.

For research purposes, Zuravin (1991) identified 14 subtypes of physical neglect. Noting the considerable overlap between definitions of emotional maltreatment and neglect, she suggests that operational research definitions of neglect specify: (a) subtypes of parental/caretaker behavior, (b) effects of the behavior on the child, (c) chronicity and (d) age of the child (Zuravin, 1991).

Drotar (1992) identified different methods for assessment and interventions for six categories of child neglect: (1) limited attention/stimulation, (2) limited food/nutrition, (3) inadequate cleanliness, (4) hazards in the home, (5) inconsistent health care, and (6) family disorganization affecting child's care.

Crittenden (1993) has suggested differentiating among neglectful parents according to their problems related to the processing of information: perceiving, interpreting, failing to select a response because of lack of knowledge, or failing to implement a response. She suggests that parents' ability to respond appropriately to the basic needs of their children may be facilitated by interventions to improve these cognitive skills.

Nelson, Saunders, and Landsman (1993) have identified significant differences between chronic and non-chronic neglect. Chronic neglect families were characterized by poverty, unemployment, more children, multiple child and adult problems, including adult depression or other mental illness. The non-chronic, "new neglect" families, on the other hand, had more often experienced a recent crisis in the family related to illness, injury or family dissolution. The latter group reported more confused thinking and fears, and tended to live in crime and drug-ridden areas, and at some distance from family and friends. The implications for intervention are obviously quite different for the two groups.

A recent study of family functioning in neglectful and non-neglectful families revealed significant differences between families who emotionally neglect vs. those who physically neglect. Families who were both emotionally and physically neglectful were rated more disorganized and less verbally expressive than those who were only physically neglectful (Gaudin, Polansky, Kilpatrick, & Shilton, 1993). The same study identified three different patterns of functioning among neglectful families: (1) chaotic/disorganized/enmeshed, (2) autocratic/disengaged, and (3) the more well-functioning, who were democratically led/cohesive/differentiated.

Implications for assessment, intervention, prevention

Researchers and practitioners must give substantially greater attention to the systematic development of knowledge about subtypes of neglect and differences in their causes, developmental effects, and implications for intervention. Erickson, Egeland and Pianta's (1989) longitudinal study indicated that children of mothers who were emotionally neglectful suffer the most severe developmental problems as toddlers, whereas children who were physically neglected suffered more severe developmental problems when they entered school. Another recent study concluded that the combination of physical neglect, physical abuse, and verbal abuse has the most negative impact on children's expectations for the future (Ney, Fung, & Wickett, 1994). Other studies, cited above, have clearly identified the significant negative developmental effects of neglect on school-aged children's social, cognitive, and academic functioning. However, the studies fail to specify types of neglect or to examine the effects of neglect when combined with physical abuse.

The limited research on interventions to remedy neglect indicates only minimal success. Daro's review of 19 NCCAN-funded demonstration projects indicated success with only half of the neglect families involved (Daro, 1988). Reports from a recent multi-site intensive intervention project with chronically neglectful families also

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indicate limited success with about half of the families (DiLeonardi, 1993; Landsman, Nelson, Allen & Tyler, 1992). Intensive family preservation efforts have considerably less success in preventing out-of-home placements with neglectful than with abusive families (Bath & Haapala, 1993). Intensive family preservation efforts are likely to be more successful with non-chronic neglect cases, as identified by Nelson et al. (1993), whereas the multi-problem, chronically neglectful families identified so frequently in the neglect literature (Polansky, et al. 1981; Nelson et al, 1993; Polansky, Gaudin, Ammons, 1985) require the longer term, multi-service models that have been suggested by the research on interventions with neglect (Gaudin, 1993; Daro, 1988). Unfortunately, almost all of the studies of interventions with neglectful families have been conducted with small, convenience samples, without control groups, or using single subject designs (Daro, 1988; DiLeonardi, 1993; Lutzker, 1990). Seldom has there been any differentiation by type or severity of neglect.

Principles for intervention

Below are principles for intervention that can be gleaned from clinical experience.

First, obviously, because so many problems exist in neglectful families, assessments of neglect should include assessment for other problems, including parental depression and substance abuse. Any intervention should include appropriate clinical treatment.

For neglect that is clearly related to alcoholism or other substance abuse, treatment for substance abuse must be given priority. Where assessments indicate clinical depression of the caregiver, clinical treatment for depression must be a part of the treatment effort. Most often neglectful parents who are depressed have not received treatment for depression (Zuravin, 1988).

Assessment of nutritional neglect may indicate a need for use of cognitive-behavioral methods to teach basic nutrition and meal planning to a mentally disadvantaged parent, enabling a parent to obtain nutritional supplements through the WIC program, or teaching infant stimulation to young parents.

Medical neglect may be related to a mother's lack of knowledge about medical conditions and treatment of their children, inaccessibility of medical care, an apathetic sense of futility about her life situation, or an inability to structure her life to carry out a prescribed medical regime. Required interventions may consequently call for instruction, transportation, cognitive-behavioral training, and may require temporary placement of the at-risk child.

Mothers who are emotionally neglectful are likely to have been neglected as children themselves

and consequently to have been insecurely attached to their own mothers (Crittenden & Ainsworth, 1989; Egeland & Erickson, 1990; Belsky, 1995; Polansky, et al., 1981). These mothers will require intensive supportive, cognitive-behavioral interventions to modify negative internal representations of themselves and their children that stem from their own neglectful parenting (Egeland & Erickson, 1990).

Unsafe conditions in the home related to poverty may require advocacy with public housing or emergency financial assistance to restore heat, teaching money management, or using a home safety checklist to teach parents how to eliminate dangerous situations in the home (Lutzker, 1990).

In spite of the research that clearly indicates severe developmental consequences for child victims of neglect, there has been little research on interventions with the child-victims of neglect (Daro, 1988; Wolfe & Wekerle, 1993). Further research is needed to specify the effects of various types of neglect experienced at different age levels. Given the limited success of efforts to remedy neglectful parenting, higher priority must be given to interventions with child victims to ameliorate the serious emotional, cognitive, and social deficits of child victims of neglect to prevent a repetitive, inter-generational cycle of neglect.

Finally, the strong association between neglect and poverty, documented in numerous studies and reports (American Human Association, 1988; USDHHS, 1988; Wolock & Horowitz, 1979; Sedlak, 1992) clearly indicates that treatment and prevention of child neglect require remedies that will lift the twenty percent of children in the U.S. who live in poverty out of that high risk condition. Employment preparation or adequate income support, therapeutic child care, housing, health, mental health, drug treatment, public transportation services, parenting education, and after-school enrichment programs are required to support and habilitate parents and their children who are placed at great risk by the inadequacy of public services and personal resources.

Child neglect is a formidable, multi-faceted type of maltreatment that seriously affects more than half a million U.S. children each year. It is the most damaging form of maltreatment on the development of its victims. It demands greater attention and greater resources from public policy makers, researchers, and professional helpers who are concerned about child maltreatment and the future of our country.

References

- American Humane Association. (1988). *Highlights of official child neglect and abuse reporting: 1986*. Denver, CO: American Humane Association

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- Belsky, J. (1995). *Mothers representations and family interactions*. Paper presented at Research Symposium, Institute for Behavioral Research. January 12, 1995 Athens, GA: University of Georgia.
- Crittenden, P. M. (1993). An information-processing perspective on the behavior of neglectful parents. *Criminal Justice and Behavior*, 20(1), 27-48.
- Crittenden, P. M. & Ainsworth, M. D. S. (1989). Child maltreatment and attachment theory. In D. Cicchetti & V. Carlson. *Child maltreatment*. New York: Cambridge.
- Daro, D. (1988). *Confronting child abuse*. New York: Free Press.
- DiLeonardi, J. W. (1993). Families in poverty and chronic neglect of children. *Families in Society*, 74, 557-562.
- Dubowitz, H., Black, M., Starr, R. H. & Zuravin, S. (1993). A conceptual definition of child neglect. *Criminal Justice & Behavior*, 20, 8-26.
- Eckenrode, J., Laird, M. & Doris, J. (1990). *Maltreatment and the academic and social adjustment of school children. Final Report*. Ithaca, NY: Cornell University. Family Life Development Center.
- Egeland, B. and Erickson, M. F. (1990). Rising above the past: Strategies for helping new mothers break the cycle of abuse and neglect. *Zero to Three*, 11, 29-35.
- Erickson, M. F., Egeland, B. & Pianta, R. (1989). The effects of maltreatment on the development of young children. In D. Cicchetti & V. Carlson (Eds.) *Child Maltreatment*. New York: Cambridge.
- Gaudin, J. M., Polansky, N. A., Kilpatrick, A. C. & Shilton, P. (1993). *Family Structure and Functioning in Neglectful Families: Final Report* (NCCAN Grant #90-1400). Athens, GA: The University of Georgia School of Social Work.
- Giovannoni, J. M. & Becerra, R. M. (1979). *Defining child abuse*. New York: Free Press.
- Herrenkohl, R. C., Herrenkohl, E. C., Egolf, B. P., and Wu, P. (1991). The developmental consequences of child abuse: The Lehigh longitudinal study. In R. H. Starr & D. A. Wolfe (Eds.) *The effects of child abuse & neglect*. New York: Guilford.
- Korbin, J. (1994). Sociocultural factors in child maltreatment. In G. B. Melton & F. D. Barry. *Protecting children from abuse and neglect*. New York: Guilford. 182-223.
- Lutzker, J. R. (1990). Behavioral treatment of child neglect. *Behavior Modification*, 14, 301-15.
- Margolin, I. (1990). Fatal child neglect. *Child Welfare*, 9, 309-319.
- Nelson, K. E., Saunders, E. J., & Landsman, M. J. (1993). Chronic child neglect in perspective. *Social Work*, 38, 661-71.
- Ney, P. G., Fung, I., & Wickert, A. R. (1994). The worst combinations of child abuse and neglect. *Child Abuse and Neglect*, 18 (9), 705-714.
- Polansky, N. A., Chalmers, M. A., Williams, D. P., & Buittenweiser, E. W. (1981). *Damaged parents*. Chicago: University of Chicago.
- Polansky, N. A., Ammons, P. W. & Weathersby, B. I. (1983). Is there an American standard of child care? *Social Work*, 28, 341-46.
- Sedlak, A. J. (1992). *Risk factors for child abuse and neglect and the likelihood of investigation*. Paper presented at the Ninth International Congress on Child Abuse and Neglect. Chicago (September 2, 1992).
- U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect (NCCAN). (1994). *Child maltreatment 1992: Reports from the States to the National Center on Child Abuse & Neglect*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Health and Human Services. (1988). *Study Findings: Study of national incidence and prevalence of child abuse and neglect: 1988*. Washington, DC: U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect.
- Wiese, D. & Daro, D. (1995). *Current trends in child abuse reporting and fatalities. The results of the 1994 annual 50 state survey*. Chicago: National Committee to Prevent Child Abuse.
- Wodarski, J. S., Kurtz, P. D., Gaudin, J. M., & Howing, P. I. (1990). Maltreatment and the school-age child: Major academic, socioemotional, and adaptive outcomes. *Social Work*, 35, 506-513.
- Wolock, I. & Horowitz, B. (1979). Child maltreatment and material deprivation among AFDC-recipient families. *Child Abuse and Neglect*, 6, 179-94.
- Wolfe, D. A. & Wekerle, C. (1993). Treatment strategies for child physical abuse and neglect: A critical progress report. *Clinical Psychology Review*, 13, 473-500.
- Zuravin, S. J. (1988). Child abuse, child neglect and maternal depression: Is there a connection? In U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect. *Research Symposium on Child Neglect*. Washington, DC: National Center on Child Abuse and Neglect.
- Zuravin, S. J. (1991). Research definitions of child physical abuse and neglect: Current problems. In R. H. Starr & D. A. Wolfe (Eds.) *The effects of child abuse and neglect*. New York: Guilford.
- Zuravin, S. & Grief, G. L. (1989). Normative and child-maltreating mothers. *Social Casework*, 70, 76-84.

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