Preventing Child Neglect: Promoting Children's Health, Development, and Safety

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The neglect of neglect has become a cliché, yet it remains true. There has, however, been increased funding for research on neglect by federal agencies and greater interest by professionals in the field. Despite this progress, neglect—which is often insidious, not dramatic, and strongly linked to difficult-to-change social problems—has not become the priority it deserves to be. Neglect is by far the most common form of child maltreatment, constituting over half of identified cases in both CPS and community samples (U.S. DHHS, 1996; U.S. DHHS, 2002).

As with other forms of child maltreatment, the human costs of child neglect to individuals, families, communities, and our society are huge, as are the fiscal costs (Gaudin, 1999; Hildyard & Wolfe, 2002). The case for preventing child neglect is clearly compelling, especially when one considers that the dividends of preventive policies and programs should be far richer than just preventing the neglect of children. For example, Olds and colleagues (Olds, Henderson, & Kitzman, 1997; Olds, Henderson, Kitzman, Eckenrode, Cole, & Tatelbaum, 1999) found that in addition to diminished rates of abuse and neglect, nurse home visitation led to such benefits as improved maternal health habits, fewer perinatal complications, and fewer problems with the justice system. At its heart, preventing child maltreatment aims to strengthen families and support parents to help ensure good care of children.

There is much overlapping of the problems contributing to child neglect, physical abuse, and psychological maltreatment. Thus, few programs specifically target neglect, and much of this article applies more broadly. There are also different levels of prevention. But the focus here is on the prevention of neglect before it occurs, including primary (i.e., efforts targeting a broad population, such as screening for risk factors in pediatric primary care) and secondary strategies (e.g., programs for high-risk groups, such as low-income teen moms), but not tertiary approaches (i.e., treatment).

What We Don't Know

It is important to acknowledge what we don't know. Aside from home visitation programs, there remains a paucity of rigorously evaluated prevention efforts targeting child maltreatment, for a few reasons. Funding for research in this area has been puny. Given the demand for services, evaluation appears to be a "luxury." The relatively low rate of maltreatment—even in high-risk populations—requires many program participants to look for possibly significant effects. It follows that we should be cautious in our advocacy. In the face of inadequate knowledge, we still must intervene. We hope that this will be with caution, guided by the best available theory and knowledge. And, there is a good deal that we do know about child neglect.

Defining Neglect

A clear conception of what constitutes neglect is needed to guide our prevention efforts. *Neglect* is usually defined as "omissions in care by parents or caregivers resulting in significant harm, or the risk of significant harm." This view, broadly accepted in the current child welfare framework, focuses narrowly on parents and implicitly blames them. It fails to adequately consider the circumstances that impede parenting as well as other circumstances that directly impair children's health, development, and safety.

A broader, less blaming, and more constructive alternative is to view neglect from a child's perspective: neglect occurs when a child's basic need(s) is not met (Dubowitz, Black, Star, & Zuravin, 1993). Basic needs include adequate food, clothing, health care, education, supervision, protection from environmental hazards, nurturance, support, affection, and a home. This broad definition does not mean that every such circumstance requires CPS involvement, but it does indicate when a child needs help.

Preventing children's neglect and meeting their basic needs require an understanding of what contributes to the problem (i.e., risk factors) and what are the buffering influences (i.e., protective factors). Protective factors, strengths, have been too long overlooked. They are key to effective intervention.

Understanding Child Neglect

Parents do have the primary responsibility to meet their children's basic needs, but the maxim "It takes a village to raise a child" is also true. Even when taking a narrow view of "negligent" parents, we need to acknowledge the many and often interacting influences on families and parents as they act to meet their children's needs (Belsky, 1980; 1993). Thus, there is no single cause of child neglect. Among the possible contributors to neglect, for example, are the following:

Child and Parent Influences

Infants and young children are naturally dependent and especially vulnerable to maltreatment. Further, children with disabilities are at increased risk. Maternal depression has been linked to neglect as has alcohol and substance abuse. The limited involvement of many fathers in children's lives should not be overlooked (Dubowitz, Giarding, & Gustavon, 2000). In contrast, a child's intelligence and parents' desire that their child be healthy appear to be protective factors.

Family Influences

Multiple stressors, including those related to poverty and few social supports, often contribute to neglect (U.S. DHHS, 1996). Children's exposure to domestic violence is a serious concern and can reasonably be construed as a form of neglect—children need to be adequately protected from environmental hazards (Kerig & Fedorowicz, 1999). But blaming victimized mothers for failing to protect their children is inappropriate, an illustration of "blaming the victim." Strong kinship ties, however, help buffer the stresses a family experiences.

Community Influences

Communities with few resources and many isolated families place children at risk for neglect (Garbarino & Sherman, 1980; Korbin, 2003). Cultural ideas related to health care or supervisory arrange-

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ments may lead to children's needs not being adequately met (Dubowitz, 2002). In contrast, safe communities with good resources for families can help ensure children's basic needs are met.

Societal Influences

Poverty and its associated burdens have been strongly linked to neglect (Drake & Pandey, 1996). The lack of state and federal policies that help support families and children are also contributors to neglect (Gelles, 1999). Medicaid and the WIC food program, however, have helped meet children's needs for health care and food (e.g., Beuscher, Laoson, Nelson, & Lenihan, 1993).

Promising Strategies for Prevention

The following approaches have shown the most promise as ways in which to help prevent child neglect:

Identification of and Response to Risk Factors

Prevention hinges on the early identification of risk factors. Considerable work has been done on screening in health care settings for depression, alcohol and substance abuse, and domestic violence. For example, Whooley and colleagues (Whooley, Avins, Miranda, & Browner, 1997) found that just two questions worked quite well in detecting depression. Risk factors may often be masked, and professionals need to consider how to better identify these and to facilitate appropriate help (Dubowitz, 2002). It is important that screening be done sensitively, targeting problems where effective services are available. And a screen is just a screen, not a diagnosis. Further assessment is needed to guide an appropriate response.

Home Visitation Programs

These programs maintain that interventions in the home provide staff with a good grasp of a family's circumstances and foster a close relationship between parents and interventionists. With this foundation, interventionists are enabled to provide support and guidance, serve as role models for child rearing, and help link families to other community resources. In rigorously conducted studies, Olds and colleagues (Olds, Henderson, & Kitzman, 1997; Olds et al., 1999) showed the efficacy of nurse home visitors in reducing rates of abuse and neglect, as well as other benefits. The program significantly benefited families at *very* high risk for adverse outcomes (first-time, single, teen, and low-income mothers), who received the highest "dose" of intervention, beginning with home visits during pregnancy and continuing until the child was 2 years old. The encouraging results helped spawn a home visitation movement with the development of many programs nationwide. Some of these have been part of Healthy Families America, meeting credentialing criteria. However, great variation exists in home visitation programs, and the results have been somewhat mixed (Gomby, Culross, & Behrman, 1999). Guterman (2001) has ably summarized the lessons learned from research in this promising area.

Family Support/Resource and Parent Education Programs

These programs reflect key principles related to social support, parent education, improving parent-child relationships, and enhancing the growth and development of all family members (Kagan, Cohen, Hailen, Pritchard, & Colen, 1996; Weiss & Halpern, 1991). Programs vary considerably. Some are comprehensive, but others address specific issues, such as school readiness, homelessness, or families with incarcerated members. Many of these programs started at a grassroots level and involve substantial input from parents. Most are center-based; some have home visitation. One example is the Parent Services Project, serving over 19,000 families in 1997, providing childcare, parenting education, concrete assistance, and recreational activities for families (Kisker & Ross, 1997). Another example is a longitudinal study of 20 federally funded Child-Parent Centers in or adjacent to Chicago public elementary schools (Reynolds, 2001). Researchers found that family support services and parent involvement in classrooms resulted in significant school success (e.g., 29% more high school graduates compared with the control group) and less crime and delinquency (e.g., 33% fewer children arrested). Over 20,000 family support programs and centers are listed nationwide, serving approximately six million families (Strauss, 2001).

Other Programs

A variety of other programs promote children's health, development, and safety. Although there may be a paucity of science, the programs have a solid theoretical basis (Garbarino & Sherman, 1980). For example, our knowledge of the impact of depression on adults who are involved with parenting and children, and also of the effectiveness of treatment of both adults and children, indicates that treatment helps ensure children's needs are met, thereby serving the goal of neglect prevention. Similarly, efforts to address alcohol and substance abuse and domestic violence should help prevent neglect. Hunger remains a problem in the United States, and programs such as WIC help meet the nutritional needs of low-income children. Respite care programs provide valuable temporary relief to parents and caregivers. Self-help groups such as Parents Anonymous may enhance parents' coping abilities. Mentoring programs such as the Home Instruction Program for Preschool Youngsters (HIPPY) may help develop parenting skills and school readiness. It seems likely that these numerous approaches are valuable to families and children, in a variety of ways.

Federal policies and programs. Terrific local programs alone are not enough to confront the enormous problem of child neglect. It is clear that broad systemic issues contribute to neglect and that national policies are needed to address the problem. In addition, evidence indicates that some policies have been very effective (Plotnick, 1998; Aber, 2001). Medicaid and the State Child Health Insurance Program (CHIP) have helped millions of children receive health care. The Earned Income Tax Credit (EITC) has helped lift many working families out of poverty. The Child Abuse Prevention and Treatment Act (CAPTA), the main federal legislation concerning child maltreatment, supports prevention activities, including research to examine what works. As professionals—through contact with our legislators, voting, and the associations with which we are affiliated—we can advocate for better policies and programs to meet children's needs.

State policies and programs. Children's Trust Funds in all 50 states focus on preventing child maltreatment. Revenues are from varied sources, including tax returns with special check-offs, marriage licenses, and divorce filings. The funds are used for small grants for a variety of prevention services for high-risk families.

Using a child-focused view of neglect, knowledge of promising approaches, guidance from clinical experience, and creativity, we can help prevent the neglect of children. We need to build on what we know. We should keep in mind that the absence of proof (of effectiveness) is not proof that an intervention is not effective. At the same time, we should strive to build our knowledge of what works, to guide and improve our efforts. Finally, child neglect needs to be recognized as the serious problem it is, one that jeopardizes children's health, development, and safety.

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