



AMERICAN  
ASSOCIATION FOR  
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CHILDREN

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# Protecting Children

## Protecting Neglected Children

- Those of us in the field of child protection know that the long term effects of neglect are as devastating as those of abuse. We also know from the statistics coming out of AAPC's data gathering that as many children die of neglect as from abuse.  
*Kathern Bond (Page 2)*

- Implementing family system change without assuming executive functions the family is capable of doing calls for a treatment strategy that draws all the service providers together with the family to produce a concert of services that is family-empowering rather than destructive. Holding tenaciously and doggedly to the belief that the family *can* assume executive functions is the goal.  
*Roland Hartley, M.S.W. (Page 3)*

- In order to effectively treat child neglect, one must know who one is dealing with and have some possible explanation for the neglecting behaviors witnessed. Most parents want to be good parents, have the capacity to be good parents, and can be helped to do an adequate job. Abuse and neglect is rarely a willful act; it represents parental inadequacy and an inability to care for their children. There are reasons why neglect occurs.  
*Jim Codega, M.S.W. (Page 8)*

- It is extremely important to keep in mind that studies from allied fields have consistently demonstrated that maternal depression and large, closely spaced families negatively impact on parenting behavior in non-clinical families regardless of socioeconomic status. Early recognition and attendance to these problems may decrease the probability of recidivism — a far too frequent characteristic of neglect.  
*Susan Zuravin, Ph.D. (Page 13)*

### Inside This Issue

- A Program Blueprint for Neglectful Families
- CPS Treatment of the Neglectful Parent *attached*
- Child Neglect Research Findings — Some Implications for the Delivery of Child Protective Services
- The Cost of Child Protective Services
- National Dateline: CPS News Around the Country
- National Institute of Justice — Victims of Crime Research Program Plan for 1990

AND MUCH MORE!

## Neglecting the Neglected

*Neglect is a time bomb ticking away in the homes of many American children.*  
—Larry Brown

If the above statement were taken literally, the hue and cry to search and remove the offending item would be tremendous. But, since neglect is insidious, all-pervasive in many homes, and not very dramatic, we find that it is not very high on the list of priorities for many child protective agencies and their communities.

Historically, all types of child maltreatment were labeled as "child neglect" and all identified cases received treatment if the child was considered to be at risk. The explosion of numbers of cases of child abuse as a result of the newly enacted child abuse reporting laws in the 1960s and 1970s, however, brought about a change in the attitude and response of agencies which were overwhelmed with the sheer numbers of children coming to their attention. Child abuse was now the emotion-laden problem which the public demanded be addressed.

Those of us in the field of child protection know that the long term effects of neglect are as devastating as those of abuse. We also know from the statistics coming out of AAPC's data gathering that as many children die of neglect as from abuse. More than half of the total reports of child maltreatment relate to child neglect. And yet, the majority of research relates to abuse and those concentrating their research on the problems of neglect become as "voices crying in the wilderness" with little impact on the total problem of many of these children.

Funding of services and direction of state legislation is more often tied to problems around physical and sexual abuse with much less emphasis on the neglected children of their jurisdictions.

How do we explain the discrepancy of emphasis placed on the problems of child abuse as opposed to child neglect? The discovery of child abuse in the early 1960s by pediatric radiologists, the coining of the phrase "the battered child syndrome" and the acceptance of the behavior of the perpetrators as psychopathic was reported in a prestigious medical journal. The media response to this situation was sensational and tended to overshadow the problems of neglect. Child abuse was a much more dramatic basis for a story that was child neglect.

Legislative debate around the passage of the child abuse reporting laws gave some lip service to the problems of child neglect. When the Child Abuse Prevention and Treatment Act was passed in 1974, the definition of child abuse included child neglect. Thus, we find definitions completely reversed from the situation in the 1940s and 1950s, with child abuse now being the major problem to be addressed.

In many states the legislature gave such specific instructions as to how, when, and to what extent the response to child abuse must occur that neglect tended to be downplayed although included in the state's definition.

Some authorities have also pointed out that since the majority of neglect cases occur among the economically deprived sectors of the population, the adjunct problems that would need to be addressed are seen as overwhelming. We are not yet ready to plan for the type of social change which must come about to address these problems.

We are beginning to see some flickerings of hope regarding neglect of children. The intense study around assessment of risks when planning for children who are neglected has brought about better understanding of the problems occurring in these families. Other research has begun to enlighten us about the causal factors relating to neglect of children and the steps which must be taken to help these children. We are also aware of the tremendous impact the substance abuse problems of the past few years have had on the families of neglected children. There is an reawakening of concern among medical personnel regarding the medical neglect of children. Home-based services are being geared up to offer the intensive type of services needed by neglecting families. But at this time these are only flutterings of interest which must become a full fledged wind storm of concern if the problems of neglected children and their families are to be addressed effectively.

Contrary to the belief of some people, child neglect is a problem separate and apart from child abuse. Children die from medical neglect; children die from tumbling

from fifth-story windows when left unsupervised; and children die from severe lack of food, shelter, and clothing which could have been provided. And, for those neglected children who survive in a neglecting family, the long range results of the neglect can be much more devastating than results of abuse. Low self-esteem resulting from chronic neglect in turn results in poor adjustment to all life situations.

Experience has shown that these families and children can be helped. It is up to us to see that these families receive the necessary assistance to reach at least a minimal level of day-to-day response to their children.

It is our hope that the articles offered in this issue of **Protecting Children** will arm each of you with some of the necessary knowledge to get a new perspective regarding child neglect. That you will also learn some of the things that can be done to alleviate this problem. My greatest hope, however, is that each of you will become concerned that much more to be done and little is being done for neglected children. Our voices must be raised in unison to demand that neglected children and their families **must** be served.

**Kathern Bond,**  
Editor  
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**Larry Brown,** Executive Director  
The American Humane Association

**Patricia Schene,** Director  
American Association for Protecting Children

**Kathern Bond,** Editor

destruction in these mothers. Encouraging a client to talk it out rather than act it out is imperative.

- *Mentally Retarded Mother.* They are unable to make accurate connections between safe and dangerous situations for their children. Networking with family, friends, and other agencies is necessary to insure the child's safety. Teaching parenting skills requires constant repetition and frequent reinforcement.
- *Mother in a Reactive Depression.* They can be distinguished from the Apathy-Futility Syndrome by getting a good social history which depicts a previous adequate level of functioning and child care. Helping professionals must be prepared to invest the time and energy with a depressed client, who may be verbally inaccessible, in order to help them make child care and personal life decisions. Ventilation and restitution are the primary treatment techniques used with these clients.
- *Psychotic Mother.* If they are not properly treated their condition can lead to severe neglect of children through omission of proper food, clothing, shelter, and other necessary protective measures. Involvement of the mental health system with these clients is required.<sup>11</sup>

In summary, the word best used to describe or to depict a predominate feeling among neglectful parents is "indifference." When a person feels that they have no way available to them to change their circumstances then their feelings of "powerlessness" begin to dominate every facet of their lives. All of us tend to ignore circumstances which we feel we have little, if any, control over, and this lack of response to the basic physical needs of their children may be for the neglecting parent the ultimate expression of that feeling.

### ***Treatment Assumptions***

Experience has shown that neglectful parents come to the attention of helping professionals only after the discovery of serious problems. Most parents want to be good parents and strive to provide their children with the best of care. Many will request help from voluntary social service agencies and, if that intervention fails, then a referral to an involuntary service is made. Therefore, the most serious case of child neglect, which has not improved with the provision of voluntary services, will become another of the many cases in a Child Protective Services agency. Given the seriousness of the cases, the lack of time and resources in most communities, a CPS worker should never have to apologize for not "curing the family" in a quick and efficient manner. However, because of the CPS caseworker's knowledge of dynamics, characteristics, and causative factors of child neglect and because of their experience in treating these families and their willingness to do outreach, they may have a positive impact on the neglectful parent where others have failed.

When viewing treatment services for neglectful parents one must consider the current system responsible for the identification and treatment of child maltreatment. Most CPS agencies by

design contradict many treatment principles. It is forced, non voluntary intervention where an issue of control exists. The power disparity must be dealt with early in the treatment relationship so that available energy in both the caseworker and the client can be used in the amelioration of the neglectful behavior rather than a battle over issues of control. The CPS system often gives little time and opportunity for preparation to caseworker because of large caseloads and its crisis orientation. Regardless of these facts, the caseworker must adequately prepare themselves prior to responding to a case in order to avoid a system induced replication of the confusion and disorganization often present in neglecting families.

Many people, the majority having had different life experiences, have been involved in the lives of neglectful families. Most helping professionals are "middle class" and one of the major causative factors of neglect is low income. Riessman presents a model for contrasting the middle class character of therapy with the expectations of low income individuals which can give us a better awareness of why many neglectful parents have difficulty engaging in a treatment relationship. Goals of treatment for the middle class client are self-actualization, growth, and understanding. The goals of treatment when considering the low income of many neglectful clients are specific behavior change, improved physical health, and other concrete results. The cause of the problem for the middle class client is believed to be internal and in the past, while the cause of the problem in the low income client is believed to be external, in the present or recent past. The therapeutic process desired in the middle class client is to accept responsibility for one's own actions, to do it yourself, while the low income client views the process as a way to get formal and informal direction.<sup>12</sup> It can be concluded that most neglecting parents are action oriented rather than being verbally able to solve their problems which has very definite treatment implications.

### ***Treatment of Neglect***

In treating the neglectful parent, a major ingredient must be consistent and reliable presence. This means keeping appointments, being prompt in returning calls, and having the capacity to provide concrete services when needed. It really means making a commitment of time and energy. Three to six months of regular contacts may just be enough time to establish a helping relationship if one remembers that others have probably offered assistance to these parents in the past and never followed through. The quality of time, not the length of time is critical. Twice a month, half-hour visits are more effective than monthly hourly visits because of the neglecting parents' possible difficulties in sustaining any kind of verbal interaction, their lack of experience in helping relationships, and because of the often overwhelming feelings of despair. It must also be noted that many parents will forget the positive impact of previous contacts with the helping professional and must be constantly reminded of the worker's involvement with telephone call appointment cards, and even post cards when on vacation. Perseverance and consistency are two very important qualities of the helping professional dealing with neglectful parents.

Creating the conditions that will enable the helping relationship to take place is necessary. The basic ingredients as described by Rogers are genuineness, acceptance, and accurate empathy. Genuineness, realness, or congruence means that a helping professional is aware of his feelings in the relationship and can express them in a helpful, not opinionated or judgmental, way. Demonstrating to a client that feelings can be expressed in a safe way can help them discover within themselves this same freedom.

The second attitude is acceptance, caring or prizing. Accepting the client as a person of worth even though they have repeatedly neglected their children includes prizing the client in a total rather than a conditional way. No one can be totally accepting, especially when we see neglectful behavior continue, but unless this unconditional positive regard is a frequent ingredient in the relationship, positive client change is less likely to occur.

Sensing the feelings and personal meanings experienced by the client and communication of this understanding to the client is empathy. This attitude or treatment skill can be enhanced through training and practice and helps diminish the power disparity between client and helper. When clients sense that the helping professional is really listening to them, they may begin to listen to themselves.<sup>13</sup>

The establishment of this relationship is necessary but certainly not the only condition for positive client change. It will provide the beginning for other more specific change procedures, and will also assist in maintaining the relationship when things become difficult.

Two main treatment techniques are often used with neglectful parents — exploration and limit setting. The first and most important is the use of exploration. Through consistent and firm interventions, we let a parent know we are aware of their feelings to deny or not admit that a problem exists, but also demonstrate the seriousness of the neglectful behavior for the children by returning again and again. The denying client simply refuses to acknowledge anything that is painful or brings discomfort. These are people who may not invest at all in any treatment. They may appear to be unmotivated, but in fact, they are highly motivated to deny or avoid what brings them any discomfort or pain. Many neglectful parents are suffering from feelings of inferiority, poor interpersonal relationships, and personal limitations. Many have been snubbed and they have decided not to take any further risk. In a helping relationship the parent is encouraged to experiment with new behaviors and to take risks without fear of reprisal or ridicule.

Another possible reason for the client not admitting to a problem or engaging in treatment may be that the client feels their level of child care is appropriate. Because of their own child rearing experience many parents cannot understand why the CPS worker continues to visit because they feel they are doing it correctly. Remaining accessible to the clients in order to allow them to acknowledge a problem exists may take time. We must also be cognizant of the fact that until our client engages in the treatment process, the community must remain our primary client and court involvement may be indicated if

serious life threatening neglect does not cease. Honesty in regard to why we are involved is absolutely necessary from the beginning and is one of the basic ingredients in any helping relationship. Having a client show some denial initially, even to the point of not talking, is better than having a client agree with everything you say and yet have no intention of changing the neglectful behavior.

The lowering of authority during the exploration stage is also very important. Informing the client that together you can identify positive changes that need to be made equalizes the power imbalance in the relationship and sets the stage for problem identification and goal setting.

The second primary treatment technique used with neglectful parents involves establishing limits for the client. When a client appears to have unrealistic expectations of their children or does not possess enough child rearing information and does not appear to have the motivation or energy necessary to properly care for their children, then the caseworker must assume a greater role in decision making for the family. Self-determination is important for all clients, however, many of the families we deal with may not have the ability or adequate information necessary to always make good decisions. Assisting a person in this decision making process in order to free them so they can re-energize themselves is often an excellent way to provide concrete services to a client as well as gaining trust in the relationship. The mental health professional thinks nothing of providing medication to a severely depressed client in order to alleviate many of the symptoms of the illness so as to give their client more energy to devote to the therapy. Yet we hesitate to do the same for neglectful clients. As in all treatment, this practice should be purposeful and time limited in order to help a client learn how to assume the responsibilities for themselves.

The stratagem is to control negative behavior which will interfere with the progress of the individual in establishing the kind of give and take relationship necessary in order to become "functional" adults and parents. The use of demonstration or modeling behavior is effective with the neglectful client and being able to identify certain feelings that they are experiencing by identifying your own feelings of what happened in a relationship may be very beneficial in assisting a client with greater verbal expression. This self-disclosure can be used only after the relationship has been established.

By the use of exploration, you can begin the process of establishing a relationship with the client in which you have allowed them to demonstrate their resistance. Honesty and persistence demonstrated by the helping professional will begin to make a client feel some uneasiness as to their current level of child care. By establishing limits for the client and at the same time taking some of the decision making responsibility for brief periods of time from the client, enables them to begin to feel that things can be better. Assisting a client in verbalizing or expressing some feelings of pain or discomfort when discussing their child care practices and at the same time assisting them in verbalizing some of their wants and desires to do a better job will help to create the motivation necessary for our clients to

engage in new learning. Re-parenting is the major goal with neglectful families and ways to increase this desire to learn or motivation to learn is compulsory. This can be accomplished when the caring and humanizing of the client through the helping relationship has occurred and family crises are less frequent so that energy is available for the neglecting parents to learn new parenting skills and techniques.

### References

1. Holder, W.M. and Mohr, C. 1980. **Helping in Child Protective Services**. Denver, Colorado: The American Humane Association.
2. Young, L. 1964. **Wednesday's Children**. New York, New York: McGraw-Hill.
3. Fontana, V. 1973. **Somewhere A Child Is Crying**. New York, New York: The New American Library.
4. American Association for Protecting Children. 1988. **Highlights of Official Child Neglect and Abuse Reporting 1986**. Denver, Colorado: The American Humane Association.
5. Schene, Patricia. 1981. "Considerations Surrounding the Assessment of Whether Child Maltreatment is Increasing." Unpublished paper, Denver, Colorado.
6. Kadushin, A. 1967. **Child Welfare Services**. New York, New York: The Macmillan Company.
7. Mulford, R.M. and Cohen, M.I. 1967. **Neglecting Parents: A Study of Psychosocial Characteristics**. Denver, Colorado: The American Humane Association.
8. Op cit. See note 6.
9. Polansky, N.A.; et al. 1979. Isolation of the neglectful family. **American Journal of Orthopsychiatry** 49:149-152.
10. Op cit. See note 4.
11. Polansky, N.A.; DeSaix, C.; and Sharlin, S. 1972. **Child Neglect: Understanding and Reaching the Parent**. New York, New York: Child Welfare League of America.
12. Reissman, F., editor; Cohen J. and Pearl A., co-editors. 1964. **Mental Health of the Poor — New Treatment Approaches for Low Income People**. New York, New York: Free Press.
13. Rogers, C. 1977. **Carl Rogers on Personal Power**. New York, New York: Delacorte Press.

*Jim Codega, M.S.W., is Director of the Mental Health Child Abuse Treatment Program, Attleboro, Massachusetts and is a member of AAPC's National Faculty.*



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For further information contact Patricia Schene, Director or John Fluke, Project Manager, National Resource Center, at AAPC, 303-695-0811 or 1-800-2-ASK-AHA.

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