

Child Neglect: Developmental Consequences, Intervention, and Policy Implications

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ABSTRACT: This paper reviews the literature on child neglect with respect to child outcomes, prevention and intervention, and implications for policy. First, the prevalence of the problem is discussed and then potential negative outcomes for neglected children, including behavior problems, low self-esteem, poor school performance, and maladjustment/psychopathology, are discussed. Risk factors and current child neglect interventions are then reviewed. Popular family support programs, such as family preservation, have mixed success rates for preventing child neglect. The successes and shortcomings of other programs are also examined with a focus on implications for future research and policy. Overall, the research supports a multidisciplinary approach to assessment, intervention, and research on child neglect. Furthermore, the need for a combined effort among parents, community members, professionals, and policymakers to increase awareness and prevention endeavors is discussed. Targeted attempts to educate all involved parties should focus on early intervention during specific encounters with at-risk families via medical settings, school settings, and parent education programs.

KEY WORDS: child neglect; support programs; outcomes; multidisciplinary approach.

In the preschool class, four-year-old Brenda always seemed tired. Brenda never brought food for snack time, and she looked hungrily at other children's sandwiches. Her classmates teased her because her hair was always dirty.

The approach one takes to this child varies depending on one's personal and professional orientation (Giovannoni & Becera, 1979; Menahem & Halasz, 2000). A doctor's focus on this child may be on her physical health issues, such as illness, disease, and fatigue. A teacher may examine this child's social skills, academic performance, and appetite. A psychologist might be concerned that this child is experiencing social rejection. A policymaker might see this child as suffering

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from inadequate nutrition and in need of government services. A neighboring child's mother may see this child as a risk to her own daughter's socialization and discourage interaction with her. This example reflects some of the diverse perspectives surrounding the definition and recognition of child neglect. Child maltreatment and neglect are major concerns for both policymakers and society. Over the past few decades, researchers have shown links between child maltreatment/neglect and impaired child functioning across a number of different domains (Cahill, Kaminer, & Johnson, 1999; Kaplan, Pelcovitz, & Labruna, 1999; MacMillan, 2000). Data on the prevalence of the problem have become increasingly available, however the dissemination of this knowledge has yet to produce an acceptable decrease in the number of children suffering from neglect.

Definitions and Prevalence of Neglect

Child maltreatment is a broad, all-encompassing term used to describe the many ways that children may be mistreated by adults in their lives. Child maltreatment can be defined as "a behavior towards another person, which (a) is outside the norms of conduct, and (b) entails a substantial risk of causing physical or emotional harm to the child" (National Research Council, 1993). Maltreatment is divided into four main categories: sexual abuse, physical abuse, emotional maltreatment, and neglect.

In 1999, it was estimated that in the United States, 826,162 children were victims of one or more forms of maltreatment (Children's Bureau, 2000). Among the maltreatment claims that were confirmed in 1999, the majority (58.4%) were cases of parental neglect (Administration on Children, Youth, and Families, 2001a). Sadly, this number is probably an underestimate of the actual prevalence of neglect in the United States, due to definitional ambiguity between states (National Research Council, 1993). During this same year, close to three million referrals of possible maltreatment were received by various social service units across the country, but only 60% of these referrals called for an investigation. Perhaps the most disturbing statistic describing the severity of child maltreatment is the number of maltreatment deaths that occur every year. Of the 100 maltreatment deaths that occur each year in the United States, 38.2% are from neglect, more than any other type of maltreatment (Administration on Children, Youth, and Families, 2001a). Due to understaffed agencies and exceptionally large caseloads, the possibility exists that the actual number of overall victims is much greater than current estimates

(Administration on Children, Youth, and Families, 2001a). Therefore, it is important to have a consistent set of definitions to guide decisions about reporting and substantiating claims of neglect.

Of the forms of maltreatment, child neglect is the type most in need of a universally accepted definition (Administration on Children, Youth, and Families, 2001b). The definition of child neglect posited by Polansky (1987) is widely accepted. According to Polansky, neglect is “a condition in which a caretaker responsible for the child, either deliberately or by extraordinary inattentiveness, permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person’s physical, intellectual, and emotional capacities” (Polansky, 1987, p. 15). Unfortunately, the determination of what is ‘deemed essential’ is dependent on the evaluator’s subjective opinion and purpose of the assessment. A second definition, posited by the American Psychological Association Committee on Professional Practice and Standards (1999), defines neglect as the failure of the primary caretaker to provide an adequate level of care and be responsible for the child’s basic needs. Again, the term “adequate” can also be open to interpretation due to varying subjective factors.

A variety of different questions and problems with such definitions of neglect have emerged. These questions focus on the caretaker’s intent, actual harm to the child, and the severity of the proposed endangerment (Administration on Children, Youth, and Families, 2001b). Legal advocates maintain that the behavior of the caretaker must be so inadequate that specific physical or emotional damage results in the child (Wald, 1976, 1982). While a number of psychologists have included damage to a child’s physical, emotional, and intellectual well-being in their definition of neglect (Wolock & Horowitz, 1979), Zuravin (1991) suggests that the definition of neglect should focus only on the specific actions of the parents, ignoring both the consequences of their behavior and parental intent. At odds with definitions that focus on strictly concrete observable manifestations of harm are definitions that suggest parents who leave very young children without supervision for long periods of time are neglectful, regardless of whether or not the child suffers any immediate and easily noticeable harm. Another issue is whether parental actions in the absence of ill intent can be considered neglectful. Further, researchers disagree as to what is “essential” for children’s optimum physical, intellectual, and emotional development. Such disagreement is partly due to an ever-changing knowledge base concerning children’s physical and psychological needs and the needs that underpin healthy development.

In cases of child neglect, universal acceptance of an operational definition is hindered in part by the numerous categories of neglect. Gaudin (1993) defined five sub-types of neglect to be included in the overall definition: physical neglect, inadequate supervision, emotional neglect, educational neglect, and medical neglect. General examples of child neglect include: not meeting a child's needs for food, clothing, or shelter, leaving a young child alone, not having a child attend school, leaving a child in an unsafe place, and not seeking necessary medical attention for a child. Within each category exists the possibility for varying definitions of what constitutes neglect in that specific area; combining all of these under the overarching heading of "neglect" serves to further increase the inconsistency between definitions. Definitions of neglect that only identify a child's lack of receiving basic needs seem too simple, while other definitions outlining lists of specific parental actions that are wrong seem too complex. A definition evaluating the neglectful person's intent, together with their specific actions or inactions, and a specification of the negative consequences on the child is what is needed to define child neglect adequately.

The creation of a universally used definition of child neglect both within the United States and beyond lies in the combined hands of policymakers, child advocates and practitioners, and researchers. Efforts to arrive at a more unified definition of child neglect need to shift toward a multidisciplinary approach in order to succeed. By collaborating with researchers, clinical practitioners, and Child Protective Service (CPS) agencies across states or provinces with the goal of producing a mutually agreed upon definition of neglect, federal agencies will boost their chances of increasing awareness and reducing the prevalence of child neglect. It is only by continually refining our definition and enhancing our understanding of the effects of child maltreatment that researchers and policymakers will be able to form a unified plan of action capable of systematically addressing the issue of child maltreatment.

Developmental Consequences

As with other types of child maltreatment, the effects of neglect on child development are pervasive, impair numerous domains of development, and have serious long-term consequences (MacMillan, 2000). The impact of neglect is evident in the behavioral, cognitive, and emotional development of children and we will begin with a discussion of emotional development. Many researchers have examined children's attachment with adults in relation to their maltreatment

experiences. Numerous studies have shown that the attachments formed by maltreated children, particularly victims of neglect, are more likely to be compromised compared to those of typical children (Crittenden, 1988; Schneider-Rosen, Brauwald, Carlson, & Cicchetti, 1985). Moreover, investigators observe maladaptive attachment patterns for maltreated infants that do not fit into the traditional classification scheme of attachment discussed by Ainsworth (1985). Main and Solomon (1990) defined this type of attachment as “disorganized/disoriented.” According to the researchers, maltreated and neglected children lack an organized strategy for dealing with stressful separations and reunions with their caregivers. Carlson, Cicchetti, Barnett, and Braunwald (1989) believe that the insecurity and disorganization found in the attachment of maltreated children is a result of the inconsistent care and fear that are common elements in the lives of neglected children. When a child’s model of interpersonal interaction contains insecurity and fear, that child stands a high chance of entering future relationships with a maladaptive set of expectations, coping strategies, and interaction patterns (Carlson et al., 1989). An unhealthy relationship between the caregiver and child has also been shown to affect both children’s self-esteem (Egeland, Sroufe, & Erickson, 1983) and perceived self-confidence (Vondra, Barnett, & Cicchetti, 1989). Victims of child maltreatment evidence significantly lower levels of self-esteem and perceived self-competence than controls (Vondra et al., 1989).

Research on the attachment relationships of maltreated children suggests a lifelong pattern of maladaptive relationships. A number of studies have found a relationship between a history of maltreatment and the presence of dating violence during adolescence (Bernard & Bernard, 1983; Wolfe, Scott, Wekerle, & Pittman, 2001). Adolescent males with a history of maltreatment are more likely to be violent in dating relationships than others without such a history (Wolfe et al., 2001). Females also show increased likelihood of engaging in abusive behavior, along with an increased risk for being victimized by an abusive mate when they have been maltreated as children (Wolfe et al., 2001). Other relationships can be affected as well. Mothers with early experiences of neglect are likely to repeat the maladaptive parenting practices that they experienced with their own children (Main & Goldwyn, 1984). This repetitive pattern can lead to intergenerational transmission of neglectful parenting.

Peer relationships are another important aspect of development affected by neglect. Evidence suggests that successful peer interactions promote continued competence in multiple areas of development (Gaensbauer & Hiatt, 1984). Children who perform poorly with peers

are likely to show evidence of incompetence in other social situations and difficulty adapting to changing social environments (Bronfenbrenner, 1979). In general, maltreated children tend to lack social problem solving skills, conflict avoidance skills, and overall interpersonal skills (Fantuzzo, Weiss, Atkins, Meyers, & Noone, 1998). Specifically, neglected children tend to withdraw from social interactions with peers more frequently than other children (Hoffman-Plotkin & Twentyman, 1984). Such social withdrawal is viewed as a strategy of avoidance rather than simply a passive orientation toward peers. In other words, as neglected children have less experience in social situations, avoidance becomes their method of choice for dealing with such situations. To a peer, this may be falsely viewed as disinterest on the part of the neglected child. When placed into a group of unfamiliar peers, maltreated children direct less of their behavior toward peers, exhibit less positive emotion, and initiate fewer interactions when compared to non-maltreated children. (Howes & Espinosa, 1985). Neglected children are thus at risk for isolation and peer rejection, which is related to maladaptive functioning in the school context, the setting to which we now turn.

Adapting to school and acquiring academic skills is important for all children. Although the school setting can be supportive and a protective factor for children whose home environment is unsupportive (Hildyard & Wolfe, 2002; Masten, Best, & Garmezy, 1990), unfortunately, the children most likely to fail in school are those whose family and past experiences have left them ill-prepared for the school setting (Cicchetti, Toth, & Hennessy, 1993). Erickson, Egeland, and Pianta (1989) found that neglected children evidenced serious and diverse problems in school functioning. Teachers described these children as anxious, inattentive, unable to understand assigned work, lacking initiative, and being overly dependent upon teachers for approval, encouragement, and assistance. Dependence upon teachers, however, does not translate into good classroom behavior for children as they are also rated as uncooperative with teachers and not empathic with peers (Erickson et al., 1989). In addition, neglected children tended to perform poorly academically. Neglected children score lower on standardized indices of academic ability, receive lower grades, and are at high risk of retention compared to other children (Eckenrode, Laird, & Doris, 1993). Neglected children tend to show delay in the areas of language and cognitive development, resulting in lower IQ and poorer school performance (Veltman & Browne, 2001).

Disruptions in the above areas of development also have implications for the mental health of neglected children as they progress into adulthood. As early as 5–10 years of age, maltreated children show

higher rates of diagnosis for attention-deficit/hyperactivity disorder, oppositional-defiant disorder, and post-traumatic stress disorder than other children (Famularo, Kinscherff, & Fenton, 1992). Elevated rates of major depressive disorder and suicidal and self-injurious behavior have been found in adults with a history of neglect (Brown, Cohen, Johnson, & Smailes, 1999). Personality disorders are found more frequently in samples of maltreated children than those that have not experienced maltreatment (Johnson, Cohen, Brown, Smailes, & Bernstein, 1999; Luntz & Widom, 1994). Thus, across childhood and adulthood, early neglect increases the risk for a wide range of developmental disturbances.

Risk Factors

Once child neglect has been recognized as a problem, the focus shifts to designing programs that will either avert the onset of neglect, or intervene on behalf of the neglected child. The success of such programs is facilitated by a comprehensive understanding of the multiple risk factors in the etiology of child maltreatment. Risk factors are generally classified as familial or environmental. Familial factors include variables such as: parental substance abuse, parental history of maltreatment, history of parental psychopathology, and parental efficacy. According to Reid, Machetto, and Foster (1999), seven out of ten cases of child abuse and neglect are exacerbated by parental abuse of alcohol and/or other drugs. In addition, children whose parents are substance abusers are four times more likely to be neglected than children of parents who are not substances abusers (Reid et al., 1999). Another contributing factor is the presence of maltreatment in the parent's childhood; neglected children stand a greater chance of becoming neglectful parents than do grown children from non-neglectful families (Golden, 2000). Parental psychopathology is also considered to be a risk factor—children of parents with depression and various other psychological disorders are more likely to experience maltreatment (Chaffin, Kelleher, & Holenberg, 1996). Gaudin (1993) also found that adults with more effective parenting skills were less likely to be perpetrators of child maltreatment than adults who displayed poor parenting skills. Thus, children whose parents suffer from psychopathology, substance use, a history of child abuse themselves, and those who have not developed effective parenting skills are at greater risk for neglect.

Environmental risk factors that also contribute to risk for child neglect include variables such as poverty and quality of social

network. Maltreatment and neglect in poverty-stricken families is estimated to be 22 times more frequent than in families above the poverty line (Sedlak & Broadhurst, 1996). Levels of parental stress are considerably higher in low SES environments (Gephart, 1997). Further, Gaudin (1993) found that the absence of a strong social network can also increase the likelihood of child neglect. Families with a supportive network of relatives, friends, and neighbors show lower levels of parental stress than those without such supports. Reducing the risk factors for child neglect is one common target for interventions. For example, interventions aimed at increasing parents' social support systems have been shown to enable parents to better cope with the demands of parenting (Gaudin, 1993). Let us now turn to a discussion of various interventions designed to reduce child neglect.

Intervention/Prevention

Gaudin (1993) sees neglect as preventable through increasing public awareness and encouraging parental education. Knowing that families in poverty are at risk for neglecting their children (Fantuzzo et al., 1998), an overall prevention goal would be increased availability of services for families in need. Identifying families who are high-risk and providing additional community and individual supports can be an effective method for preventing neglect (Gaudin, 1993). In addition to poverty, there are many other types of adversity that parents need to overcome in order to reduce the chance of neglecting their child. Early childhood education and parent skills training are two areas in which many parents may need assistance. Early childhood classes can teach parents about crucial periods during early development and emphasize the importance of nurturing and care (Gaudin, 1993). Parent skills training can help parents learn discipline techniques, conflict resolution skills, and socially appropriate modeling.

Direct intervention in troubled families has been proven to be an effective way to reduce incidences of child neglect (Gaudin, 1993). In order to increase community awareness about the prevalence of child neglect, targeted community-based interventions need to be implemented from a federal level. Encouraging personal involvement and responsibility will likely increase the number of neglect referrals received from community members. Past research has found the needs expressed by neglectful families to be multidimensional (Thompson & Wilcox, 1995). Therefore, an intervention focusing on only one aspect of the family's problem will likely not be as successful as a multifaceted approach. In other words, neglectful families are often faced with

poverty, inadequate child care, poor education, and a history of prior abuse. Targeting just one of these areas during an intervention effort will likely not be successful (Cicchetti & Toth, 1995). Federal intervention is needed to combat the systemic barriers, such as increased parental stress, poverty, inadequate health care, and insufficient child care, faced by high-risk families (Sedlak & Broadhurst, 1996). There are many ways in which the federal government could intervene on behalf of impoverished families. For example, the federal government could increase the minimum wage in order to make it livable for parents in low-income jobs. A federal child care system would help make child care more affordable and safer for children in America, while increasing the availability of adequate health care for all families would also help alleviate family stress.

Averting child neglect is definitely a primary goal of many therapists, family service workers, and psychologists. However, if neglect has already occurred in the family, the main focus will turn toward intervention. In order to intervene in a child neglect situation, the parents must realize there is a problem and recognize that change needs to occur. Family-focused interventions have been found to be effective in addressing neglect in troubled families (Kluger, Rivera, & Mormile-Mehler, 2001). There are two family intervention programs that are commonly used with at-risk families in the United States to prevent child maltreatment: family support and family preservation (Chaffin, Bonner, & Hill, 2001). Family support services are community-based interventions that try to augment the family's own strengths by putting in place appropriate support services, such as mentoring, parenting education, support groups, and home visiting. Family preservation, on the other hand, targets families who are currently in the middle of a crisis situation (Chaffin et al., 2001). Family preservation consists of an intensive, in-home model that focuses on the family and encourages change among all family members (Gaudin, 1993). Many family preservation programs focus on self-management and behavioral skills training for parents. Other targeted efforts concentrate on the family's desire to initiate change, parent education (receiving a GED or high school diploma), and coordination of mental health or substance abuse treatment among family members. Family preservation is meant to be a short-term intervention that relies heavily on direct family participation (Gaudin, 1993).

Even though some family support intervention services have been found to be effective (Kluger et al., 2001; MacLeod & Nelson, 2001), some studies counter these positive findings. Gelles (2001) examined the effectiveness of family preservation policies and found that the

intervention wasn't nearly as successful as many people had thought. He concluded that the starting point for any intervention should be on assessing families' amenability to change and producing useful risk assessments to evaluate each family's specific needs. Chaffin et al. (2001) compared family support and family preservation program completers to dropouts and to clients who participated in only one session. They found no differences between the three groups on overall reduction of child neglect. They suggested that in order for a program to be effective, it should focus on providing the family with their basic needs and providing strong mentoring and support services. Seemingly, families should be able to identify their own needs and offer suggestions for improvement, but this may not always be the case. Often, families are either too involved to provide objectivity or are unable to recognize when they need extra support. Brandon (2001) suggests that child maltreatment and neglect occur because of parents' lack of parenting skills, not because they lack care and concern for their child. He argues that in order to prevent child neglect, a model should be developed that allows for examination of the parents' child care skills, their employment, and the amount of time the parent makes available for the child. In addition, he believes specific training for parents, such as anger management and specific job training, is more beneficial than global parental skills training.

The interventions that have been most helpful for at-risk families are home visitation, parent training, and self-help/wellness groups (Gaudin, 1993). The timing and duration of these services that are offered to each family are also important (Gaudin, 1993). It is important to try to engage families in services when they are just beginning to display at-risk behaviors rather than waiting until they are in a crisis situation. Offering services early on can help a family first recognize the problem and second, provide their own insights into a solution. Nelson, Laurendeau, and Chamberland (2001) have also found that families who are in crisis situations are in need of a wide variety of supports that are usually only available through government interventions. These include adequate and affordable child care, health care, and housing (Gaudin, 1993).

Current Practices and Recommendations

When a maltreatment referral is delivered to a local Child Protective Services (CPS) agency in the United States, one of two things can happen: The report is either screened in (further investigation could be warranted) or screened out (not enough information to warrant an

investigation). In 1999, almost 3 million referrals were received by CPS agencies in the United States. Of these, almost three-fifths warranted further investigation. Once the investigation has begun, the likelihood of the CPS agency finding substantiated maltreatment and neglect is less than one-third on average (Administration on Children, Youth, and Families, 2001a). A substantiated case is a disposition concluding that one of the four types of maltreatment did occur, or that the immediate risk to the child was sufficient under state laws. The remaining cases are determined to be unsubstantiated and are dismissed. "Unsubstantiated" is a disposition concluding that one of the four types of maltreatment did not occur or that there is not enough evidence to believe the child is at risk. Even though the majority of child maltreatment and neglect referrals come from professionals, the majority of dispositions end up unsubstantiated (Administration on Children, Youth, and Families, 2001a).

In order to adequately address the hundreds of thousands of uninvestigated reports, there are many questions that need to be answered. For example, are the professionals who are doing the referring in need of further training? Are more case managers needed to handle the volume of CPS cases? Does the definition of neglect need to be changed so that more cases can be investigated (Administration on Children, Youth, and Families, 2001a)? If the answer to these questions is in the affirmative, then specific changes need to be implemented in order to create uniformity. First, with only 60% of maltreatment referrals moving into an investigation status, the remaining cases are left uninvestigated. It is assumed that an increase in local CPS staff will correspond to an increased amount of CPS cases that can be investigated. This also increases the possibility of identifying more families who are in need of intervention. Increased funding for CPS agencies will likely correspond to more jobs for qualified workers. Through training workshops, it is possible to increase the awareness and education of the professionals who work one-on-one with children. Through federally mandated education and training efforts, more professionals can recognize and respond to cases of neglect in a timely, responsible manner. The varying definitions of neglect create difficult scenarios for professionals and community members who feel the need to report suspected neglect but are unsure as to what definitions their state follows (Administration on Children, Youth, and Families, 2001b). To combat this confusion a federally supported nationwide definition, which requires adoption in every state, should be developed.

With the nearly 3 million children nationwide in need of help, how do local CPS agencies manage? Presumably, in order for a child's

situation to warrant a referral to an outside agency, the situation is already tumultuous. However, once the initiation of an investigation has begun, the average amount of time that passes until a family service (e.g., respite care, parenting education, counseling) is implemented in the United States is 47.4 days (Administration on Children, Youth, and Families, 2001a). Fifty-six percent of substantiated cases of maltreatment received services after the conclusion of an investigation. Even though a slight majority of families receive services, many of them do not (Administration on Children, Youth, and Families, 2001a). One of the possible reasons for families failing to receive services is the presence of waiting lists and limited program availability. On the other hand, some families choose to not receive services because many of the benefits offered are optional and there is often no pressure to accept assistance. Sometimes families may be afraid of accepting help, they may not think that they need assistance, or they may not want to change. Usually, the services available to families require full participation and cooperation, which are also not easily attainable, due to work or personal commitments (Administration on Children, Youth, and Families, 2001a).

When prevention and intervention efforts fail, an out-of-home placement authorized by the court is usually the next thing considered by state social service agencies in order to protect the child from abandonment, malnutrition, or danger. In 1999, court action was initiated for 26.1% of maltreatment victims (Administration on Children, Youth, and Families, 2001a). Before social service agencies and court systems can remove a child, certain things need to be evaluated including the severity of harm and the child's level of immediate danger, age and disability status of the child, presence of a strong parent-child relationship, history of child maltreatment, parental motivation to improve, and availability of community resources and supports (Gaudin, 1993). Neglect remains the most cited reason for the placement of children in an out-of-home care situation in the United States (Gaudin, 1993).

One of the problems with current US child neglect policy is the variance that exists across states regarding mandatory child neglect reporting laws (Renninger, Veach, & Bagdade, 2002). For example, in Minnesota, mandatory reporting of child maltreatment and neglect is only required when the person responsible for the neglectful behavior plays the role of caretaker in the child's life. If the alleged person is not directly responsible for the child's care, then reporting suspected neglect is not required (Renninger et al., 2002). These requirements tend to be very confusing and are not consistent across all states. Inconsistency can also occur among the professionals who are trying to keep

children safe. Renninger et al. (2002) analyzed practitioners' knowledge of their state's mandatory reporting laws and found that when psychologists aren't fully aware of the law, the client's options could become jeopardized. It would appear that this type of breakdown occurs when people involved in child welfare have different understandings of the laws, rules, and expectations.

In order to prevent this from happening, training programs should specifically focus on relevant child abuse and neglect laws and the specific characteristics of neglect that require mandatory reporting. One effective way to educate graduate students and social service personnel in training programs about child abuse reporting laws is to engage them in a variety of role-playing scenarios (Renninger et al., 2002). Any graduate student's degree program that creates the potential for interacting with children and their parents should include effective training on child neglect and abuse and on mandatory reporting procedures. In addition to improving the quality of education for graduate students in human/social service professions, medical students are also in need of training regarding the signs and symptoms of child neglect. Marshall (1997) found that medical students working in the hospital setting report that the training they received in the area of recognizing and treating child maltreatment and neglect was inadequate.

The child maltreatment literature emphasizes the need for adequate social policies to be in place, with appropriate review and evaluation, and the need for increased funding to support these policies for effective implementation within communities (Melton, 1995). When neglect programs are evaluated, the findings support an overall breakdown in the system, encompassing everything from mismanagement of funds to insufficient oversight of the implementation of services (Thompson & Wilcox, 1995). In 1974, United States Congress passed the Child Abuse Prevention and Treatment Act and created an organization responsible for sharing the knowledge base on child abuse and neglect. The National Center on Child Abuse and Neglect (NCCAN) has become the leading funding source for research on child abuse and neglect. The challenge for NCCAN is to balance the spending of monies between research and evaluation projects and on training, educational, awareness and dissemination activities (Melton & Flood, 1994). Although training activities are clearly important, it seems equally necessary for all involved parties to remain knowledgeable on current research and policy.

It is imperative that social scientists work to get the results of their research heard by lawmakers perhaps in the form of congressional briefings, for example, in the context of the United States. These

briefings have been useful in dissemination efforts and are successful partly because they have fewer format, time limit, and partisanship requirements, compared to other more formal congressional hearings (Melton, 1995). Thus, it is important for social scientists to become more familiar with the dissemination process and be prepared to take the initiative to ensure that research on child neglect is communicated effectively to the public and to lawmakers. In addition, increasing the frequency of social service briefings offers the potential for many child and family policies to be implemented and for funding dilemmas to be discussed. Developing a strong, supportive partnership between policymakers and the research community remains one of the single best ways to bring child policy research into the hands of the people who can initiate action (Melton, 1995; Thompson & Wilcox, 1995).

Although it is evident that there are numerous problems with the present system of defining, reporting, and treating child neglect, the situation is not without the possibility of redemption. A few carefully planned, targeted interventions for initiating change should focus on parents, community members, professionals, and policymakers. Since neglect is the number one form of child maltreatment and the number one cause of fatalities among maltreated children, intervention efforts should definitely be focused toward this problem (Administration on Children, Youth, and Families, 2001a).

Past research has indicated that one of the greatest risk factors for child neglect is parental substance abuse (Reid et al., 1999). In order to intervene on a child's behalf, we must try to target these areas as well. Interventions utilizing parenting skills training have had positive results (Gaudin, 1993). Thus, the question is raised: At what point should professionals provide needy parents with the educational tools necessary to create healthy, effective parenting styles? Logically, targeting at-risk populations should be of greatest importance, especially if they are already in a treatment setting or program. Thus, focusing on parents in substance abuse rehabilitation facilities or programs should be a top priority. Requiring individuals currently enrolled in these programs to attend classes dealing with parent-child issues helps educate them on what constitutes neglect and the support services available to them and their families. It is also important to remember that the earlier intervention takes place, the greater the likelihood of a positive outcome for children and families (Cicchetti & Toth, 1995).

The school environment is a relatively untapped resource for preventive efforts (Cicchetti & Toth, 1995). Because of the presence of a large, captive audience, it would seem that school-based prevention efforts could be effective. Through parenting skills, child development,

and home economics classes as part of the mainstream high school curriculum, students' attitudes and beliefs toward the demands of parenting could be improved.

Child neglect interventions during childbirth classes could be helpful if they included education on positive parenting strategies in addition to the traditional information on pregnancy and delivery. Along these same lines, obstetricians play an important role in the early identification and education of high-risk mothers. Although many mothers in at-risk populations fail to utilize other public services, a large number do seek the services of an obstetrician throughout the course of their pregnancy (Ventura, Martin, Curtin, Mathews, & Park, 2000). Providing educational material in the form of pamphlets in the waiting room, as well as encouraging doctors to discuss child neglect could bring about significantly increased levels of awareness among high-risk populations. Heightened awareness is integral to breaking the cycle of violence and neglect. Another underutilized setting for possible intervention is the hospital. The overnight stay that is required of all new mothers provides the perfect opportunity to educate and inform parents. A parenting class could be a required part of new mothers' prenatal care. Hospital personnel could then have the opportunity to give new parents important information related to preventing child neglect and enhancing positive parenting. All of the medical settings mentioned possess the potential to increase parenting skill and knowledge, and awareness of child neglect.

In communities, members rely on each other to provide support when families are experiencing crisis. This can occur in a variety of formats including parental support groups, child care assistance, and other types of supportive activities. Parents who are in need of these types of services may experience social problems and suffer from feelings of being alone (Chaffin et al., 1996). Community members can help increase local awareness by initiating fundraising activities and other community events that encourage knowledge and understanding of child maltreatment and neglect. In order to provide social support for the children in the neglected family, community members can sponsor "playground clean-up days," game nights, and other child-focused activities to give the children social interaction experiences and opportunities to experience feelings of belonging in the community. Overall, community members can be an important means of social support. Neighbors can also be a means of support for CPS workers by referring cases that are in need of investigation. A general interest in children and greater awareness of child neglect can create a citizen who is a valuable community resource for at-risk families. One

invested person in the community can lead to a group of people who will advocate for better treatment and intervention for neglected children. To gain community interest in this topic, efforts to generate awareness about child neglect must be increased.

Another overlooked tool that can reach many families, whether they are at-risk for neglect or not, is the media. When used properly, the media can be an incredibly effective tool for increasing the public's awareness and for distributing information about child neglect (Administration on Children, Youth, and Families, 2000). Not only is the media useful for providing information, but the media can also help advocate for a particular policy and encourage attitude change among many community members at once. Simple ideas include hanging posters in local stores and community centers displaying the prevalence of child neglect and what exactly can be done locally to help, or dispersing flyers about child neglect at community events. Another important strategy for increasing community awareness lies within television studios and newspapers allowing special interest pieces and public service announcements to be viewed in local communities. By committing to these pieces and agreeing to help raise awareness, members of the media can invest in the future of their community.

As discussed earlier, a main concern regarding child neglect and maltreatment law is the lack of uniformity that exists across states and provinces. Researchers have found a need for a nationwide set of criteria that constitutes a universal definition of neglect (Administration on Children, Youth, and Families, 2001b). Without such a unified definition, researchers, lawmakers, and social workers are apt to investigate child neglect cases differently, thus creating a division among the three groups. Thompson and Wilcox (1995) find that there is little communication and sharing of information among the various professionals and child advocates involved in child maltreatment and neglect cases. Researchers don't know the specifics of how cases are investigated, handled, or dismissed and practitioners are often unaware of the research findings. Adopting a unified definition of neglect would help all involved in child neglect communicate more effectively with one another.

In concordance with these concerns, the education and training of child protective service workers is an issue worthy of analysis and possible intervention. Many of the positions offered by local social service agencies require simply a bachelor's degree and a desire to work with children. To ensure that children have the best qualified advocates, perhaps these positions should require more education, training, and experience. Presumably, an advanced degree would provide such professionals with an increased amount of knowledge

that could help them to perform at a superior level in child-oriented service.

Collaborative efforts among scientists and agency personnel have the potential to create new ideas for recognizing and treating child neglect. In order to implement effective programs, funding is needed on a federal level. The National Center on Child Abuse and Neglect (NCCAN) receives money from the US Congress to fund research initiatives for child maltreatment (Melton & Flood, 1994). What is the best way to ensure that the policymakers spend this money efficiently? First, every community member should be encouraged to contact their elected officials and advocate for greater child maltreatment and neglect awareness programs in their community. These community interventions are great opportunities to enhance current knowledge about child welfare. In order to support these programs on the local level, mayors and council members need increased funds to support the outings, game nights, media campaigns, and support groups used to increase awareness.

Another way in which policymakers are directly involved in issues of child maltreatment is through the court system. The family court system that is set up in every county in the United States relies on many state and government employees to ensure the proper handling of child maltreatment cases. In order for this process to be improved, more people are needed to advocate for the rights and needs of the children involved in child neglect cases. These supportive advocates can only help families become loving and nurturing, especially if they receive help early on. Finding supportive advocates and creating effective community interventions requires increased funding provided to local government agencies.

In conclusion, a unified effort among researchers, agency personnel, and policymakers seems to offer the best solution for intervening in the life of neglected children in need. Due to the numerous risk factors and multiple poor developmental outcomes, intervention approaches utilizing multiple levels of action are seen as having the best chances for reducing the prevalence of child neglect in our society. By creating interventions that incorporate and coordinate the family, community, professional, and policy levels, we will provide children with the best chance for positive developmental outcomes.

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