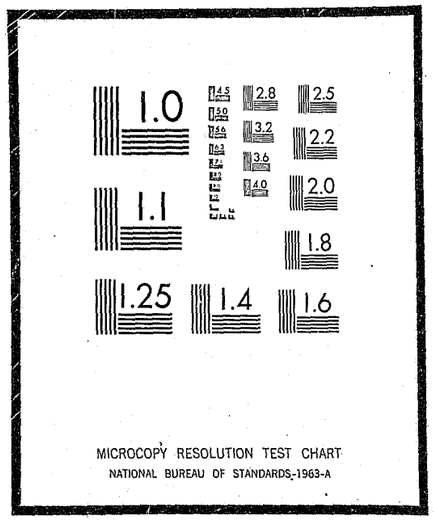

PROFILE OF NEGLECT

A Survey of the State of Knowledge of Child Neglect

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SOCIAL and REHABILITATION SERVICE
Community Services Administration
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FOREWORD

In 1973, Norman Polansky said, "An off brown, fetid, psychological smog has descended on the America of our generation." In strong language, one of the country's leading authorities on child neglect was describing our Nation today where, he says, he would not be surprised to find a million neglected children at any one time.

The deep concern of Congress for abused and neglected children was made evident with the passage of the Child Abuse Prevention and Treatment Act (P.L. 93-247) which President Nixon signed on January 31, 1974.

The Department of Health, Education, and Welfare, which in 1973 had placed the problem of abused and neglected children among its top priorities, was aware that most research in this area was focused on *abuse*. Obviously, if Federal, State, and local agencies and organizations—public, private, and voluntary—were to more effectively fulfill their responsibility for serving neglected children and their families, they needed a ready resource on the state of knowledge of child *neglect*.

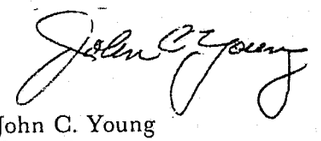
Thus, in November 1973, a child welfare research grant (No. 09-P-56015/5) was funded by the Department's Community Services Administration (CSA) of the Social and Rehabilitation Service for the purpose of developing a survey of the state of the art of child neglect—the first to our knowledge.

Dr. Norman A. Polansky, Professor of Social Work and Sociology, University of Georgia, was uniquely qualified for the job of Senior Investigator of the research project. As a psychologist, social worker, sociologist, and researcher—including recent extensive research on child neglect in Appalachia—he has studied neglectful parents and their children for many years. Dr. Polansky's colleagues in the massive effort of compiling and analyzing research and practice knowledge on child neglect were Carolyn Hally, a social caseworker, and Nancy F. Polansky, a psychiatric nurse. Assisting them from the Federal level were CSA's Mildred Arnold and Virginia White.

"Profile of Neglect" brings together an abundance of facts and figures about child neglect: its definitions; its prevalence; many of its causes and results; some steps for prevention and some ways to treat. In addition, the authors impart fresh insights into understanding many of the forces that contribute to the neglect of children. And, so important, they tell us what we still don't know about child neglect. As they indicate in their introduction, research in this area leaves much to be desired. It should be noted here that the opinions expressed in "Profile of Neglect" are those of the authors and of other researchers in the field of child neglect; they are not necessarily those of the Department.

CSA hopes this publication will prove valuable to all the concerned men and women who serve, who come in contact with, or who are in some way in a position to help neglected children and their parents. We also anticipate that this document will stimulate the kind of productive research that is still needed.

Through as many avenues as possible, all of us must seek new and better ways to protect our Nation's children.



John C. Young
Commissioner
Community Services Administration

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INTRODUCTION

THE AIM OF THIS PROJECT was to assess the state of knowledge of child neglect in this country. We undertook to survey what is known—or at least what is commonly accepted among experts—regarding the definition, prevalence, etiologies, and possible preventions and remedies for this social problem.

This document represents 6 months of effort in which staff were assembled and information gathered and integrated. It is hoped that subsequent published versions of our work will show the increments which time for reflection and further digestion will permit.

Integration was difficult because the body of information relevant to child neglect remains diffuse and rudimentary. The Library of Congress, for example, has a subcategory for child abuse; none for neglect. We found only one substantial review article published on this topic in recent years—the excellent but limited paper by Meier (1964) to which recurrent references will be made. The texts by Kadushin (1974) and Costain (1972) have chapters dealing generally with protective services.

Consequently, it was necessary for us to decide the boundaries of relevance to this topic. We chose them so as to include a number of matters which very much impinged on child neglect, even if they were not previously subsumed under this heading, especially in discussion of the etiologies and sequelae of neglect. Others may or may not accept these boundaries. There literally is no tradition.

In addition to the life experiences and other professional qualifications of the authors, the main source of data for the study was the published literature, including some unpublished documentation. We attempted to stay current and to include important articles emerging in print as writing was under way. Colleagues around the country were also contacted. The correspondence was helpful primarily in verifying how little, really, is under way in the form of innovative projects.

Finally, we made personal contact with a number of experts directly engaged in the work. A conference was held in Atlanta on May 22 and 23, 1974, at which time a preliminary version of this report was held up for critical review. Present were Leontine Young (Child Service Association, Newark, N.J.), Alfred J. Kahn (Columbia University School of Social Work), G. Lewis Penner (Juvenile Protective Association, Chicago), and Walter Leefman (Massachusetts Society for the Prevention of Cruelty to Children) as invited consultants. Other experts were Katherine Boling and Jerry White (Georgia Department of Human Resources), James Vaughn (CSA Regional Office, Atlanta), and Mildred Arnold and Virginia White (CSA Central Office, Washington, D.C.). We are grateful to them for their critiques and addenda, and we trust this revision shows that their remarks did not fall on deaf ears. Other individual contacts too numerous to list also proved rewarding.

A further methodological caveat is very much in order. In our opinion, little is known with any confidence about child neglect if ordinary, scientific standards for credibility are applied. The same can be said, evidently, of the several areas adjacent to this topic.

Many of the papers we reviewed were "think pieces," advancing ideas that were supplemented with illustrative case material. Often the "studies" cited were based on samples trivial in size and/or dubious as to representativeness. "All the cases seen at our hospital between Time 1 and Time 2" is, of course, a convenience sample. Issues of the reliability and validity of instruments were typically not even confronted. Findings of potentially great impact have seldom been picked up for

serious replication. Without singling out particular studies for special criticism, we might add that our dubiousness extended to fields in which we have no expertise; e.g., nutrition and neurology.

Hardly a study in the area of child neglect can be considered more than a "pilot". A few achieve the status of being "diagnostic," meaning quantitative methods of data collection were used in a systematic search for promising hypotheses.

One could say, "Nothing is known about child neglect." But this is not literally true. Practice knowledge does exist, and it is better than no information at all. Although there is no intention here to support overconfidence in the face of ignorance, if policy decisions are to be made, it is better that they be founded on what we do have.

How then to present the data we had accumulated? Certainly, it would have been tortuous to qualify every assertion quoted, every summation offered. As a matter of convenience and readability, therefore, we wrote from the stance, "If we tentatively accept most of what we are being told, what then do we seem to know?" But, actually, nearly every "finding" presented must be regarded as, at most, a hypothesis warranting further investigation. Therefore, it is to be emphasized that child neglect is *not* one of the fields of which it can truthfully be said, "We already know all we need to; let's get on with the action!"

DEFINITION OF NEGLECT

Distinguishing Neglect from Abuse

CHILD ABUSE AND CHILD NEGLECT are closely linked in public thinking and in legislation. In the professional literature, they are also often treated as one. As if speaking of *the* neglectful parent were not oversimplification enough, reference is made to *the* "abusive and neglectful" parent.

When we recently wrote colleagues to inquire into stimulating new programs of work on *child neglect*, a surprising proportion offered descriptions of programs dealing with *abuse*. So the failure to discriminate between the two is not limited to amateurs; a number of experts have treated the distinction loosely (Bleiberg, 1965; Isaacs, 1972; Mulford, Cohen, and Philbrick, 1967).

Some who group the conditions together have a conscious rationale for doing so. Vincent Fontana (1973) writes:

> **Although we realized that it was useful, from the point of view of diagnosis and treatment, to be able to categorize the physical abuse as one thing and neglect as another, we felt that such a distinction was really of little value to the child in need of help .... Any treatment by which a child's potential development is retarded or completely suppressed, by mental, emotional or physical suffering is *mal*treatment, whether it is negative (as in deprivation of emotional or material needs) or positive (as in verbal abuse or battering). (p. 24)**

A tenet of this report is that neglect and abuse are probably related but by no means identical. Unless we approach them as separate entities, there will be no way to determine whether they represent "a difference that makes a difference" for identification, treatment, and programmatic policy. Commonalities between the two should be empirically demonstrated rather than presumed.

Abuse is by no means a univocal phenomenon, but it permits a more concise definition than does neglect. The traditional preference of investigators for readily manageable problems may well be a major reason why abuse has been the more popular object of study. Zalba (1966) labels as abuse cases where physical injury has been inflicted on a child by his or her parents or parent substitutes to the degree that life or health has been endangered. Gil (1970) states:

> **Physical abuse of children is the intentional non-accidental use of physical force, or intentional, non-accidental acts of omission on the part of a parent or other caretaker interacting with a child in his care, aimed at hurting, injuring or destroying that child. (p. 6)**

As its author remarks, this definition is fairly satisfying conceptually but, operationally, it presents difficulties. How to verify that an "act of omission" was intentional? No wonder someone as sophisticated as Court (1970), writing on child battering, treats the term as self-evident.

A distinction of neglect from abuse, linking the conditions differentially to trends in the parents' personalities, was given by Chesser in 1952 and cited by Zalba (1966):

> **There is a radical difference in character between cases of neglect and cases of cruelty to children .... while neglect may be a form of cruelty, it is more often caused by or exaggerated by extreme poverty or ignorance. Cruelty on the other hand is more likely to be related to**

> **deep-seated characterological or psychological causes rooted in the childhood experiences of the abusing parent or parents, such as physical or mental cruelty inflicted on them by their parents. (p. 5)**

The same somewhat uncritical differentiation has been carried forward by others, including so expert a student as Kadushin (1974): "Neglect appears to be a response to social stress . . . . Abuse appears to be a response to psychological stress." (p. 283) In her seminal study, *Wednesday's Children*, Young (1964) continued the search for differential diagnosis, separating the two phenomena. A generally accepted descriptive difference was well expressed by Giovannoni (1971) who associated abuse with acts of commission; neglect, with omission. Hence, neglect represents failure to perform parental duties, including those of supervision, nurture and protection. The form of nurture that is expectable or deemed essential, however, becomes a complicated question. The environment's impact, after all, is experienced as "stressful" only as it impinges on individual feelings. We shall discuss some of the complexities in assessing "inner" versus "outer" sources of neglectful behavior in the section on *Etiology*.

Legal vs. Professional Definitions

The two professional groups thus far most concerned with neglect have been the legal authorities—that is, the courts and other related officials—and social workers. Meier (1964) has offered a provocative review of the two sorts of definitions used explicitly and implicitly by the two professions. She observes (as have others) that the legal definitions of neglect vary markedly from State to State.

Neglect laws vary, but any neglect law must embody these elements:

> **(1) the definition of a child; (2) identification of the persons qualified to petition to the court who allege that a child is being neglected; (3) specification of the meaning of neglect; (4) description of the nature of the legal procedures to be followed and identification of the court of jurisdiction; and (5) a statement of the ways in which the court may dispose of the neglect petition before it. . . .(p. 156)**

Meier goes on to describe elements covering neglect that are commonly found in statutes of individual States:

> **Similarly, the conditions that constitute neglect are variously defined, but rather characteristically the laws cite these circumstances: (1) inadequate physical care; (2) absence of or inadequate medical care; (3) cruel or abusive treatment; (4) improper supervision; (5) exploitation of the child's earning capacity; (6) unlawfully keeping the child out of school; (7) exposing the child to criminal or immoral influence that endangers his morals. . . . (p. 157)**

Since both legislators and social workers are strongly influenced by community norms, Meier notes it is not surprising to find that their definitions of neglect have much in common. The child's physical, emotional, and intellectual growth and welfare are presumed to be jeopardized by a wide range of conditions: ". . .When, for example, the child is: (1) malnourished, ill clad, dirty, without proper shelter or sleeping arrangements. . . ." ranging to "(8). . .exposed to unwholesome and demoralizing circumstances." (p. 25)

However, Meier also cites the somewhat different view of neglect which social workers hold. One is the degree of inference involved in making a judgment concerning neglect. According to her, "Law cannot be concerned with causative factors or with predictions of future behavior." (p. 161) There are dangers involved if the law removes children on the basis of uncertain predictions of things to come. Hence, judges generally confine themselves to matters of clear and present danger, whereas social workers become concerned about what the child's future will bring if nothing is done about the child's current circumstances.

Certainly, the state of knowledge does affect what is regarded as neglectful. For example, before there were rabies shots, nothing could be done for a youngster bitten by a rabid dog. Today, the failure to get prompt medical attention for a bitten child would, no doubt, be deemed neglectful. The same might be said about ensuring adequate protein in an infant's diet. Hence, a professional statement of what constitutes child neglect depends on our knowledge of child development in all its facets.

Continuing, Meier notes that social workers are more sensitized by training to concern about "emotional neglect." She, herself, questions whether legislators should enter that particular thicket, with its wide openness to interpretation by individual courts. Finally, she observes that, whereas the law is concerned with neglect as an entity, social work thinks of child care along a continuum that ranges from excellent, through adequate, to cause for grave concern, and, finally, to neglect.

Although we literally had not come across Meier's writing at the time we did our work, it is of interest that our own scale (described below) for measuring child caring follows the idea of the continuum. But, not only is child caring a continuum, it is a multiplex dimension. On the one hand, children prove amazingly resilient; on the other, the nurture of a child to his or her full potential requires the simultaneous meeting of needs in an astonishingly wide variety of areas. These areas range from ensuring sheer survival to developing cognitive abilities and the capacity to love. Moreover, neglect is inevitably relative: children of disorganized, multiproblem American families are nearly all better off than those now starving in Africa's drought countries.

For all these reasons, we have ourselves regarded attempts to define neglect, conceptually, as premature and scientifically presumptuous (Polansky, Borgman, and DeSaix, 1972). However, the present assignment demands establishing boundaries. We offer, therefore, the following working definition of child neglect:

> **Child neglect may be defined as 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.**

Implicit in this definition are that: (a) the caretaker may be a nonparental figure, such as a social agency or even a community; (b) the neglect need *not* be limited to consciously motivated behavior; (c) as a matter of values, failure to alleviate avoidable suffering is deemed neglectful even if it leaves no certain, long-term damage; (d) we believe that the state of knowledge will (hopefully) change, so that the best we can do now is to offer our definition in terms of what is definitely known in each area—hence, the concept is necessarily somewhat ambiguous; and (e) neglect, like abuse, may prove lethal (Giovannoni, 1971; Bullard, et al., 1967, Kromrower, 1964) and often does.

Our definition, then, represents a stand on a variety of related issues. It is in line with current social work thinking (Kadushin, 1974). Emphasis must be given to the fact that neglect is not defined in terms of intentional parental misfeasance. Conscious intention will often be hard to determine, especially among people living, themselves, in dreadful circumstances. The key issue (according to *parens patriae*) is the probable impact on the child, a point stressed by Goldstein, Freud, and Solnit (1973). A similar stand with respect to the legal definition of child abuse has been taken by Newberger (1973) and by Newberger et al., (1973).

Legal definitions usually reflect the norms and opinions most prevalent in a culture—as they probably should. Nevertheless, we would urge that the definitions used not be held only to matters universally accepted, but that advantage be taken of new scientific findings at the time such findings are adopted by responsible, expert professionals.

Operational Definition of Neglect

The working definition of neglect offered is arguable—as definitions always are—on semantic and conceptual grounds. Thus, it might be reasoned that an operational definition would be totally unsatisfactory. But this is not the way science typically moves forward. Very often, a concept is simultaneously clarified, both conceptually and operationally, by a process of successive approximations to desired criteria. Legal adjudication is one way to achieve an operational definition of

neglect, but it is scientifically unsatisfactory for reasons already given (and to be elaborated on further in *Prevalence of Neglect* below).

Basically, two approaches are used for securing data regarding the care a child is receiving: (1) examine what a family is providing its child or (2) examine the child and draw conclusions from that. All methods of inferring adequacy of care are variations on these themes, including observation of sequelae in the child; hearing the child's own report; reading parental reports of care given; observing parental character and available amenities in the home (Polansky, Borgman, and DeSaix, 1972, p. 31ff).

An instrument, long in use, that relies on many of the above sources is the Family Functioning Scales of Geismar and his colleagues (1973). Developed originally for work on the multiproblem family, the scales depend heavily on interviews for basic data from which ratings are then made. Satisfactory levels of reliability have been achieved, as well as evidence of construct validity. However, the scales give rather global ratings; they are not specific to the measurement of neglect, as such.

The most relevant instrument yet in the literature appears to be our own Childhood Level of Living Scale (Polansky, Borgman, and DeSaix, 1972), probably because it was developed out of a concern for children receiving care thought to be marginal or outright neglectful. The idea for such a scale was adopted from work by the rural sociologists (e.g., Belcher, 1972) who were pushed to find ways of scaling families whose life styles were at a level which ordinary measures of socioeconomic status ceased to discriminate.

Our scale (the CLL) is multiplex. It includes numerous facets of basic physical care along with measures of "cognitive/emotional" nurture. The CLL was designed to be used with families existing at or very near the poverty line. With income thus held constant, a number of meaningful relationships have been established, for example, between the CLL score and facets of personality of the mother—the parent on whom we chose to focus our study of poor Appalachian families.

Others, by the way, have found that, in research in rural areas, the family's level of living is by no means solely dependent on income. Belcher, Crader, and Vazquez-Calcederrada (1973) have assessed the variance in level of living associated with other factors among a large group of families in Puerto Rico. "The greatest amount of variation is 'correlatively' explained by style of life, 40 per cent . . . . Of particular significance is the relatively small amount of variation accounted for by the economic set alone . . . 22 per cent." (p. 191) By life style they mean, in this instance, something they call the "middle class syndrome," characterized by reading habits, numbers of persons able to drive in the family, and the like.

The internal consistency of the Childhood Level of Living scale is very substantial, not only among items involving judgment and, therefore, susceptible to halo-effect, but also among many items that appear highly objective. Thus, it is meaningful to refer to the CLL as a single, if complex, dimension. For example, in the rural population observed, children in the most dilapidated housing tended to have the least amount of attention given to their needs for affection and stimulation. The other advantage of the CLL is that it has proven useable by other personnel (e.g., workers in the Aid to Families with Dependent Children program) after very short periods of on-site training by our research personnel.

Hence, there is evidently no question that a scale can be developed for assessing child care on a continuum, with many of the characteristics deemed desirable in any research instrument. One puzzle, however, still remains: Where should the cutting point be set? Below what score is a child to be considered "neglected"? In practice, the criterion for the scaling used in courts is set by cultural values. How might we supplement present procedures?

One way would be to use the CLL on a large population. (A limitation in the scale, it should be noted, is that it was designed for children aged 4 or 5, but much of it is relatively independent of the child's age.) Norms would then be established from this greater population—such as we do with any other instrument—including scores at various percentile levels. The percentile rank on the CLL might then be used as, at least, *one* important datum in appraising a child's environment, although even here we would still be reluctant to fix an automatic cut-off point without further experience.

A scientifically more desirable method would be a discriminant-function analysis, using the CLL score as the predictor variable. If research with a substantial sample of children enabled us to set the odds that, say, a child with a CLL score below "X" would become mentally ill, delinquent, retarded, or withdrawn, the field would then be in a position to use the instrument with much greater confidence and impact. When the probability is 20 to 1 the child will eventually be severely damaged, then the child's fate is no longer a scientific curiosity but a moral and legal question.

There are other methods of assessing the level of care, including psychological testing of the child. The degrees of trustworthiness of all of these techniques are implied in the correlations reported in *Roots of Futility* (1972) where our research appears most completely. However, in all modesty (and we have much to be modest about), the CLL is the most promising instrument, involving minimal inferences, available at this time.

From experience, we have learned that any such scale must be age-graded in format. Actions that seem part of essential mothering at one age may become infantilization when the child is somewhat older (Sharlin and Polansky, 1973).

PREVALENCE OF NEGLECT

HOW MUCH OF A PROBLEM is child neglect? Part of the answer to this question must be quantitative. But what statistics do we require? For most social ills with an acute, denotable onset, the concern is with *incidence*. Neglect, however, does not often fit the incidence model. More typically, it is a chronic state, woefully private and undetected until it becomes glaring or leads to some dramatic denouement. The more appropriate index, therefore, would be its *prevalence*.

The prevalence of neglect remains a mystery, with no reliable figures for the Nation as a whole. Several of us have formalized our belief in writing that official figures available lead to serious underestimates. The standard method we use is to count the number of complaints received and then to determine the number of different families involved and/or the number of children (since different complaints about the same family may involve different children). Next, we ask whether each complaint, or investigation, proved justified. These are reasonable steps toward counting the "number of justified complaints," but even they are not yet standardized. Will these procedures yield incidence or prevalence? Probably, the latter.

Figures on legally *adjudicated* neglect have to be gross underestimates of the problem. Nearly every agency, public or private, tries to help the family without court action. Those seen by a judge are a fraction of all families against whom justifiable complaints have been made (Kadushin, 1974, p. 264). Judges are appropriately cautious about affirming petitions to remove children for neglect for legal reasons (Melson, 1956; Mulford, 1956; Rosenheim, 1966; Wylegala, 1956; Rodham, 1973). Occasionally, political considerations also enter the picture. "Parents vote but minor children do not, and an unpopular decision on a neglect petition might cost a judge more votes than responsible removal of such youngsters would ever gain for him." (Polansky, Borgman, and DeSaix, 1972, p. 30).

In surveying legislation and programs in the Southeast related to child abuse, Johnson (1973) documented the pitfalls—in definition, in manpower, and in easy access by the public—that lie between official agencies and reliable estimates of the extent of abuse. The same would apply to neglect. We have only recently begun to have laws requiring the reporting of abuse to a central registry—or indeed to anyone. Neglect lags behind. Lewis (1969) has also remarked that the occurrence of neglect is substantially underreported.

Using fragmentary data we have, in the past, estimated the ratio of neglect to abuse at least as great as 10:1 (Polansky, Borgman, and DeSaix, 1972, p. 25). Kadushin (1974) and others also underscore the probable numerical preponderance of neglect over abuse. Of over 4,700 cases referred to a private child protective agency in Massachusetts in 1972, only 14 percent involved abuse (Massachusetts Society for the Prevention of Cruelty to Children, 1973).

For several years, the State of Florida has had perhaps the most advanced system in the country for the central reporting of abuse and neglect (Fell, 1974). The system, which resulted from a 1971 change in the laws regarding child abuse, broadened the definition of abuse to include much that we know as neglect. Also, responsibility was taken from the local juvenile courts and lodged with the State's Department of Health and Rehabilitation. The child abuse registry was set up in October 1971. A WATS line was installed for receiving reports from anywhere in the State; it has been manned around the clock, 7 days a week. Also, an advertising firm did a tasteful and very effective job of placing radio and television spot announcements, newspaper advertisements. and billboards. In addition, several dramatic cases involving neglect were reported in the news at about that time, and the media mentioned the central reporting service with its WATS lines.

Prior to October 1971, there had been a central registry of sorts for doctors to report cases of gross abuse to local juvenile courts. In the year preceding the new system, 19 such reports were submitted to the central office. In the first 18 months of the new program (i.e., through March 1973), 31,828 children were reported "abused." However, when these figures were broken down according to specific "type of abuse," we found 6,783 children "unattended;" 8,362 with "disorganized family life;" and so forth. After eliminating about 3,500 cases, the nature of which we could not clarify from the table available, we divided the total into abused vs. neglected. On this basis, we arrived at 21,635 neglected to 6,702 abused children—a bit more than a 3:1 ratio, but a smaller disproportion than all previous estimates. The number from this one State is very large when we consider that, a few years earlier, Gil (1970) tabulated about 6,500 affirmed abuse complaints for 1 year in the whole United States. In Florida, by April 8, 1974, a gross total of 63,315 complaints had been received (in a little more than 30 months).

Each call received in Jacksonville is immediately relayed to a social worker on call in the local county. The worker begins immediately to investigate the complaint. Between 60 and 63 percent of all calls prove justified, according to those in charge of the program.

Spite calls, false alarms, or nuisance calls are seldom received; the vast bulk of calls have a basis for being made. A heavy proportion of the calls come from the citizenry, from neighbors and relatives, as well as from schools and others. The medical profession continues to be low in reporting. But the message from Florida, with its former count of 19 cases of child abuse, is plain. A bit of organized casefinding enormously magnifies the vision of the number of youngsters in trouble in these United States.

Because we were curious also about current experiences in other parts of the country, we secured other figures from a rural and an urban county in South Central New York (Couch, 1974). New York now requires central reporting, including submitting forms at fixed intervals to demonstrate that complaints have been followed up at the local level. New York also has a statewide WATS line which receives complaints 24 hours per day as a result of a law enacted in September 1973. From then through December, in Broome County (which includes Binghamton), 416 complaints on 188 different families were received by the public child protective service. From experience, it was estimated that 90 percent of the complaints would be justified and that about 20 percent of those would be taken to court.

Broome County has a staff of 20 supervisors and 50 caseworkers in protective services. Even a nearby rural county (Tioga) had 31 different families with justified complaints in a 6-month period after passage of the new law. It will take a few years to clarify how great the volume will eventually prove to be in all of New York State alone.

Partly because of the nature of its reporting law, statistics from our own State of Georgia are understood to be incomplete, even with respect to child abuse which was, until 1974, mandated under the law for central registry reporting. A new bill was passed in 1974.

According to Mr. Jerry White, the State's consultant on protective services, 340 cases of abuse were reported in Georgia in the fiscal year ending June 20, 1973. Of these, 70 to 75 percent will probably have been confirmed after investigation. Mr. White's data show that 88 cases (26 percent) required court action to protect the child. No reliable estimate could be made of the comparative prevalence of neglect; Mr. White would not be surprised it if ran "as high as 20,000 cases"—a ratio to abuse of over 50:1.

Light (1973) recently published a paper on abused and neglected children. Using methods familiar to economists, he arrives at a number of conclusions. At one point, for example, he develops a probability model from which to estimate the incidence of child abuse. Substituting constants for unknowns in his model—constants which "appeared reasonable after an informal survey" (p. 565)—he arrives at the estimate that "0.004 of all American families physically abuse a child." (p. 565) Introducing another set of constants in his

model yields the figure "0.01 of all American families" (p. 566) as a *maximum*. The upper bound estimate, in other words, is 25 times the "reasonable estimate."

From such reasoning and from data from New York State in which "neglect" means "severe neglect or sexual abuse," Light arrives at an estimate, nationally, of 465,000 "neglect and other maltreatment incidents" other than abuse (p. 567).

Meanwhile, Light's observation that the "incidence" of abuse and neglect depends heavily on how concerted an effort is made by State agencies to enforce reporting certainly warrants attention. There are variations in the calculated rate as wild as 9.6 cases of abuse per 100,000 population in New York, as contrasted to 1.5 in New Jersey, although the two States are adjacent and, in many respects, very comparable (p. 562).

Fontana (1973), who is impatient with the distinction between abuse and neglect, speaks of "maltreatment." He cites figures from Vincent De Francis of the American Humane Association that "10,000 children are severely battered every year, at least 50,000 to 75,000 are sexually abused, 100,000 are emotionally neglected, and another 100,000 are physically, morally, and educationally neglected." (p. 38) Fontana estimates that at least 150 children die each year in New York City alone as a result of maltreatment (p. 39). In New York City, figures on maltreated children rose from 1,800 cases in 1969, to 3,000 in 1970, to 6,000 in 1971, and to more than 10,000 in 1972.

While recognizing that these soaring figures are partly due to the later inclusion of neglect as well as abuse in the statistics, Fontana believes the rise represents more than improved reportage. "I believe we are seeing an actual increase, and that the reported figures have not yet caught up with the facts." (p. 159) "I cannot help but feel that the soaring statistics. . .are symptomatic of our violent, unhappy times. . .of the increased stresses that are confronting *all* society and the crest of violence that seems to be engulfing the world." (p. 40)

Social workers have had similar, morbid observations about the state of our Nation. "An off brown, fetid, psychological smog has descended on the America of our generation." (Polansky, 1973, p. 57) We should not be surprised to find a million children neglected in this country at any one time.

Summing up, we see that the prevalence of child neglect is still really unknown. As with child abuse, the statistics on neglect will be influenced by such factors as how it is defined, professionally and legally; the laws passed by the various States requiring central reporting to facilitate collection of data; the success of State social service departments in encouraging officials, teachers, doctors, nurses, and other interested citizens to initiate the "complaints" which eventuate in reporting. Even the convenience of the reporting form probably affects a State's final figures. It seems likely that insofar as prevalence statistics err, the error will be on the side of conservatism. Official figures are probably still a fraction of all the neglect that is occurring.

A minor additional question has been pursued: How does neglect compare numerically with abuse. As mentioned, estimates of the ratio vary markedly, but even Florida shows a proportion of at least 3:1. Other estimates of the ratio put the preponderance of neglect higher in most places in the country. Should the figures available ever appear sufficiently valid to be regarded as useable social indices, we shall have an interesting further possibility; that is, the ratio of neglect to abuse may actually vary from State to State, and not simply because of the States' systems of data collection. With valid data, it would make sense to ask whether such factors as per capita income, on the one hand, or crimes of violence against adult persons, on the other, have systematic relationships with the rates and ratios of neglect and abuse.

ETIOLOGY

THE ETIOLOGY of each case of child neglect is to be sought in the forces that result in parents who give less than adequate care to their children. Controversy abounds over the nature and loci of these forces. Some workers are so case-oriented that they believe as many etiologies exist as do neglect situations; so they offer no generalizations at all. Others object to the term "etiology," since it is redolent of the "medical model" and implies individual weakness or dysfunction; this they interpret as "fixing blame."

With respect to child neglect, as to child abuse, argument is heard over whether neglectful parents should be seen as victims or as culprits. Such debates make good rhetoric, but they are inevitably simplistic; they have little place in the serious search for ways to help the children and their families.

Actually, not a great deal is known about the "causes" of child neglect. This is not surprising in view of the other aspects of our ignorance that were documented above. What we have is a number of approaches to locating the causes—metatheories rather than theories—with specific connections established in only a few instances. To us, it is likely that, rather than locating a universal pattern underlying all instances of neglect, we shall eventually come up with a series of types, or syndromes, involving neglect. Rather than discussing etiology, we shall then be discussing etiologies. Meanwhile, the approaches advanced are to be taken seriously but not as universal answers. Rather they should be seen as representing particular forces thus far identified in at least some cases, under some circumstances.

This compact review begins with explanations that are more or less sociological in emphasis; then explanations are offered of the causes of neglect, couched in terms of intrapsychic differences and dynamics.

Economics

Kadushin (1974) writes: "Neglect appears to be a response to social stress. More often than not, the neglectful mother has no husband, is living on a marginal income and in substandard housing, and is responsible for the care of an atypically large family of children." (p. 283) This is a fair statement of the point of view that neglectful parents are, themselves, victims of misfortune. Poverty is, of course, a predominant form of stress, and the failure to provide adequate economic underpinnings for each family rests, in large measure, on an increasingly inadequate system.

Piven and Cloward (1971) doubt that our public welfare system is geared to reducing either poverty or its stressfulness. Several of us have demonstrated that the standard of living of children receiving assistance under the Aid to Families with Dependent Children program is more barren than among others of the rural poor (Bonem and Reno, 1968; Polansky, DeSaix, and Sharlin, 1971). Jeffers (1967) documented what life is like for women and their children in a poverty-level housing project in Washington, D.C. As the late Sophie Tucker used to say, "I've lived poor and I've lived rich. Rich is better." Child neglect is seen, then, as one result of the pervading stress that poverty imposes.

Closer to our immediate concern are the few papers dealing with the effects of abject family poverty on children. In a study of women committed for child neglect to the New Jersey Reformatory for Women, Schorr (1968) reported that at least half had been living in housing that was dangerous; really unfit for human occupancy.

Noting how children of migratory workers may be either illegally at work in the fields or else left locked in shacks all day, Bennett (1968) has called

them "the most neglected children of America." (p. 308) Reul (1974) has also dealt with the dreadful living circumstances to which many children of migrant workers have been exposed, and with the extent of their hunger (1973). Hers is one of the few writings dealing with the plight of many Indian children residing on reservations. From our own unsystematic observations, Indian children are other candidates for Bennett's unlovely title.

The study by Giovannoni and Billingsley (1970) is well known. Assuming the effect of economic stress, as such, the study goes beyond it to examine other factors often associated with poverty. On the basis of past histories, 186 low income women were grouped into three categories of child caring: adequate, potentially neglectful, and neglectful. They were then interviewed, once, in depth to try to learn more about why some mothers were more prone to neglect than others.

The interviews, which dealt with past and present life circumstances, revealed that neglectful mothers were likely to have more children, to be without husbands, to have had recent marital problems, and to have even worse financial and other resources (e.g., no telephone) for child care. Isolated within their neighborhoods, they also received less emotional support from their kin. On the other hand, social and familial backgrounds did not seem to differentiate the neglectful mothers from the other groups. Hence, the authors concluded that neglect is more typically the product of currently experienced stress than of traits which have become part of the mother's personality because of her past life.

The conclusions of Giovannoni and Billingsley are in contrast with those of several others who believe they have discerned a generation-to-generation *cycle of neglect*. The obvious, logical question to be raised is whether failure to locate effects of the mother's earlier life in one study is to be viewed as evidence that such effects are irrelevant to understanding her present state.

Can reliable reporting about past life and familial background be obtained in a single interview? Why do neglectful women find themselves with more children and no husbands? How did they make their way into these hard lives? The same sort of questions must, of course, be raised with respect to Schorr's conclusions from the relationship between housing and neglect. And further complicating the logic are reports, thus far anecdotal and impressionistic, that the rate of neglect is rising now in our affluent suburbs.

To paraphrase one of our consultants, it would seem conservative to assume that neglect becomes most likely when a person who is internally disorganized is confronted by circumstances which even rather competent adults would find hard to manage; i.e., when inner chaos is joined by external stress. The neglectful mother, for various personality reasons, is more prone to get into difficult situations. Once immersed in troubles, they exacerbate her sense of being overwhelmed.

Rather than a linear relationship from poverty, to stress, to neglect, we visualize a "funnel of causality," as in systems theory, in which past and present, internal and external forces play their parts (Polansky, Borgman, and DeSaix, 1972, p. 212). Among the forces, those customarily labeled economic and the deprivations associated with poverty certainly play a role. But the role is not simple and direct. If it were, all poor parents would also be neglectful—a proposition which is certainly not correct.

Cultural Values and Child Caring

The impact of cultural values on the treatment of children is, of course, very striking when we look beyond our own society to those very different from ours. In the Hawaiian royal family, in which brother-sister marriages were the rule, the problem of defective issue from inbreeding was solved by relegating such infants to death by exposure, a custom followed also in ancient Greece. The British discovered a somewhat related practice in certain parts of rural India. Because daughters required dowries, they were considered economic liabilities; so, female infanticide was common. Even today in some villages, male children outnumber female by 50 percent, a disproportion reinforced, in part, by neglecting adequate medical care for infant girls (Minturn and Hitchcock, 1966).

There are two reasons for mentioning cultural influences as possibly operative in child neglect. First, one opinion—lay and informal rather than scientific, to be sure—holds that what some of us regard as neglect is, among the poor or the lower socioeconomic classes, "the way we live" and, therefore, socially accepted. The second occasion for examining culture comes from the observation that, whether or not whole social groups have very low standards for child caring, there definitely appear to be extended families in which the child rearing values border on neglectful.

Theories regarding the impact of the culture of poverty take the following general form. Acting through the family, culture molds the personality; the modal personality, in turn, determines the culture's institutions and values; significant institutions affect child rearing practices, and these, in turn, help to establish the "average-expectable" personality in the next generation.

A few writers have focused on a "culture," seemingly stable across successive generations, that characterizes life among the poor in the United States. To Walter Miller (1965), the focal concerns of lower class culture are trouble, toughness, smartness, excitement, fate, and autonomy. "Many lower-class individuals feel that their lives are subject to a set of forces over which they have relatively little control." (p. 155) Battle and Rotter (1963) have shown "external control of reinforcements" to be more commonly experienced among lower class children than middle class. Polansky (1969) reported a similar difference on "felt powerlessness." (See also Hollingshead, 1964, and Besner, 1968.) Komarovsky (1969) held that in the lower-lower class, there is no plan or rationale for child rearing other than an inconsistent attempt to keep the children under minimal control.

Hence, it might be argued that, in addition to its obvious privations, growing up in poverty leaves youngsters with values—indeed with character structures—less useful for competing in our social order. When they, in turn, become parents, they are ill equipped to provide materially for their children; they are also ill equipped to help their children to internalize controls.

This is an attractively complex explanation, but it has a serious flaw: by most standards, only a small proportion of the poor really neglect their children. We know of no culture in which one earns a medal for child neglect, for abandoning one's children, or for other like behavior. Since this is so, it seems appropriate to regard the "culture of poverty" as a condition which lays a trap for a whole class of people, but which ensnares only a small minority. This has been true until now. It is becoming harder to predict what will happen in the "behavior sinks" of our cities.

There do appear to be subgroups—pockets of people, isolated extended families—about whom we have the strong impression that something like a cultural explanation is applicable. That is, there are couples who seem to lack meaningful standards for how their children should be treated. And their histories, when known, often reveal that they, themselves, were reared in similarly child-anomic families.

Interestingly enough, a literature does exist on class related differences in child rearing practices and beliefs, but it does not really tap issues approaching neglect. Studies of the age of toilet training or weaning do not raise the kinds of questions that concern us. For example, does the mother strongly believe children should be fed meals without fail? In one study of women identified as neglectful, we found that they gave socially acceptable answers to such questions, but their observed practices were wildly out of line with what they professed (Polansky, Borgman, and DeSaix, 1972).

No adequate methodology has as yet been developed for the systematic study of cultural values about child caring at the basic level that concerns us. Practically all the data are based on self-reports, or are anecdotal, or fragmentary. The research technology appears to be well within behavioral science capability, but it simply has not been developed.

We may soon be badly in need of such studies. Values about essential ingredients of child caring—taken for granted by the bulk of our society for at least the past two or three generations—are turning up missing. Nor are the poor the only elements of the population for whom this is true. Some experts have the impression that there is now more neglect in middle class families from the

affluent suburbs than heretofore. Children are left alone at relatively young ages while their parents go out of town; many are left unsupervised for long periods; others turn up at school unkempt or inappropriately dressed for the weather. Often, such instances are associated with parental alcoholism, but sometimes they reflect a more pervasive trend to abdicate parental responsibility in favor of personal gratification.

Breakdown of the Nuclear Family

At what point in history have the married couple and their children, standing relatively alone against the world, been asked to undergo the levels of stress that some of our families face? Even frontier families travelled and settled in groups, emphasized neighborliness, clung to the extended family for protection.

One line of explanation for the possible rise in the prevalence of neglect (if there is one) is that the nuclear family is collapsing under a load it was not designed to carry. In this theory, the modern version of the nuclear family is a unique and rather dysfunctional emergent from the industrial revolution. Slater (1970), drawing on the traditions of Sorokin, Louis Wirth and Thomas, and Znaniecki, argues that basic human desires for "community, for engagement, and for dependence" are frustrated by the American life style. "One can no longer as in the past take refuge in institutions such as the extended family and stable local neighborhood." (p. 5)

Other writers, such as Parsons and Bales (1955), have called attention to the increased vulnerability of the family in times of rapid social change. Effects are thought to fall most heavily on the urban poor (Raab and Selznick, 1959). Hence, the apparent similarities of neglectful families, as we observed them in rural Appalachia, to those found in cities have theoretical as well as practice implications.

The degree of role differentiation between the sexes was becoming even greater (at least when these statements were composed) according to Rainwater (1969); also, conjugal pairs were thought to be increasingly thrown on each other in their joint isolation. Roach and Gurrslin (1969) went so far as to suggest that the poor are too isolated even to transmit group values much less a "culture of poverty," but this is an extreme position applying perhaps only to the most disorganized segments of the lower class. We also have evidence that low socioeconomic couples communicate less with each other than do middle class couples. Thus, the pressure on the woman in her maternal role in a very poor family is exacerbated (Morris, 1968).

If one is looking for universal trends, the literature is filled with contradictory statements and analyses at cross purposes. For example, one body of opinion holds that, with such conveniences as telephones and automobiles, families are more in communication than they have ever been. Hence, the statement that nuclear families are overloaded with functions and more isolated than ever before and, therefore, neglectful is controversial. It is also controversial if we presume that the neglect reflects a universal trend.

It is less controversial, however, if we confine our attention to the neglectful family, as such. Many have noted that neglectful families are often isolated, either lacking an extended family, or rejected by it, or withdrawn from it. Evans, Reinhart, and Succop (1972) studied 40 children with the "failure-to-thrive" syndrome. They noted that, among the features widespread in the group of cases, both parents seemed lonely, with few social contacts or recreational outlets; none had support from families of origin. Fathers in these families were also seen as offering the mothers little emotional sustenance in times of need.

Several features thus recur in reports on neglectful families: they are said to be out of communication with other comparable families in their locales; they are said to be isolated, also, with respect to receiving emotional and practical support from their extended families; and they are described as breaking down, meaning that lines of communication, assurances of security, and practical competences are all scarce commodities.

In a general way, there are two popular lines of explanation for what has been observed or, at least, presumed. One is the sociological explanation to which we have alluded, and the other is psychological, in the sense that the familial collapse is seen as secondary to the personality problems of the parents. That the two modes of thinking are insufficiently on the same plane to be placed in juxtaposition has not deterred their use as vehicles of argument.

Parental Pathology

The most immediately visible cause of the problems of those who work directly with neglectful families lies in the personality difficulties and lacks in the parents. Yet, in the attempt to generalize about these difficulties, one is likely to be overwhelmed, especially if grounded in clinical work. Calling all these diverse people "neglectful"—as if that provided a diagnosis—is simply incredible. Therefore, one looks for a listing of diagnostic types, hopefully with some attention as to which are most prevalent among parents labelled "neglectful." The literature on neglect, such as it is today, offers very little help.

Indeed, we have found only one reference in which an attempt was made to identify the personality types most prevalent in neglect situations, and it was our own (Polansky, DeSaix, and Sharlin, 1972). And our listing is unsatisfactory on two grounds: first, it is based on an examination only of the *mothers'* personalities; second, it is incomplete, even in listing maternal problems.

It hardly seems worthwhile to recount the etiologies of all the clinical types we, ourselves, were able to identify. Some mothers are neglectful because of their own severe mental retardation (Pavenstedt, 1973). We have been told that the main reason they do not constitute even more of a social problem is that severe retardation is so often associated with other anomalies that cause infertility and/or make mating unlikely. Yet, moderately retarded people often become parents (Henshel, 1972). There is, naturally, an enormous literature on the etiologies of retardation in which its connection to child neglect would seem rather coincidental.

Some mothers are schizophrenic, and the neglect of their children comes from massively distorted visions of the world or from persuasive withdrawal. Larger in numbers than the ambulatory schizophrenics are the women who exist in borderline states, only occasionally obviously psychotic. Since they are often able to pull themselves together under the structure imposed by external pressure, the psychiatric reasons for their odd, even weird styles of child rearing may escape the unsophisticated observer, especially if the observer places a higher value on "new" freedoms than on trying to imagine how life must be like for the child involved.

Many women, for completely understandable reasons, live in a chronic state of depression. In a proportion of such cases—as one of our colleagues, John Patton, commented—child neglect is secondary to the self-neglect which so often accompanies depression. The depression may be genetic in origin—which is to recognize the body of opinion that endogenous depressions are biochemical and hereditary. Or it may be chronic because of events in the mother's own childhood (e.g., neglect by her own mother). In other instances, the depression is thought to be exogenous and with a definable onset, such as desertion by a husband or lover, or death of a parent. The literatures on the etiologies of depression and of depressive characters do not require insertion here, even if we were competent to abstract them. The important thing to note is that such conditions exist among mothers (and fathers) who neglect their children, but the "state of the art" is such that we have no idea in what proportion of cases well-defined depressions are present.

Our comments have been about pathological conditions in mothers because our own research was on maternal personality as a determinant of level of child care. Similar listings can and should be made as well of paternal pathologies leading to neglect. Although the role of fathers in direct child care in the lower socioeconomic group, certainly, is less than that of mothers, the problems they create for their families and their failures to support the child caring processes also operate causally in neglect situations. Fathers who are retarded, alcoholic, psychotic, sociopathic, severely phobic, senile, or generally inadequate are among the types frequently mentioned in connection with neglect. Once again, however, no delineation has been made of types of psychological disability. Without such listings, programs for individual

treatment and the setting of social policy stand on shaky ground.

Is there a large group of people who are "essentially normal" in most respects, but who are particularly crippled in their parenting? To our knowledge, we are the only group to have raised this particular question, crucial as it is for planning treatment. From our study of poor families in rural Appalachia, we concluded that we could not have found some of the relationships existing among *structural* personality variables unless neglect usually tends to be part of a more pervasive pattern, a character neurosis or disorder (Polansky, Borgman, and DeSaix, 1972). This question warrants further study, however, because each of us in clinical practice has encountered clients who were competent, likeable, and substantial people but who were, nevertheless, so engrossed in conflict with their own parents that they would have been poor risks for parenthood.

Just as there still is no professional typology of neglecting parents, or even of neglecting mothers, there has been no systematic synthesis of the *dynamics* accompanying neglect and marginal child care. Such listings are of interest for purposes of theoretical integration, of course; they are also of tremendous help to practitioners because they say, "Here are some constellations of motivation and emotion, mostly unconscious, with which you may be dealing. One or more may fit the person with whom you are working." What are some speculations to date?

In their study of 15 failure-to-thrive infants, Barbero, Morris, and Redford (1963) comment on the maternal response to the infant. New mothers who already have deprecatory self-images perceive their babies as critical judges of their mothering capabilities. Feeling thus threatened, such mothers are unable to meet their babies' physical and emotional needs. As a result, the neonates show infantile depressions resembling the mirasmus reported by Spitz (1945). They also report a tendency on the part of the mother to identify in the baby traits in the father which she dislikes.

Incidentally, it must be mentioned that a number of investigators have noted a relationship between the failure-to-thrive maternal syndrome and that found in child battering (Koel, 1969; Bullard, et al., 1967; Barbero and Shaheen, 1967). In a more recent paper, Smith and Hanson (1972) hypothesize the two are on some sort of characterological continuum.

Some typical components associated with the personality of the abusive parent—e.g., coldness and failure to empathize with the child's needs—are also exhibited by mothers implicated in failure-to-thrive. We can advance shrewd guesses about what must have gone on in the early life of such a person to produce the symptomatology shown in relation to her child, but to our knowledge only Morris and Gould (1963) have dealt with the life histories of failure-to-thrive mothers. Many more comments have been made about the psychogenesis of the battering parent. Obviously, it would be fascinating, now, to know to what extent the two surface manifestations rest on similar bases, for both are potentially aimed at infanticide.

Alcoholism in one or both parents has been recurrently associated with reports on child neglect. Both the dynamics of alcoholism and its biochemical aspects have been studied, of course. How these dynamics also relate to neglect has not been specified, although, once again, some shrewd guesses can be made.

The New York Odyssey House, a drug rehabilitation center, has become alarmed about the numbers of drug addicted young women who seek to become pregnant, then insist on carrying the baby to term, despite refusal to give up drugs during pregnancy. These women also exhibit other kinds of prenatal care which endanger the fetus. Following birth, they often give the baby limited attention or effectively abandon it. A syndrome of "poor sexual identity" has been cited as prevalent in the group (Densen-Gerber, Weiner, and Hochstedler, 1972). Pregnancy is invited by the addict as a narcissistic effort to reassure herself that she is all right, a competent female being. The child, having served its symbolic function, has scant meaning as a person. The fact is that the neglected child was often unwanted as a person, and this is so not only among addicted parents (Evans, Reinhart, and Succop, 1972).

Among many infantile women (and men!), the helpless babe-in-arms serves as a buffer against unresolved separation anxiety and loneliness.

Hence, the threat which is not uncommon, "If you remove my children, we'll just make some more." Polansky, Borgman, and DeSaix (1972) have proposed we find adult pacifiers less vulnerable than human infants.

Children are also used symbolically in marriages that are coming apart. Some are unconsciously rejected according to the formulation, "If I did not have you, I would not be so trapped in this awful marriage." Refusal to care for the child may serve as a means of infuriating the marital partner; thus, we find child neglect in the service of spite. Both partners to a bitterly engrossing bad marriage may be depressed. Relevant examples are to be found in the detailed case materials of Sullivan, Spasser, and Penner (1975).

These are just a few of the genotypical emotional situations associated with and/or underlying neglect. It should not be hard to make a far more extended taxonomy in the terms of ego psychology and family dynamics. After all, the number of widely prevalent, dynamic constellations cannot be infinite, and such a listing would alert professionals to possible insights which are now obscured by the surface chaos which first confronts them. The message of Sullivan, Spasser, and Penner is this: "These, too, are people!"

We are led finally to a residual group—those with marked character problems. Concerning such parents, order is finally emerging. Several investigators, operating relatively independently of each other, have confirmed each other's main conclusions.

Most serious students agree that we are dealing with a problem of severe immaturity in a substantial proportion of all neglectful parents. In her study of 180 neglectful and abusive parents, Young (1964) notes that most of the neglectful are, themselves, childlike. They are dependent, unable to carry continuing responsibility, lack adequate inner controls, have poor or distorted judgment—characteristics we associate with failure to mature. "If the behavior of neglecting parents toward their children could be summed up in one word, that word would be indifference. Children themselves, they reacted as children to the demands and obligations of parenthood and adult life." (p. 31)

Reports similar to Young's came from a group in Boston under the leadership of Pavenstedt. Thus, Bandler (1967) wrote, "The most striking characteristic of these families is that they are *families of children* and the parents have grown up without any clear normative system . . . . Within the family unit the *needs of the parents take precedence over the needs of the children.*" (p. 231) Because of their childishness, the parents relate to their children as older siblings, if, in fact, they assume that much responsibility (Minuchin, et al., 1967). Often, they compete with their children as to whose dependency needs will be met. We have recorded the tendency to push older children into the role of mother's helper, or even of mother (Polansky, Borgman, and DeSaix, 1972).

Cycles of Neglect

The life histories of a majority of neglectful parents are said to be alarmingly similar to those they are offering their own children. All researchers who had continuing contacts with families studied—so that life histories could be known with reasonable certainty—have been impressed with the degree to which current family disorganization and neglect seem rooted in the families of origin (Young, 1964; Pavenstedt, 1967; Minuchin, et al., 1967; Polansky, Borgman, and DeSaix, 1972; Geismar, 1973). All of these investigators were working contemporaneously, and our own conclusions, at least, were arrived at without knowledge of most of the others'. What we have elsewhere termed the "intergenerational cycle of neglect" was agreed to by all our consultants as well. One of them, G. Lewis Penner, also commented on the absence of routine and even ritual in the lives of these parents and of their parents.

The pointing up of intergenerational cycles does not discount the impact of current life stress, as emphasized by Giovannoni and Billingsley (see above). But it does imply that earlier deprivations leave marks on one's personality which make the person less capable of adequate parenting. Since these marks are old and go deep, they will not be reversed by superficial measures; nor will they respond reliably to environmental manipulations. From their own hard lives, many neglecting parents have emerged isolated and cold, narcissistic and basically depressed.

The intergenerational cycle is fairly readily explainable by psychoanalytic personality theory. Yet, other possibilities cannot be overlooked. Does inadequate nutrition cause the high rate of retardation and lethargy found among these parents? Are we confronting obscure constitutional factors? We see two parents from equally barren environments; yet one is more amenable to help than the other. Why? Lack of expertise in genetics does not award the privilege of discounting them. Is something like infantilism inheritable?

Mention must be made of the varying forms which maternal and/or paternal infantilism takes. For example, we have distinguished the pattern of apathy-futility (i.e., withdrawal and immobilization) from impulsivity (i.e., "acting out" and irresponsibility) (Polansky, et al., 1970). The "acting out" parent—often implicated in temporary abandonments of children—is seen as actually less pathological, only recurrently neglectful, more treatable. The origins of this syndrome—its functions as a defense against inner depressiveness—are rather well understood. The more severe problem—the apathy-futility reaction—is thought to be rooted in the first months of life, and its etiology will be explicated in the section on *Sequelae* below, where it can be seen graphically how handicapped parenthood may be transmitted from one generation to the next.

Multiple-item behavioral scales in presence-absence format have been developed by Polansky et al., (1972) to rate degrees of apathy-futility and impulsivity. DeSaix has used these scales with county child welfare personnel. Factor analyses presently under way demonstrate extremely high internal consistency among scale items (Polansky and Pollane, 1975, in press).

A major gap in formulations of etiology is the lack of truly relevant theory at the level of the family, as such. Most observations cited above deal with personal pathology. Yet, neglect is something that happens in the *family system.* Except in gross terms, which really amount to differentiating the "organized" from the "disorganized" family, we do not have concepts for discriminating types of neglectful families in ways that are *relevant to estimating prognosis and prescribing treatment.* Even an analytical mapping of the field of discourse might be a contribution at this stage.

IDENTIFICATION—CASEFINDING—EARLY WARNING SIGNALS

FEW WILL ARGUE the urgency of prompt intervention when child neglect occurs. Yet almost never, because of the very nature of the condition, will neglectful parents voluntarily present themselves for help. Therefore, such parents have to be located, and "casefinding" is the method for doing so.

Casefinding in child neglect requires, first, that the term "child neglect" be defined; second, that some means be developed for identifying the condition; and, third, that processes be established for determining whether or not neglect has occurred. Here we will concentrate on the step that must be taken from the concept of child neglect to its definition.

Specifically this section deals with the operational definition of child neglect, with large-scale organization for casefinding in local communities, and with early warning signals.

Identification

Operational definition

Earlier, we proposed the following definition of child neglect:

> **Child neglect may be defined as 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.**

As Gil remarked about his own definition of abuse, our definition is reasonably satisfying at the conceptual level. The crunch comes when it must be applied in the field and when cases of child neglect must be identified. At the present state of the art in this country, only a few kinds of conditions can be taken as sufficiently convincing prima facie evidence to lead to immediate action by legal officials. That is to say, we have little that is comparable to X-ray in detecting abuse. What evidences are used?

Outright abandonment is an obvious form of neglect and is so treated by both police and welfare authorities. But what is "abandonment"? The mother who goes out, gets drunk, and leaves her infant alone for 24 hours will be regarded as having abandoned her child—that is, *if* the child's situation is detected, then reported. The mother who leaves four small children under the care of their 8-year-old sister while she goes "down the street" for an evening at a tavern is not necessarily seen as abandoning. Age of the child and the period of time the mother is away both affect the appraisal of whether the child was abandoned.

Some children are killed in home fires each year because no adult was at home. It has been reported that in our own State of Georgia, after a tornado has struck, it is not uncommon to find children wandering about whose parents are not only not in the wreckage, they are not in the vicinity; the parents left their children unsupervised. So, a fair amount of "abandonment" goes by unidentified, either because it is not gross or because parents have played Russian roulette with children's lives and won.

Another evidence of neglect seems to be calculated from the obvious inability of parents to fulfill their

responsibilities because of their own conditions. Included here would be alcoholic parents found stuporous, with their children unfed for several days. Drug addicts also present a problem. Children living in "immoral surroundings" may be summarily removed, but one does not often hear of such action.

The failure-to-thrive syndrome can be quite reliably diagnosed when a child comes to medical attention and the parents will cooperate. If the infant is hospitalized and given routine, good nursing care and gains weight and height on this alone without positive medical findings, failure-to-thrive becomes the residual but rather convincing diagnosis. The evidence is even stronger when such a child, returned to the mother, loses ground, but again improves when rehospitalized. The difficulties with this diagnosis, however, are, first, that we lose many infants because they are not brought in for checkups and, second, that the mothers involved, for neurotic reasons, often "hospital shop" or otherwise elude the staff who diagnosed the difficulty (Bullard, et al., 1967).

A very great need in identifying chronic, insidious neglect is for some measuring stick for determining adequacy of parental, especially maternal, care. This implies a scale. The items on the scale must be likely to be known, or able to be observed and otherwise discovered, by persons doing the frontline jobs in social service agencies, private and particularly public (since the bulk of protective services *are* under public auspices in this country).

It was hoped that important contributions would come out of the well-publicized English study of all children born during a particular week. That is, from following the whole cohort, one might have been able to locate *which* child care ingredients predict later difficulties. Unfortunately, the data thus far published make it unlikely these leads will be forthcoming. Wedge and Prosser's *Born to Fail* (1973) reveals that the predictor variables collected were gross, indeed. "Disadvantaged" children are compared with "ordinary." The "disadvantaged" child was from a one-parent and/or large family, of low income, and poorly housed; "ordinary" meant none of these was true. And the "disadvantaged," as even so loosely defined, suffer deficits that show only in relative rates (e.g., bedwetters are 1:20 among the "disadvantaged" vs. 1:250 for the "ordinary").

The pursuit of specific predictor variables to be included in scales of child neglect, or to be employed as early warning signals, will require a far more ambitious effort even than that in England. The sad truth is that from their gross though massive analyses, we know little more that is specific now than we did before they began. Specifics and observables are needed in construction of predictive indices and scales.

Casefinding

The major movement across the country for better casefinding has resulted from legislation that emphasizes two provisions. First, personnel and institutions specified in the Child Abuse Prevention and Treatment Act (P.L. 93-247) are required to report cases involving suspected *abuse,* and such personnel and institutions are free from criminal and civil liability. Second, responsibility is fixed—usually in the public social service agency—to immediately investigate any such report and to take appropriate action. Dramatic increases in numbers of cases reported were noted in the earlier section on *Prevalence of Neglect.*

Another part of the movement—which Florida seems to have typified best of all—has been to try to alert the citizenry to the extent of the problem and to gain their cooperation. Securing public involvement seems to require four steps. It is necessary (1) to *propagandize* to get the citizenry excited about the need to help victimized children; (2) to *inform* the public of what conditions to report; (3) to *organize* facilities so that reporting is convenient; and (4) to *provide* the needed services so that individuals have reason to believe their efforts and possible risks are worthwhile.

Such efforts seem to be major facets in the Florida operation. Complaints come to a central clearinghouse that is open 24 hours a day, 7 days a week. Since each county social service agency is required to assign a person "on call" at all times, a request for investigation can immediately go out long distance from the central office. Indeed, for those doing the work, it has some of the excitement

of an Army message center or of any emergency community service. This "on call" requirement, however, can be a heavy burden for small counties where a two-man staff might have to alternate evenings and weekends in order to maintain coverage.

The Florida pattern is spreading across the country, but, how quickly, we do not yet know. By now, neglect is mentioned in the laws of most States, along with abuse. But only a few places have attempted the advertisement-education effort made by Florida.

An interesting project is run by the Tennessee Department of Public Welfare in Nashville. Their setup followed an earlier survey which concluded that better coordination among the legal and social agencies in Nashville was essential, if not sufficient, to improve the care of dependent-neglected children in Metropolitan Nashville (Bowman, 1973).

Since July 1, 1971, with funds from the Office of Child Development (HEW), the public welfare department has been operating its "Comprehensive Emergency Services to Neglected-Dependent Children." In addition to better coordination of existing services, it had been found that "The existing system failed to provide quality care for those children during evenings and weekends. Thus a child reported as neglected or dependent outside of regular office hours was usually subjected to the drastic experience of abrupt removal from his home and temporary institutionalization. . . ." (p. 1)

The Nashville plan includes the following:

1. *24-hour emergency intake.*
2. *Emergency caretaker service.* Personnel (on a small weekly retainer) are "on call" to step into homes where parents have abandoned their children or are otherwise missing, so that children can remain in their own homes.
3. *Emergency homemaker service.* For crisis situations, a homemaker is made available for 24 hours (rather than the usual 8). If necessary, the service is provided for an extended time.
4. *Emergency foster homes.* These homes (also kept available on a retainer basis) are ready to accept children for placement day or night.

The Emergency Service Program is geared to potential child abuse or neglect, of course, but the services have also been called into play because a mother was hospitalized. These arrangements reportedly have reduced the number of neglect and dependent petitions filed; they are keeping the child in his or her own familiar environment whenever possible until a study can be made and a reasonable decision reached about the child; and they are making it possible to place the child in a stable environment where adjustment can best be made—and where neglect will not occur again (a not infrequent result when, under pressure, placements are made with neighbors or relatives). Now, children do not have to be taken to the police station while arrangements are made for them.

The Nashville program demonstrates an interface between the processes of casefinding and treatment. The program can be seen as treatment, but the fact is that, unless needed services are available, many cases will not be referred out of poor neighborhoods. Only if social agencies have services to bring to a problem do they earn the reputation in a community as representing more than the threat of removing the child (Varon, 1964). So, services like those in Nashville, or at the Bowen Center in Chicago (discussed below) are to be seen as also operating in the direction of early casefinding. Indeed, the role of visible services in facilitating community referrals deserves research in its own right.

Early Warning Signals

If the activities listed under *Treatment* (below) constitute defenses in depth against child neglect, then spotting families most at risk of *becoming* neglectful is our "DEW line." Early warning signals take a number of forms. Some are structural variables, tending to pick out *categories* of families likely to provide low levels of care for their children; others are very dynamic, momentary things: a chance remark dropped by a mother following birth of a baby, or something observed about the behavior of

a child in school. The two types of leads—structural and dynamic—are described below.

1. *Structural leads*

Two broad types of families warrant consideration in the early identification of child neglect. They are the family already disorganized or dysfunctional, albeit not known, and the family that is known to be potentially but is not yet neglectful.

To the woman who has been functioning marginally as a mother, or operating with a tenuous grip on her problems, any added stress may break down her ability to cope. Hanson and Hill (1964) have described families in danger of becoming disorganized under the impact of a natural disaster, a death, divorce, or any change in the status of the family. We believe that the relevant research needed would show that rural families which collapse under the impact of moving to the city were often poorly functioning in their original settings. Sociological research emphasizes how such families deal with mobility. Not all become neglectful but, until the stress has passed, it would pay for social agencies and others to be alert to the risk.

Beyond families of limited resilience are a group at even greater risk of becoming neglectful: these are the multiproblem families who score poorly on Geismar's (1973) scales of family functioning. Such families are poor at problem solving, often isolated from their communities, and have diffusely conflictual relationships within the family.

From books like Geismar's *555 Families,* it is possible to sketch an empirical listing of expectable life crises with which nearly all young families must cope. Geismar focused on the coming of the first baby. Multiproblem families labor hard to manage the universal family crises, but they are swamped by problems outside the normal.

According to the famous series of studies conducted in St. Paul (Minn.), multiproblem families come to the attention of social agencies rather soon after marriage (Geismar and LaSorte, 1964). The same investigations, by the way, affirmed the intergenerational effects cited above. The degree of unity in the husband's family of orientation showed a strong relationship to the unity in the family of procreation: stable families reflect stable backgrounds, on the average.

Other families at risk may be identified by what could be called the "structure of the life situation." Taylor (1973) has written a powerful documentation of hardship, hunger, premature push to responsibility, and despair imposed on children in migratory labor camps. Some are already harvesters at age 7 or 8. Friedland and Nelkin (1971) cite a report by one participant observer. Left alone for most of the day, the children formed a subculture of their own, as children so often do. A noteworthy feature of this one, however, was the primping and sexual provacativeness displayed by the little girls.

Coles (1971) has written sympathetically of the drift toward apathy and numbness in which constrictions in the migrant children's personalities come to resemble the outer oppressiveness of their lives. Similar constrictedness has been observed among both adults and children in areas of chronic poverty and unemployment (e.g., the so-called Black Areas of England in the 1930's).

The relationships among pregnancy at a young age, close spacing of children, and child abuse have been discussed by Elmer (1963); comparable work on neglect has not yet been undertaken. Of mothers on welfare in New York, Podell (1973) found that 58 percent had become pregnant for the first time by age 19, and 56 percent of those 30 years of age and over had five children or more. Among this group, the whites had fewer children than blacks or Puerto Ricans. Asked how many children they would like to have had, six of ten wanted two children or fewer. Twenty-five percent of all the women said that if they "had it to do over again," they would have had none! Although a very substantial majority were aware of birth control devices, only 40 percent of those at risk of becoming pregnant were taking preventive measures. Therefore, it was no surprise to find that, of the women separated from their husbands, 60 percent had had additional children. If Podell's findings prove generalizable to other settings, it may have to be concluded that being on public assistance may, itself, be a kind of early warning signal on statistical grounds.

From the structure of the situations of these families, we turn next to leads derived from structural elements in the parents' personalities. In an excellent paper on "high risk" children, Pavenstedt (1973) cites Dr. Doris Bennett's criteria for spotting families whose youngsters will prove likely candidates for compensatory care:

> **Serious alcoholism, drug addiction, psychiatric disturbance, chronic physical illness or mental retardation of one or both parents; prolonged absence of mother from the home; fatherless homes in which the mother is totally unable to cope with rearing children due to her own emotional deprivation or depression; a mother who is under 16 at the child's birth; chronic delinquency of either parent or older siblings; a history of one or more cases of failure-to-thrive due to neglect in the family; one or more siblings previously removed from the home by a protective agency. (p. 393)**

In a subsequent publication, Pavenstedt speaks of the need for preventative services for vulnerable children (Pavenstedt, 1973). After citing Bennett's criteria and describing her as "a pediatrician practicing in a neighborhood similar to ours," Pavenstedt reports, "With these criteria she found 143 (57%) of 246 children 'at risk' in her case load in children five years or under, 83 of them under three." (p. 20) These are ominous figures from the very low income neighborhoods in which these doctors practice. Pavenstedt also cites the vulnerability to neglect of children born to adolescent mothers. Another group at great risk are babies with congenital defects or birth anomalies, born to mothers who are already overburdened.

Findings regarding the impact of maternal (or paternal) retardation are still ambiguous (Sheridan, 1959; Borgman, 1969); that is, we cannot say at what level low IQ must, itself, be seen as an early warning signal. It is disappointing that Borgman's study appears, thus far, to have been the only one in which someone thought to systematically include intelligence measurement in appraising neglectful families. One complication in prediction comes from the fact that persons with identical IQ's by measurement may operate quite differently in relation to life tasks, depending on other factors in their personalities. Yet there seems little doubt that below some level (might it be IQ 50?), sheer intellectual limitation plays a definite role in parenting failure. "Mental retardation is present in the largest group of families that give us constant concern." (Pavenstedt, 1971, p. 66)

Alcoholism is associated with neglect sufficiently frequently to be regarded as an early warning signal, especially when present in both parents. In their study of 100 alcoholic American Indian families, Swanson, Bratrude, and Brown (1972) found starving children in 85 percent of the families, not to mention the presence of abuse, truancy, promiscuity—and alcoholism among the children themselves.

Drug addicted mothers constitute another group whose children are shockingly "at risk." We are, therefore, indebted to the zeal of Densen-Gerber and her colleagues at Odyssey House (see page 16) for their nonsentimental analyses of the events typically involved (Densen-Gerber, Hochstedler, and Weiner, 1973). Earlier, we mentioned that addicted women often become pregnant to reassure themselves about their femininity and that they are reluctant to induce abortion. At the same time, at least some (not those retained in the Odyssey House program) refuse to stop using drugs.

The satisfaction for the addict comes when she finds herself pregnant and "full." Ambivalent feelings toward this separate human assert themselves when the mother feels movement. Commonly, the mother has no use for the child's father after conception; he served a purpose, and her difficulty in sustaining all meaningful relationships also disrupts this one.

The odds of neglect are, of course, very great, since many women will not give up antisocial behavior or drug-taking even during the latter phases of pregnancy. There is real danger, apparently, that the infant will be born addicted if the mother remains on drugs in the last trimester.

Addicts observed in the controlled treatment setting present unusual challenges. The Odyssey program emphasizes trying to help the patient assume motherhood and protect her baby. For the woman who will neither abort nor submit to drug

withdrawal, Odyssey House believes in commitment during the pregnancy, if necessary, in order to take the mother off drugs against her will. Such a threat would probably lead narcissistic women to opt for abortion.

Pavenstedt also reports that numerous neglectful mothers had, in their own early lives, suffered catastrophic experiences, such as massive deprivation and family separations. Many had been placed in children's institutions or other foster care settings when young; some had had psychotic parents and/or are, themselves, severely unstable or psychotic. They show indications of obvious childhood neuroses and are, to use Pavenstedt's expression, "fragile" people still.

Yarden and Suranyi (1968) found that, of children born to Israeli mothers who were schizophrenic during pregnancy and who had subsequently been placed in foster case, only 8 out of the 44 children studied could be returned to their families. They noted that a number of the children in placement who made visits home were maltreated or neglected during these visits.

Returning a child to the home has to wait on the success, if any, of treatment of the mother. If she becomes only minimally functional outside the hospital, the need to care for another human being may be beyond her.

From our own experience of private and public psychiatric hospitals, we can state unequivocally that it is a rarity in these United States when determination of a women's readiness for discharge takes heavily into account her probable suitability as a mother. Public policy favoring early deinstitutionalization could, without built-in safeguards, contradict public policy toward preventing neglect. Indeed, some psychotherapists still take the fatuous position that "having a child might be therapeutic" or "will hold the marriage together." We would hope social agencies routinely resist such reasons for approving adoptive placements but, while most do, a few do not.

2. *Dynamic leads*

Disturbances in the early mother-child relationship can be observed even when pregnancy first occurs. A Swedish study giving the unfortunate later fates of children born to mothers who had requested but been denied abortion will be cited below.

In the failure-to-thrive syndrome, the mother typically reports some upset around the time of birth of the baby and views her child with an aura of detachment (Maginnis, Pivchik, and Smith, 1967). Both Maginnis, et al., and Evans, Reinhart, and Succop (1972) report that the nonthriving children in their studies were unplanned or unwanted by their mothers. Unlike other neglectful families, however, these were neither spatially mobile nor socially isolated, and they were usually self-supporting on at least marginal incomes. But they were not motivated to ask for help. To repeat an earlier theme, some of these early warning signals are reminiscent of those regarding abusive parents (Nurse, 1964; Okell, 1972). Fontana, (1972) shares this feeling: "In our view, the failure-to-thrive cases seemed clearly linked to deliberate abuse. There was an indication of what might be called *active neglect.*" (p. 23)

It may prove important to distinguish between "inadequate" and "distorted" mothering (Whitten, Pettit, and Fischhoff, 1969). Indications of mild depression and of noticeably poor muscle tonus were found in the babies of the unempathic mothers reported by Robertson (1962). Robertson believes that, for a mother with a new infant, some anxiety is normal; in fact, absence of anxiety may be an ominous sign. Also, infants who show the responses reported by Robertson may be alerting us to further trouble.

Stone (1971) claims that symptoms of disorders in early infant-mother interaction—for example, a baby who is hyperactive or unresponsive, or a mother who shows neurotic reactions—are usually responsive to brief psychotherapeutic "first aid." He goes on to state that "Recent studies of child abuse have revealed how frequently in the week or so beforehand [before abuse actually occurs] the family doctor had been consulted by a desperate mother." (p. 225)

With respect to child abuse, a number of clinicians have now identified patterns that alert emergency room personnel; e.g., indifference on the part of the parent to the child's suffering, failure to visit

while the child is hospitalized, etc. We do not have comparable ideas about potentially neglectful parents, but the communicated wish not to have a baby may be an analogous warning.

Signals which may be picked up by teachers, counselors, nurses, and others in contact with many children have been paraphrased by Fontana (1973) from a listing by the American Humane Association. Developed for detecting abuse, many would probably also apply in the case of neglect.

A child who is frequently absent or late. Whether his problem is at home or in school or within himself, known to his parents or not, his habitual lateness or absence strongly suggests a maladjustment.

A child who arrives at school too early and hangs around after classes without apparent reason. He may not be welcome or cared for at home; he may hate his home, or be afraid of it.

A child who is unkempt and/or inadequately dressed. If he is dressed inappropriately for the weather, if his clothing is dirty and torn, if he is habitually unwashed, if other children don't like to sit near him because they think he smells bad, he is clearly neglected.

A child who more than occasionally bears bruises, welts, and other injuries. Will he say how he got them? Does he complain of being beaten at home? Or is he always fighting?

A child who is hyperactive, aggressive, disruptive, destructive in behavior. He may be acting out his own hostility. He may be reflecting the atmosphere at home. He may be imitating his parents' behavior. He may be crying out for attention and help.

A child who is withdrawn, shy, passive, uncommunicative. He is communicating. Whether he is too compliant or too inattentive to comply at all, he has sunk into his own internal world, a safer one, he thinks, than the real world. His message is in his passivity and silence.

A child who needs, but is not getting, medical attention. He may have untreated sores. He may have an obvious need for dental work. He may need glasses to see the blackboard.

A child who is undernourished. What is the reason—honest poverty, or uncaring parents?

A child who is always tired and tends to fall asleep in class. Either he is not well, his parents are neglecting to regulate his routines, or he is simply unable to get to bed and to sleep because of family problems.

The parent who becomes aggressive or abusive when approached with a view to discussing the child's apparent problems.

The parent who doesn't bother to show up for appointments, or is so apathetic and unresponsive that he might as well have stayed at home.

The parent who is slovenly, dirty, and possibly redolent of alcohol.

The parent who shows little concern for the child or what he is doing or failing to do.

The parent who does not participate in any school activities or come to any school events.

The parent who will not permit the child to participate in special school activities or events.

The parent who is not known to any of the other parents or children.

The parent whose behavior as described by the child is bizarre and unusual.

The parent whose behavior is observed by school personnel to be strange, bizarre, irrational, or unusual in any way.

Policy Issues

We have treated neglect as if it were a diagnosable condition. Therefore, it is important to note—as one of our consultants, Dr. Alfred Kahn, pointed out to us—that neglect is also (possibly primarily?) a social problem. Legally, neglect is, to a large extent, what the local courts adjudicate it to be, and the minimum level of acceptable parental care is a moveable line that changes with community norms.

No doubt, the systems for casefinding and reporting also affect—if not what is regarded as neglectful—at least, the neglect that comes to our attention. For instance, Mr. Walter Leefman of the Massachusetts Society for the Prevention of Cruelty to Children reported that the Society once had a spot announcement for 3 days on a local television station in Boston. Sixty referrals were received on the first day. One may conclude, therefore, that community norms about "child care that warrants reporting to the authorities" are certainly susceptible to deliberate influencing through public interventions—and particularly through the use of the media.

The operative definition of neglect, in other words, is also manipulable, and professionals must decide whether they should or should not participate in the process of public definition. Of course, to do nothing about educating the public is a form of negative participation, so there really is no escaping the decision.

Other policy issues have to do with the responsible agent of neglect. Nearly all the analyses above presume the parents to be the agents. How about societal neglect?—the failure, for example, of our whole Nation to prevent what has been observed among migratory laborers. Or the failure to provide for universal medical care for children? Is neglect a sufficient national priority to warrant some significant changes? Shall we designate it as agency neglect when children already removed from their own parents are subjected to repeated replacements in foster homes? Is agency neglect a misdemeanor, and, if so, who should be charged with it? Or is the term to be left in the realm of rhetoric? What level of obtuseness, vacillation, or incompetence shall we designate as "professionally unethical behavior" by judges or social workers? These are questions already raised; they are not for the future.

SEQUELAE

NOTHING STIRS SO GREAT A SENSE OF URGENCY that we move to do something about neglect as when we review what is known about its consequences: the pain and loss in the lives of the damaged youngsters; the regret for what they are unable later to add to the society of which they are a part; the enormous cost, ultimately, in the care that has to be extended by a humanitarian society to keep them afloat, or even alive, in view of their handicaps.

Evidence regarding the sequelae of neglect is constantly accumulating in a number of different fields and, of course, under many different topical headings. At the same time, questions arise about whether conclusions advanced are justified, and about what the specific causative agents are.

We do not pretend to expertise in all the areas in which data are accumulating. All we can do, therefore, is to put together what seem to be the well-accepted studies. Another introductory point is simply this: neglect, by definition, can take many forms, and so can the terrible marks it leaves.

Neurological and Other Physical Sequelae

Young (1964) defined "severe neglect" as failure by parents to feed the young adequately. Evidently this failure can begin while the infant is still in utero—the subject of some interesting studies of the last decade.

Animal studies, which permit experimental manipulations unthinkable in humans, are a major source of provocative findings. Rats inadequately fed during pregnancy produce pups whose birth weights are below normal, and the deficit cannot be compensated for by adequate diets in the period shortly after birth. Likewise, rat pups suffering malnutrition in utero and during the postpartum period have a deficit in number of brain cells, and this numerical deficit also cannot be compensated for later in life (Vore, 1973). Studies indicate that not only are there fewer cells, but the size of the cells is also adversely affected by protein deficiency.

Other animal studies show the brain to be most vulnerable during its most rapid growth. Afterward it is more resistant to nutritional damage, but it is also less able to be positively affected. Problems with brain size are accompanied by alterations in distribution and appearance of nerve cells in the brain and by poorer performance on learning and other behavioral tests (e.g., coordination). The earlier the nutritional deficiency and the longer its duration, the more severe and permanent the consequences for the brain and central nervous system (Scrimshaw, 1969).

The human brain grows to a certain size, and thereafter begins the lifetime process of dying. Unlike the liver, for example, the brain is unable to replace cells. The evolutionary function of this arrangement is thought to be this: that cell replacement would entail obliteration of connections, erasing learning. Hence, for the survival of the species, the individual is sacrificed.

Human brain tissue shows an increase in numbers of cells until about 12 months post utero; cells continue to grow in size until around age 3. Malnutrition can apparently cause up to a 60 percent deficit of brain cells (Vore, 1973). Children severely malnourished during their first year may have head circumferences as much as 1 inch subnormal and intracranial volume 14 percent less (Scrimshaw, 1969).

Important studies have been done by Winick at the University of Chile. The brains of children

who died of mirasmus (see Spitz, below) before age 1 had less DNA on biochemical analysis, indicating fewer brain cells. Insofar as there is scientific debate on the issue at all, the burden of proof would now be to show that a child can experience protein deficiency without central nervous system deficit.

"Kwashiorkor" is a condition reported in India and Africa that affects young children. We were intrigued to find it literally means "first-second" in the Ga language of Ghana. The name derives from the fact that the condition is observed when the firstborn is replaced on the breast by a second. The first child then develops such signs of malnutrition as edema, fatty liver, diarrhea, loss of appetite, and profound apathy. Recently, the Senegalese psychiatrist, Dr. H. Collomb, speculated that Kwashiorkor may have psychological as well as nutritional roots. "The psychosomatic meaning of the Kwashiorkor . . . could then be interpreted as an expression of more or less brutal modification of the mother-child relationship . . . the Kwashiorkor might be a mental anorexia developed on a foundation of severe malnutrition." (Collomb, p. 450) In any event, the disease constitutes a dramatic instance of early nutritional deficit.

The interesting data from the major British cohort study have been mentioned already. Results on the children to age 7 were reported by Davie, Butler, and Goldstein in 1972. A later report brought the children to age 11 (Wedge and Prosser, 1973) contrasting "disadvantaged" with "ordinary" children (see p. 20). Disadvantaged children were more likely to have suffered hearing loss; five times more likely to be absent from school for physical and emotional reasons; and they tended to be markedly below average in height for their age group.

Going beyond the connection between nutrition and physique, a number of investigators have also been impressed by the interaction of physical and psychological factors in child development. The mother who lets her child go hungry is depriving the infant in terms of closeness, sensitivity to his needs, and empathic stimulation. The hypothesis raised is that inadequate psychological mothering contributes to indifferent appetite in the infant and, therefore, is a contributing factor to biochemical changes.

In line with this reasoning is the report by Powell, Brasel, and Blizzard (1967) of a group of youngsters admitted to Johns Hopkins Medical Center with a preliminary diagnosis of hypopituitarism; however, it was found they did not have this illness. But social studies showed them to come from neglectful homes characterized by marital strife, alcoholism, abandonment, and the like. When placed in a "caring" environment, the children made dramatic gains without receiving growth hormones at all.

In similar vein was the delineation of the failure-to-thrive syndrome by Bullard, et al., (1967) in Boston, including stunted growth, developmental retardation, and other evidences of malnutrition without identifiable organic basis. The Boston group, too, remarked on the intricate relationships between physical and emotional needs of the infants. Assessment of these needs is complicated even further by changes in the child as he moves through maturational stages during the first year.

Hepner and Maiden (1971) were involved in studies of malnutrition among offspring of the inner city poor of Baltimore. They found the child's nutritional status—verified by laboratory studies that took into account the demands of developmental growth spurts—was not related to income, to family expenditures for food, or even to specific caloric intake. Rather, it correlated with the mother's score on the cognitive/emotional phase of the Childhood Level of Living scale.

On the other hand, a cautionary note is sounded by Whitten, et al., (1969). They believe they have shown that, among some children who might have been diagnosed victims of failure-to-thrive, weight gain could be induced simply by ensuring better feeding, without improvement in other facets of mothering. So the apathy noted in deprived youngsters may derive from simple starvation. They also make the point that, since it has become common to use the third percentile in height and weight as the cutting point for diagnosing failure-to-thrive, many threatened youngsters go undetected because their deficit is not that extreme.

It would be unfortunate if closely supervised feeding were neglected as a first-aid measure on the basis that only by a major overhaul of the mother's psychological makeup can anything effective be

accomplished. But to sustain close supervision of feeding may require psychological treatment of the mother. When the failure-to-thrive interaction rests on her pathology, as it so often does, she evades treatment.

The effects of malnutrition on later development of the human, then, are steadily being documented by research. In addition, evidence suggests that the ability of the young organism to make optimal use of food is strongly dependent on the relationship between mother and child. From the number of requests we have received for our CLL scale (which was used by Hepner and Maiden), we have reason to believe the latter hypothesis is being subjected to further testing.

Earlier this year, the U.S. Senate Select Committee on Nutrition and Human Needs was given the following report: "Malnutrition appears to be the common denominator of each of these problems—low birth weight, infant mortality, mental retardation, and intellectual malfunction. Any attempt to break the cycle of poverty characterized by these phenomena must include nutritional intervention or this wastage of human life will continue unabated." (Quoted in THE NEW YORK TIMES, January 21, 1974.)

The relationship between malnutrition and child neglect, by whatever definition, is obvious. However, we become aware that there are instances in which the provision of food in a way that assumes "normal, expectable parental behavior" will be a necessary condition for helping children, but it will not be a sufficient one. Research is needed to see to what extent, and in what types of families, simply making more food cheaply available will indeed improve children's nutrition.

Emotional Sequelae

Emotional sequelae of neglect can be inferred to an extent from the literature on maternal deprivation and related deficits in primary mothering. The dreadful effects of maternal deprivation have been documented by many, beginning with the literature antedating and immediately following World War II when the Nazi tyranny left many thousands of young children without mothers, either because the mothers had been killed or were otherwise separated from their children (Skeels and Dye, 1939; Bakin, 1942; Spitz, 1945, 1946; Goldfarb, 1945; Newton, 1951; Winnicott, 1955; Bowlby, 1954; Oliman and Friedman, 1971).

Consistencies of research findings outweigh methodological defects in individual studies. By a depriving mother, we do not mean a consciously hostile, punitive "mom." Rather, we have more in mind a woman who, because of failures in her development, is simply not sufficiently competent to meet the heavy demands of "good" mothering, especially if her mate's inadequacies further undermine her and drain her energy.

The fate of infants deprived of maternal, indeed of human, stimulation has been documented in observations of some cared for in institutions (Skeels and Dye, 1939; Bakin, 1942; Spitz, 1945, 1946; Decarie, 1965). The infants were found to be apathetic and listless, and their physical development was below normal. Intellectual development was also retarded in comparison with that of children reared in their own homes. Even more shocking was the high mortality rate among the institutionalized infants. The absence of human attention and stimulation was thought to lead to a massive form of infantile depression and withdrawal which Spitz labeled "mirasmus." Related reactions to the loss of "mothering" have been examined very closely by Bowlby (1954).

Harlow and colleagues have reported fascinating parallels with humans in the responses of infant monkeys suffering forms of maternal deprivation (1971). Exposed to a dummy—a "surrogate mother"—with cold water flowing through it, the little monkeys recoiled from the "mother" and retreated to a withdrawn fetal position. Monkeys so reared later proved unable to be coaxed into a relationship even by the "warm" mothers Harlow called "therapists." It was as if inborn, fixed action patterns in the infant primates had been massively disrupted by the "cold" mother. All of the instances of severe mother-child aggression observed in humans were found in monkeys who had been severely deprived of maternal care in their infancy.

Following Bowlby's original book on maternal separation, a large number of studies show that

similar effects on infants occur among many who remain in their own homes. An interesting example of clumsy infant care is given in a report from a well-baby clinic by a colleague of Anna Freud's. Robertson (1962) described the passivity, flattened affect, and developmental retardation present among some of the infants. Closer scrutiny revealed these babies to be the products of well-meaning, conscientious, but psychologically obtuse mothers.

The successful mother must be empathetic—sensitive to her baby's momentary needs and to the probable causes of her child's actions and reactions. She must be able to feel and convey pleasure in having the infant. The anxiety that is normal in a woman with a newborn hopefully will not develop into withdrawal or other pathological defenses, but will quickly dissipate so her energies can be invested in "good" infant care.

From direct observation, we know that the neonate in a marginal family is often cuddled at the whim of the parent rather than in line with his needs. Investigators then report apathetic, flat, affectless, withdrawn little children who exhibit attitudes of hopelessness and defeat (Young, 1964; Loof, 1971; Pavenstedt, 1967; Bullard, et al., 1967; Polansky, Borgman, and DeSaix, 1972). The children appear to have resolved, not with Trust but with Basic Mistrust, what Erikson (1950) labeled the initial "life crisis."

A number of investigators (see also below) have commented on the difficulty of measuring scientifically what is missing in the home environments of children who show apathy or, a related but perhaps less ominous residual, extreme aggressiveness (Bullard, et al., 1967; Caldwell, 1970; Polansky, et al., 1972). Since identification—or its primitive equivalent, incorporation—starts very early in life, it seems credible that an attitude of futility and/or despair might be taken over from one's parents, as if futility were in the air one breathes.

The mark of emotional deprivation is highly visible to trained professionals who see the children somewhat older, in day care centers or the like. A youngster may show what we have called "objectless clinging," meaning that he attaches himself to an adult, but in an unflattering way, since he will, with little differentiation, reattach to almost any other warm person. Even more damaged are children who will not relate at all. They seem to fear attachment or have no ability to achieve it. While inability to relate is typically not extreme among very young children, it can present a serious block to treatment when a youngster is referred for counseling at age 8, 9, or 10.

Patterns of detachment, of which Bowlby (1969) has thus far written the most extensive theoretical statement, become very concrete in such social work settings as the Bowen Center Project of the Juvenile Protective Association in Chicago (Sullivan, Spasser, and Penner, 1975). The center encountered markedly greater difficulty in involving the children who had not been reached until their early adolescence. Among these, the pattern of detachment appeared more fixed, and much more aggression was observed than seemed present in younger children from the same families.

A number of obviously necessary research directions are worth pursuing. For one thing, investigators have acted as though they were entrapped by words. Because early care is called "mothering," they have identified it with the female parent. Hence, we have little or no evidence regarding major deficits in "fathering," and only unsupported generalizations about the ages at which it becomes crucial. Yet Harlow's studies showed that adult monkeys of both sexes responded to advances from the young with protective, cuddling reactions. A high proportion of all males in our culture have similar responses to children. Should these prove to be instinctive, what survival value has nature locked into this fixed action pattern? Up to now, we have been partly blocked in this search by the relative elusiveness of fathers as research subjects, but that may be changing. More general examples of the same sort of query lie behind the one already raised: What is *specifically* lacking in the emotionally depriving home?

Cognitive Deficit

An enormous literature exists on the subject of intellectual decrements associated with and very probably caused by early childhood deprivation. The topic was given impetus during the late "war

on poverty" (Baley, 1965; Oliver and Barclay, 1967; Caldwell, 1970; Scarr-Salapatek, 1971; Seltzer, 1973). Much of the literature deals with deficits found among children being reared in impoverished environments, meaning the children live in homes that are within normal limits but the families are economically poor or very poor.

The challenge has been to identify just what is specific about the deprivation that lowers intellectual capacity. Seltzer (1973) has cogently raised this issue in remarking on the fact that, with large-scale programs of testing infants, the so-called cultural decrement of poverty does not stabilize and become visible until the child is around age 3. Why, he asks, not until this age? If the deficit is cumulative, what is accumulating?

Nor can it be logical to generalize about the type of care received by children of the poor. Geismar (1973) concluded that a very substantial proportion of poor young couples give their children surprisingly good protection and other kinds of attention.

Work and thought are needed to sort out factors associated with poverty that appear also highly relevant to understanding the impact of various forms of neglect on cognitive development. The prevailing thesis is that the richness of the environment—that is, the amount of cognitive stimulation offered the child—affects the rate and eventual upper limits of intellectual growth. Since intelligence seems to depend, in part, on the number of brain cells and the proliferation of connections among them, a difficulty in such research will be to distinguish nutritional effects from the psychological ones. With so many neglected children poorly fed, but also left untended in their beds, offered little verbal communication, taken nowhere, it will be hard to separate the influences.

A very interesting issue has been the relationship between cognitive and emotional malformations resulting from deprivation. For a long time, the two were treated as essentially unrelated, since attention centered primarily on the cognitive deficit in academic, developmental psychology, and on emotional problems in clinical psychiatry and social work. Goldfarb (1945) was among the first to comment that the two conditions tend to go together, perhaps because emotional conflicts hamper learning. In the present context, we should expect the infant of parents unable to provide for "basic trust" to be doubly endangered, since such parents are also inept in areas needed for cognitive development.

Another paper, published rather early in the movement toward compensatory care for poor children, also warrants mention here. In it, J. McV. Hunt (1964) remarked that, in his opinion, such evidence as we had made it seem likely that failure to nourish normal intellectual growth would be even more irreversible than comparable failures in the emotional sphere. However, contrary to Hunt, Ainsworth (1962) feels the personality disorder may be less reversible than the cognitive deficit.

Antisocial Behavior

From theory as direct as the frustration-aggression hypothesis, it is easy to understand why neglected children would turn out to be hostile, angry, or even dangerous people. But, from the theories of Bowlby and of Polansky, et al., of the "deprivation-detachment hypothesis" (1972), it is equally easy to predict that neglected children may become withdrawn, passive, apathetic. As the latter group of researchers remarked, descriptions of the parents of withdrawn children rather closely resemble those of parents of aggressive children. Very little of the literature deals with the problems of differential etiologies (Polansky, et al., 1972). Because we know so little about each condition, we have not yet dared ask the more refined question: How do the etiologies differ from each other?

Many neglected little children who appear wan, clinging, and apathetic at ages 5 to 7 later turn out to be criminals and sometimes murderers. Fontana (1973) describes the early lives of a number of famous "killers" of our times, showing the extent to which such persons as Sirhan Sirhan, James Earl Ray, Lee Harvey Oswald, Arthur Bremer, and others were maltreated as children. A theory has been that abused children identify with the aggressor, and so are more prone to violence. But a substantial proportion of children who are neglected are also violent.

In long-term contacts, the swing can be observed from withdrawal and odd behavior toward antisocial behavior. The group at the Bowen Center Project, for example, saw this in families they were treating. As each boy became 12, 13, or so, he became increasingly aggressive. Soon he became a delinquency problem, in trouble with the law. His younger siblings were still mainly apathetic. The aggressiveness of these boys may reflect inadequate "object-ties" and, therefore, absence of the identifications that lead to internalization of controls. This can result in a schizoid stance in which other humans are treated as things rather than as objects of love (Polansky, 1973a). But the fact remains that, while some neglected children survive with a semblance of intactness and others become simple schizophrenics, another group emerge as antisocial, dangerous people. Since the number of the latter is growing relative to the size of the population, it behooves us to learn more about the problem of differential diagnosis and treatment.

Foster care of children is often the quick solution to problems of abuse and neglect. Beck (1971) observed that more than 300,000 children are in foster care in this country at any one time and that, of these, 100,000 have no hope of ever returning to their own families.

Eisenberg (1962) reported on a number of years' experience in assessing children in foster care referred for psychiatric evaluation. He found that the *neglected* child in foster care had many more psychological problems than the average child placed for less ominous reasons. He noted their inarticulateness; poor orientation to time, place, or persons; apathy; suspiciousness; and (a classically primitive defense) self-depreciation. Many were so unsocialized as to lack basic toilet training or table manners.

Two studies from Europe offer further evidence about the behavioral sequelae of neglect. Forssman and Thuwe (1971) in Sweden collected data on children born to mothers who had sought but had been denied abortions. The fates of these unwanted children were revealed on followup 21 years later. The subjects had had more psychiatric attention than normal and a higher rate of alcoholism. More of the males were refused by the Army than was true of the general male population. The girls married earlier than average and became pregnant at ages earlier than average for the population as a whole. Educationally, 10.8 percent were substandard compared with 5.0 percent of the total population. Their delinquency rate was twice the average in Sweden. It should be noted again that these children were unwanted before birth.

Britain's National Child Development Study cohort (Wedge and Prosser, 1973) has also been revealing with respect to antisocial behavior. A quarter of the children rated "disadvantaged" (see p. 20) were considered "maladjusted" by their teachers. One in every 11 of the "disadvantaged" had a juvenile court contact by age 11 compared with 1 in 300 "ordinary" children.

The neglected child, then, is more likely to be physically deficient, intellectually at a disadvantage, and emotionally aloof, anxious, and chronically depressed—but prone to become aggressive and commit antisocial acts, some of which are dramatically brutal. In view of the many findings suggesting that parents give their children care comparable to that which they, themselves, received as youths, these results are the more disturbing. For the study of the sequelae of neglect becomes prelude to understanding its etiology.

PREVENTION

NEGLECT TAKES MANY FORMS. Typically, it is chronic, pervasive, resistant to specific treatment, and transmitted in intergenerational cycles. Therefore, dollar for dollar, the best expenditure of funds would be on prevention (Polansky, 1973b). More important than the cost in money, however, is the cost in human lives. Too long have we had inadequate, thinly staffed, and poorly funded protective service programs for abused and neglected children (Levitan, 1966; H. Wasserman, 1970; Schorr, 1974). And when the expectable happens and the programs do not work, the blame falls on the social workers who have had to make do with what was available and on the "hopeless character" of the parents (and even on the children) involved. The foundation for preventive work appears to lie in what Kahn has so aptly termed "child advocacy."

Child Advocacy

Reporting on a national survey, Kahn, Kamerman, and McGowan (1972) write:

> **Examining what is now occurring nationally under the banner of child advocacy, we find a core of organized or organizable activity that is unique and continuous with the advocacy identified elsewhere in social welfare.... This somewhat more focused activity, which might be thought of as child advocacy, is a special function within society. It deals largely but not solely with the social sector per se, and it is defined as *intervention on behalf of children in relation to those services and institutions that impinge on their lives. (p. 63)***

Intervention of the sort Kahn has been shrewdly and energetically conducting for half a lifetime is obviously sorely needed for individual children and families, and for the large-scale State and Federal programs that are our first-line defenses against the downward spiral of child neglect. Why are we not willing to commit more resources to these programs? The need to maintain a decent family living standard is a primary essential for the welfare of children. Proposals range from increasing children's coverage under Social Security, to children's allowances as an assist for poor families, to a minimum income for all (Schorr, 1974).

The usual explanation offered for maintaining the status quo in children's programs is that the public would not stand for increased expenditures. Which public? A recent survey by Carter, et al., (1973) is surprising and heartening. The study covered public attitudes toward social welfare programs. It required interviewing 9,346 persons over age 18 in eight States so chosen as to provide a national cross-section. Results showed substantial support for welfare programs, including help for the unemployed. People out of work were regarded (by a primarily working America) as unfortunate rather than blameworthy. The use of public funds to provide social services was well accepted. Child protective services were highly valued. Eighty-one percent of those interviewed judged such services "a good use of public funds;" only 4 percent saw them as a waste (Table 10, p. 26). The authors concluded there is, in fact, a popular mandate to offer protective services with tax monies (p. 40). The connection from child protection, after neglect has occurred, to preventing its need is not easy for most of the public to make, but neither is the public obtuse.

It is hard to write about certain matters with scientific detachment. For example, an Associated Press dispatch of March 10, 1974, reports a nutritionally enriched baby formula being given in Memphis (Tenn.) poverty areas to infants under a year, at a

cost of 21 cents per day. During the 3-year program, healthier babies were observed, and infant mortality halved from 40 per thousand to 20. Yet, THE NEW YORK TIMES (January 21, 1974) reported that a lawsuit had been necessary in order to instigate spending funds allotted by the Congress for the Special Supplemental Food Program for women, infants, and children. The sequelae of early malnutrition have been documented above, but assessing starvation does not require elaborate research.

We see that prevention of neglect will require some changes in attitudes and values. Fortunately, there is more public readiness than has yet been permitted to find expression. Therefore, we can use the child advocacy Kahn advocates.

Rights of Children

The current divorce rate of one to every three marriages has led to a questioning of the nuclear family as a stable and stabilizing family structure (Balswick, 1974). We also assume we are a child-loving society that acts only for the child's best interests. Yet in most States, society will not take responsibility for a child unless the parents blatantly refuse to do so, or the child breaks the law. Parenthood is said to be legally a private venture for personal satisfaction (Rodham, 1973; Schorr, 1974). And our wish to preserve the freedom of the majority of parents conflicts with intervening for the child in straits.

A potentially neglectful situation can be diagnosed, and professional services offered, only to have them refused by the parent as a result of fear, pathological mental processes, or sheer inadequacy (Polansky, 1973a). A recent monograph dealing with the admixture of social, psychological, and legal problems (which is now receiving wide distribution) is that of Goldstein, Freud, and Solnit (1973). They cite precedents going back to U.S. vs. Green in 1824, and Chapsky vs. Wood in 1889, in which judges held that the needs of the child ought to take precedence over blood ties and parental rights.

Rodham (1973) has proposed three avenues of redress: (1) that the legal status of infancy or minority be abolished; (2) that procedural rights granted adults also be granted children; and (3) that the presumption of identity of interests between parent and child be rejected whenever the child has interests demonstrably independent of his parents'; a competent child should be allowed to assert his own interests. Some of Rodham's suggestions appear unworkable.

Help for Families-at-Risk

The section on *Early Warning Signals* summarized a number of the findings, clinical impressions, and speculations thus far available for identifying families in considerable danger of becoming neglectful. To these we might add factors listed by Haselkorn (1966). High risk mothers include those of low income, who are unmarried, who have unwanted pregnancies or unwanted children, who are teenagers, and who are hard to persuade to visit clinics for prenatal care. In other words, we are already able to make some shrewd estimates of mothers-at-risk and families-at-risk. The following seeks to answer the question: What is to be done with this information?

1. Existing programs

Rather than start a rash of new programs, we would urge that existing, established programs be strengthened to move into preventative areas. When all our agencies are taken together—e.g., health and welfare departments, courts, public schools—most families-at-risk are known to at least one and often to two or more. Would it help if all personnel were more attuned to the potential of neglect; if staffs and programs were available to move in when necessary and appropriate? Here are some examples.

Any addicted woman found pregnant ought to be placed under some sort of medical surveillance, as is done for persons with communicable diseases. Some believe she should be aborted.

As was usual "in the old days," school teachers should get to know the parents of their students. Experienced and shrewd school personnel are fairly well able to recognize neglected children.

But what is required to turn these skilled individuals from their overwhelming feelings that what they know does not really help toward making a plan for bringing resources to bear on behalf of children in need?

By offering to treat families with as many as two delinquent children, Minuchin, et al., (1967) immersed themselves in whole nests of familial pathology. Not only are families of felons very likely to be "on relief," but also to operate at a very marginal level of child caring (Polansky, et al., 1972).

The "medical model" speaks of "putting a watch on" a suspicious lump or bodily change. Likewise, we need a form of social checkup whereby families least able to cope will be helped at some point before outright neglect has actually occurred. Competent parents do this even for their grown children and grandchildren. But who does this in families where no one has that extra competence that means help can be extended to the weaker?

There are other reasons for strengthening existing programs. Our expert consultants were in agreement that basic housing, sanitary facilities, and health care available to families help in the prevention of neglect.

Finally, from our study of etiologies, it will be recalled that emotionally disturbed parents, discharged from institutional care to their families, may prove so disruptive or inadequate as to cause child neglect. Certainly, the readiness of the patient to resume his or her parental role ought to enter into planning for discharge from mental hospitals and, indeed, from all medical facilities. Discharge may have to be delayed, for example, until the parent has achieved a reasonable level of functioning, since introduction of an ex-patient barely able to survive outside the hospital cannot but add further stress to an already overburdened family system.

2. New programs

One new program (described on page 21) that warrants mention here is the system for handling cases reported from Nashville (Bowman, 1973; Burt and Balyeat, 1974). The combination of emergency services with the application of modern management techniques to ensure coordination of services and tracking of cases to prompt disposition helps to protect the child against what has been termed "agency neglect."

As a new program, we might also cite the project conducted by Pavenstedt (1973) and her colleagues.

> **This paraprofessional training program, funded by NIMH and based in a Boston federal public housing project Health Center was designed to prepare persons with backgrounds similar to those in the community as Family Intervention agents who would identify vulnerable young children and assist their families in high risk environments, particularly in areas related to child care and development. (p. 120)**

An extensive training program was offered, and trainees were placed with two or three families with the goal of improving their general functioning and, specifically, their child caring practices. Using the MMPI (Minnesota Multiphasic Personality Inventory), Polansky, et al.'s Maternal Characteristics Scale, and Choler's Maternal Attitude Scale, trainees were measured for change during the period of training. While there was increased ability to relate to others, improved impulse control, and increased independence, an expected step-up in verbal accessibility did not occur among the trainees.

The training program showed promise, but changes in national priorities created a serious problem for placing graduates of the program. While most were able to find employment, few are now at work in the job for which they were specifically trained. However, the idea of paraprofessional "Family Intervention agents" will undoubtedly be revived.

3. Family planning

Sixty percent of all poor children are from families of four or more (Schorr, 1974). The multiproblem family, the poor family, the large family, the neglectful family are all associated (Young, 1964;

Boehm, 1967; Miller, 1965). There are individual differences (Giovannoni and Billingsley, 1970; Geismar, 1973; Polansky, Borgman, DeSaix, 1972) but, often, too many children, too little money, and neglect are all found together.

Family planning includes birth-sequence planning. Women who bear children too young (i.e., below age 18) have a higher infant and maternal mortality rate (Haselkorn, 1966); children of mothers over age 35 are more prone to birth defects, and the risk rises rapidly with increasing age. In addition, an infant displaced from being the center of attention by the rapid sequence of births of two or three more suffers a type of deprivation which can be noted even in families with plenty of household help.

Programmatically, free and accessible contraceptive information and supplies are the least expensive and among the most effective methods of preventing child neglect. It is thought that the poor have more children than the affluent because the poor do not have as much information or resources to plan their families effectively according to their own desires (Levitan, 1966; Podell, 1970).

The highest proportion of couples who never employ birth control or who have children beyond the number they intend is found among nonwhites who live in the rural South or who have rural southern backgrounds (National Academy of Sciences, 1966). Consequently Johnson's (1972) findings on the rural nonwhite Southerner's attitudes toward birth control and illegitimacy seem pertinent. She found that the adolescent female's sexual expectations were based on those of her mother, and that a mother's sexual expectations of her daughter were based on her own sexual activity. Unmarried, sexually active women did not know the attitude of their sexual partners toward contraception; most importantly, low income nonwhites approved of premarital sex but disapproved of illegitimacy. These findings allow us to conclude that illegitimacy rates may decrease as use of effective contraceptive measures become more acceptable. An area to be studied further in trying to reduce illegitimacy among low income nonwhites is the attitude of the male sex partner.

The potential role of easily accessible abortion in preventing child neglect has not yet been assessed, nor even approached. Yet the literature suggests that: (a) many women from the populations at risk do not practice contraception and (b) unwanted children are more at risk of being neglected. Under these conditions, abortion would offer a second line of defense in preventing neglect.

Abortion is very rarely of catastrophic consequence, medically, and it is laden with long-run social impact in terms of population, poverty, and child neglect (Reiterman, 1971). It is, of course, still controversial, although recent studies show the majority of the population in favor of its being available to those who want it.

Subsidized sterilization is another possible preventative to child neglect. We observed that sterilization, usually of the mother, has proved to be very helpful in families that give their children inadequate care (Polansky, et al., 1971). The cessation of additional children can give an overwhelmed woman a chance to meet the needs of the children she already has. Sterilization also gives her child caring a visible, definite ending point which seems to help morale in some families. Whether the mother's sterilization is an aid to the children already born warrants further research, since the proposition is rather widely believed by those in the field.

An area of controversy has to do with public efforts to encourage birth control among poorer elements of our society. Since black families average lower incomes, and poor black families have somewhat higher birth rates, they become especially of interest to family planning programs. Examination of the facts involved appears to be delicate because of sensitivities natural to a group already experiencing discrimination.

Some black writers have equated "birth control" with genocide. According to a few investigators, however, it does not appear that birth control is so regarded by most of those surveyed. Ninety-three percent of the black subjects interviewed by Darity and Turner (1974) felt that family planning should be taught at the junior high school level.

There is reason to believe that births out of wedlock increase the chances a child will become

neglected; moreover, the dangers to children born to very young mothers have already been cited. A large proportion of all illegitimate children are progeny of teenage mothers—53 percent by women 19 years or younger (U.S. Department of Health, Education, and Welfare, 1975).

Obviously, creative ideas must be forthcoming for meeting the needs of these target groups; then the effectiveness of the approaches must be tested. In all of this, research on child neglect shares interests with general programs for work on family planning.

4. Day care and other community resources

Another approach to preventive help is provision of services which relieve young mothers before the strain they are under becomes intolerable. Such services can include homemaker services, neighborhood community centers, and day care. Comprehensive group care of high quality may enhance development of the young child at crucial phases (Robinson and Robinson, 1971). Caldwell (1970) urges high quality day care for primary prevention of neglect. Yet, as others have noted, quality care is neither cheap nor easy to provide (Pavenstedt, 1971; Emlen, 1974). We shall return to that theme below. Meanwhile, it is to be noted that day care centers and family day care homes can help to shore up a deteriorating home situation.

The preventive functions of homemaker services seem obvious, of course. Many agencies believe in them, but the shortage of funds for these services is such that they tend to be limited to people already in difficulty rather than employed as a preventative measure. Research, or at least the ordering of practice wisdom, would be helpful in defining the conditions under which homemakers can make substantial, preventive contributions.

Reviewing the scanty literature relevant to the prevention of child neglect, one is reminded of the caveat with which this report began: that one has to strain to find new programs conceivably related to preventing neglect, as such. Perhaps this is natural to a social problem about which so little is firmly known, but the unsatisfactory state of the art deserves underscoring. Could it be that the most important preventive program we have nationally is the maligned and troubled Aid to Families with Dependent Children?

TREATMENT

BY THE TERM "TREATMENT," we refer to actions taken with the intention of bringing about a change in the caliber of child care so that it is no longer regarded as neglectful. Treatment aims to bring about a new, higher level of operation. The traditional treatment of neglect has involved trying to motivate parents to improve their child care, or protective removal of children, or both (Costain, 1972; Kadushin, 1974). The aim here will be to sketch the current state of practice in this country as well as some emerging trends. But first, let us preface the description with some general comments.

Discussing measurement of the efficacy of social services, Weber and Polansky (1975) have written:

> **Evaluating social service intervention involves much more than just trying to find out what happened to the recipient of a particular service. Ideally, it involves delineating what exactly was done; with whom; under what circumstances; by whom; at what point in time; with what results; from whose perspective; and whether the results were worth the price paid. (p. 183)**

No study of the treatment of neglect approaches these demanding criteria. The model of evaluative research is presented to emphasize that, in general, no treatment modalities exist which apply uniformly to all clients in all situations. Consideration of the treatment of neglect creates an odd situation. Because neglectful parents vary so, all generalizations must be made with reservations. But because a high proportion have much in common (e.g., stressful environmental conditions combined with marked personal immaturity), it may be possible to advance at least some guidelines about how to approach such parents. In the long run, a treatment typology will be needed, matching intervention to diagnosis (Kahn, 1963). We now only have the beginnings of differential diagnoses with implications for action.

Those who see neglect as typically a reaction to situational stress—for example, the deserted wife who is collapsing under the double load of young children and a job—will conclude that changing a family's life conditions will be effective in relieving the problem. Those who view neglect as usually a reflection of pervasive character problems with a lifelong history favor long-term psychological treatment. The first viewpoint seems to promise quick results that will probably be short-lived; the second, expensive procedures that usually lead to very substantial results.

Our own viewpoint is psychosocial which Hollis (1972) sees as an open theoretical system. This posture holds that, if a person has had a hard life since infancy, then the personality is scarred in ways not easily rectified. The scars limit the ability to cushion further blows and the individual is inevitably weakened. Consequently, when confronted with stress, the person is less able to adapt. It follows from this logic that, if a man or woman becomes a "neglectful parent" out of this combination of past scarring and current stress, the first step is to see if the individual can be helped by giving practical assistance. This will be followed, if indicated, by an attempt to repair or compensate for some of the internal damage the individual has experienced. Meanwhile, provision must be made to protect the children. The programs we will sketch below elaborate on these possibilities.

Another caution requires insertion. To promote their synthesis, the research studies cited above have been treated uncritically. Now, a series of treatment modalities will be similarly presented. But, first, it must be stated that few programs exist—no matter how new and exciting—which do

not show deficiencies to those who know them best. And in only a few places in the United States do protective services even approximate the notion of good practice. Therefore, it is only prudent to presume that there are no panaceas anywhere and, also, that if an advanced or excellent form of practice exists, this does not mean it is "generally available" or even generally known.

Child protection is a field in which responsible professionals willingly describe the difficulties they have encountered as well as their successes. The majority of seriously and chronically neglectful families are doubtful treatment prospects for whom there appear to be no quick, cheap solutions. Many are necessarily long-term cases and not very rewarding. Six months is now thought of as a substantial course of treatment in many mental health clinics; our consultants advised us that this is about the duration of a trial of treatment in protective work. That is, if the family shows no improvement in that time, then the prognosis for eventual, positive change is poor.

Social Casework

In this country, the most widespread ingredient in programs to help neglected children is casework. It is generally agreed that one person should contact and individualize each case. Among those practicing this skill in protective work, the theory of treatment most widely utilized appears to be the diagnostic point of view which has been further refined into the psychosocial (Hollis, 1970) and ego psychological approaches (S. Wasserman, 1974). Rooted initially in psychoanalytic psychology, the diagnostic point of view means that treatment should be designed to fit the client's makeup, his present state, and his circumstances.

A recent paper by S. Wasserman is of particular interest because, although it is primarily dedicated to explicating a delimited theory of casework treatment—the ego psychological—its major illustration involves the treatment of a woman who might be considered a neglectful mother. Wasserman recognized that without a characterology—i.e., structural concepts of some sort—it is not possible to make the differential diagnoses which guide practice:

> **Presently there appears to be a rejection within the social work profession of the labeling of clients in terms of a clinical diagnosis as 'neurotic' or 'character-disorder.' Unless the worker is clear in his assessment of the client's total situation (external and internal)—his ego strengths, intact areas, gaps and weaknesses—his model for intervention will be affected by cloudiness, groping and undifferentiated kinds of action (or inaction). (p. 57)**

With increasing use of time limits and the working through of ending phases of treatment, this school of casework is increasingly at one with the functional approach. Similarly the diagnostic approach is by no means antagonistic to techniques associated with behavior modification when indicated; it tries to include them in a range of options that also embraces support, clarification, and the like. Among those actually doing casework treatment in neglect situations at this time, the major division appears to be between those operating from a theoretical base and those professing eclecticism or doing their best with no clear theory of treatment at all.

What are the critical functions of the caseworker in relation to neglect? Here is an attempt to summarize briefly some areas of substantial agreement.

1. Identification and factfinding

It may be the responsibility of the director of social services in each county to receive and investigate complaints of abuse and neglect, but it is the staff of caseworkers who typically conduct the factfinding studies. In nearly all agencies, it is policy that, although every complaint warrants attention and usually investigation, judgment is suspended regarding whether or not the complaint was justified until the facts are known. Hence, the purpose of the first phase of work is to locate the family and to try to obtain their cooperation sufficiently to determine whether neglect is occurring.

Since the family seldom refers itself, the investigatory phase requires tenacity, interpersonal skill, ingenuity, and sometimes both moral and

physical courage. The need is recognized for practical guides to the inexperienced worker on making initial contacts; there is a surprising paucity of pointed literature available.

One rather new trend that has emerged stems perhaps from civil rights cases. It is that families approached sometimes now say, "Talk to my lawyer." And this response is not confined to wealthy alcoholics!

The relationship between social mobility and sources of referral is an interesting issue. To a degree not generally known, relatives have always been major originators of neglect complaints; e.g., grandparents interceding to enlist protection for their grandchildren. Mr. Leefman of the Massachusetts Society for the Prevention of Cruelty to Children, reported that relatives are still a major referral source there. In Georgia, generally, Mr White (the State's consultant on protective services) noted that when there is an extended family living in the community, members of the family are the most apt to notify authorities. Otherwise, neighbors refer. On the other hand, Dr. Young observed that, in Newark, which has had an 80 percent population turnover in the past 20 years, the majority of neglect complaints come out of the school system. In any event, neglectful families are nearly always third-party referrals and, initially, are unmotivated and often resistant to help.

2. Decisionmaking

What is to be done once the facts emerge? Decisions about disposition are shared in a variety of ways among the caseworker, his or her supervisor(s), and local courts of jurisdiction.

A number of alternatives are open in trying to find the best ways to help the children. It may be decided that there is no immediate cause for concern, and the agency withdraws from the case. Or while the case is not yet neglectful legally, it may border on it so that the caseworker may reach out to the family to offer services calculated to operate preventively. Under extreme urgency, the children may be summarily removed from their home; how and where will be discussed below. Even if the child is removed, the caseworker may work with the family to try to strengthen them and their situation so that the family may be reunited without danger to the children (Sullivan, et al., 1974). In short, whatever the decision, and it may change as experience with the family accumulates, the act of selecting among alternative courses that, to a great extent, will determine the long-term fate of a family is an important function.

Without a court order, children may not be removed from their parents without the latters' consent. Hence, the significant decision in all extreme instances rests with the court. We know that in many places throughout the country, judges and social workers collaborate flexibly and shrewdly to combine legal authority with practical and psychological help to bring about movement in cases. Yet we encountered no writing at all on this collaboration. All child welfare references dealing with the courts instruct workers regarding appropriate behavior as witnesses. If there are writings that inform judges of their responsibilities in continuing, collaborating work to salvage families, they were not brought to our attention.

We are not legal scholars, of course, so we wonder if the activity of judges that goes *beyond* the making of decisions is codified anywhere. Most respected jurists are more continuously involved with families than their formal role-image would imply. The codification of metajudicial practice by the courts in relation to child neglect appears to be another arena in which immediate scholarly work is needed, combining social work research and legal scholarship.

3. Equilibrium upsetter

Some programs aim at equilibrium maintenance. This is not the intent in the home deemed neglectful. Here, the downward spiral of neglectful behavior must be reversed. If the family is unable to mobilize movement, legal action or the threat of it may function to unfreeze the system.

4. Guide and liaison

Generally the caseworker is the link that puts the family in touch with needed resources, such as financial aid, services to improve housing, medical

care, homemaker and other services. In dealing with the community and its agencies, the worker is a case-by-case child advocate. Without one person definitely responsible for this connective function, most other services may as well be inoperative.

In view of the early identification made by England's Family Service Units of the importance of giving concrete help, it is instructive to read one of their recent papers. The paper describes the help that was successfully given to a family referred by its physician because of his concern that the children's health was seriously endangered by the family's disorganized way of life. Concerning the family's needs and the help it received, Halliwell (1969) mentions the following principles: the need of an isolated family to gain and feel acceptance; the importance of giving any material or financial help within the context of a relationship (otherwise it is felt to be impersonal and encourages passivity); the importance of enabling the family to use resources by preparatory work on their anxieties and by accompanying them on referrals; *continued contact long after signs of improvement occur*, lest the family regress; and contact that includes husband and wife jointly. A day care center, a clinic, even what we call an "old clothes room" were all used by the family described. But the key element, in Halliwell's opinion, was what we term "working within the relationship."

5. Information and counseling

The sheer need of some clients is for information; others have information but need help with making a judgment about it. Families may be helped by offering them practical suggestions when they are most appropriate to the need. The fact that families prove unable to use the suggestions may, itself, be indicative of other problems.

Counseling, of course, includes especially the area of child caring. According to Kogelschatz, et al., (1972) fatherless homes develop their own particular styles and need be no worse off than others. Yet the fact that the female head of household has no other adult with whom to discuss decisions may make her the more in need of this kind of practical dialogue.

6. Individual change-agent

What is ordinarily termed "psychological treatment" is actually only one among a number of casework functions. Many neglectful families never really receive psychological treatment. Experience indicates that, unless the worker has had substantial experience in interview treatment, it is unlikely that he or she will be able to carry out the more environmentally-oriented functions listed above, since very similar skills and understanding of human behavior and its unconscious springs are required (cf. Halliwell's comment about "working within the relationship"). Efforts aimed at bringing about change within the individual family members, primarily through interpersonal influence, involve the following roles:

(a) Acting as attachment object to foster security and growth and to heal depressiveness (Polansky, DeSaix, and Sharlin, 1972; S. Wasserman, 1974; Sullivan, Spasser, and Penner, 1974). Several of our consultants remarked that treatment takes time in many neglect cases because so often it is necessary to "parent the parents." In view of this, what dangers are introduced by staff turnover?

Whether because of their infantilism or for other reasons, experience has shown that many of these families generalize their attachment beyond the worker (who originally involved them) to include the agency that the worker represents. Even its building acquires symbolic meaning as a source of familiarity and support.

(b) Acting as an identification object or model in handling interpersonal contacts. The identification with the worker occurs unconsciously in the course of treatment, but this does not mean the worker is passive:

> **The client whose problems stem from a more characterological nature—impulse-ridden, acting out, lack of anxiety, or primitive superego development—will generally necessitate considerable activity on the worker's part in terms of the environment, the teaching of impulse-control, the setting of limits, the pointing out of cause-effect relationships . . . and partializing experiences which can be tolerated and assimilated. (S. Wasserman, 1974, p. 56f)**

(c) Encouraging cognitive change, including clarification and insight.

(d) Playing the role of behavior-modifier; that is, the worker is the source of reward/punishment for relevant parenting behavior.

7. Family-functioning consultant

Family treatment is a structured modality in itself. Within this structure, the protective services worker usually attempts to improve the level of operation of the family system. Some of the worker's subsidiary aims include:

(a) Opening verbal communication within the family and trying to help the members to sustain it (Minuchin and Montalvo, 1966; Polansky, 1971).

(b) Resolving conflicts, especially between the parents, but often also between the children and their parents.

(c) Acting as supportive "good mother" to the whole family (regardless of sex of the worker) until such time as the parents can take over their appropriate social roles.

One reason for long-term contact in the treatment of neglect is to ensure that gains made by a family are consolidated and likely to be sustained. Several authors warn specifically of the tendency in such families for repetitive regressions to less satisfactory child care after seeming advances have been made. Premature cessation of contact may be viewed by the family as abandonment. In any event, new patterns cannot be expected to remain firmly in place until they have become habitual. Therefore, any marked advance must be conservatively regarded; that is, hopeful but probably temporary. All experts agree that treatment and support should continue for months after the family has, on the surface, ceased to be neglectful.

It is desirable that all protective service workers have or acquire aptitude in all the functions listed. The reason is that it is nearly impossible to be certain which function will *not* be needed in a given family and that the logical person to provide the various forms of help is the one whom the family already trusts and to whom they are already attached.

Out of their own difficult earlier lives, a high proportion of neglectful parents are suspicious of new relationships. A family that begins by accepting only concrete assistance may gradually become amenable to psychological forms of treatment to ensure greater resiliency against future crises. (This is a pattern frequently found, for example, in the Juvenile Protective Association of Chicago.) Who, then, is to offer the psychological help? If the idea is somewhat threatening to the family, the movement into a new phase should be unobtrusive and require no sharp break. Therefore, it is desirable if the same caseworker can carry the case forward.

It is generally agreed that casework in protective services is one of the most difficult jobs in social work. Difficult at best, it becomes impossible if the administration under which it occurs does not sympathetically support it. Even with less disturbed caseloads, there are staff problems in many public agencies. H. Wasserman (1970) reported vividly some of the reasons for high turnover among beginning child welfare and AFDC workers. One factor was that public assistance grants were often far below the acknowledged minimum necessary for health and decency. Kadushin (1974) reported a study showing that 27 percent of workers in child welfare agencies quit annually. In view of the skills to be acquired and the preference that clients have continuity of attachment, high turnover threatens effectiveness of casework programs.

At present, a controversy is beginning over how to best administer protective services. The predominant pattern now is toward specialization. Some private agencies carry this function only; in large public agencies, protective services become the full-time assignment of the protective services department or unit. Even in smaller multipurpose agencies, workers who show aptitude for protective work are likely to have disproportionately more families who require protective services.

As an experienced supervisor, the senior author has questioned this pattern of specialization. First, the unrewarding character of many such cases may well "spoil" potentially good workers for the field if they do not have some families that prove more verbally accessible and whose problems improve more readily. Second, concentration on one kind of client may distort the worker's perspective. Given an extremely limited client group, for example, the unwary newcomer to the field may not be sensitized to recognizing mild mental retardation.

It appears that the separation of services from eligibility determination for AFDC may also operate to increase specialization in services to abused and neglected children. Administrative and other arguments exist on both sides of the question. Therefore, this is another issue on which research is indicated.

A substantial proportion of all those in protective services remain dedicated and energetic. Their concern for the children remains unabated, even after years in the field, and their compassion extends also to the parents.

8. *Placement*

The next service traditionally available for the protection of children is foster care placement. As a general rule, placement is regarded as necessary under some circumstances, but it is not a preferred plan.

The field's attitude that efforts should be made to avoid placement is based on a number of factors. First, placement is inevitably disruptive to the child's life and may have long-range ill effects on his or her personality. Second, during long-term foster care, it is often necessary for the child to be placed and replaced, perhaps several times. So, the child undergoes repetitive disruption of significant relationships (Sherman, Neuman, and Shyne, 1973). Third, desirable foster care facilities, especially foster homes, are at a premium and have been since World War II. However, since foster care must be utilized for some children, any arrangement, financial or administrative, that increases and improves foster care facilities, particularly foster homes, strengthens the program. The use by States of AFDC funds to support children in foster care—an advance of the past few years—has been a saving feature in poor rural counties with zero budgets for foster care.

Institutions for "dependent and neglected" children still vary widely in quality; some that depersonalize and actually exploit children continue to exist. Furthermore, a child who has been neglected prior to placement is likely to have deficits (see above) that require care with substantial "treatment" elements—care which few institutions are staffed to provide. Not all foster care programs have adapted themselves to the fact that the "dependent and neglected" children currently being placed are no longer "average-expectable" children.

Placement often results in shocking parents in a way that motivates them to seek help, for example, with their alcoholism or other serious problems. But placement of the child can also lead to the disintegration of the family (see below). It is worth mentioning here the finding of Fanshel and Shinn (1973) that care for a child with surrogate parents is extremely expensive.

For all these reasons, advanced opinion in the field appears to be that placement must often be used, but as noted it must be employed with caution. Here is a brief summarization of generally agreed upon thinking.

- It is desirable if removal of the children occurs as part of a plan which the parents accept and in the development of which they may even have participated. As caseworkers' skills steadily improve, more and more cases are reported in which parents not only acquiesced to placement of their children but have asked for it.

Jenkins and Norman (1972) surveyed the reactions of parents to having their children removed. The most frequent response was sadness; but the next most frequent response was relief. After some time, a number of parents experience feelings of distance toward their children, and of detachment that *can* lead to psychological abandonment of the children. A similar feeling was picked up in parent interviews by Allerhand et al., (1966) in a followup study of children returned from Bellefaire, a treatment institution in Cleveland. Since placement also entails a major disruption for the children, it is also thought necessary to work it through with them, as it happens and in the months following.

- For most children, under most circumstances, the form of placement preferred is care in a foster family home. However, one reason for use of institutions has traditionally been linked to family size. If four or five children are to be placed and it is desired to keep them together, then they usually are beyond the capacity of any single foster family to give them the care and attention they need. Other kinds of foster care have been emerging, including group foster homes and emergency foster homes which are available on a standby basis through use of a retainer. Where there may be recurrent, brief abandonment of children by impulse-ridden parents, an emergency foster home has the advantage of obviating use of a strange situation for the child with each placement.

- It is also understood that many children from neglect situations require facilities beyond the ability of loving foster parents to supply (Eisenberg, 1962). Therefore, the institution continues to have a definite role.

- As a general principle, there is respect for the need of each child to maintain primary attachments: hence, the experimentation with various alternatives to foster care, including those in Nashville, the Bowen Center in Chicago, and the like (see below).

- In order to maximize the possibilities of returning children to their own families, coordination is needed among the protective services worker who should be continuing work with the parents; the foster care worker, if different, who is supervising the child; and the court personnel if the court is still active on the case. It cannot be said that intimate collaboration is the rule in this country at this time.

A great many children from rural counties who have been institutionalized elsewhere in their States are effectively out of touch with the original agency and with their parents; the case is "open" in name only. Breakdown of communication between agencies, and even between parts of the same large agency, occurs in large cities as well. A study of the fates of a cohort of children in placement in New York (which is being completed by Fanshel and his colleagues at Columbia University) should cast light on processes of interest here.

Group Techniques

The use of group work and related techniques to help marginal and neglectful families covers a wide range of possibilities. As with casework, the group format must be suited to the needs of the client. The following is a rough division among modalities that have come to attention.

1. Socialization and resocialization groups

A few agencies (e.g., the Massachusetts Society for the Prevention of Cruelty to Children and the Juvenile Protective Association in Chicago) have set up group programs for neglectful parents. To those with analytically oriented group psychotherapy in mind, these are not really therapy groups. They can, however, be seen as aimed at effecting enduring change within some of their clientele and at doing something of a "repair job" for others. The format of early meetings, especially, follows the model of activity group therapy rather than the one-to-one analytic image. There may be crafts or other parallel-play activities, drinking of coffee and, occasionally, chatting. The pattern seems to resemble that used by Ganter, Yeakel, and Polansky (1967) in work with parents of severely disturbed children.

For the withdrawn and socially isolated mother, for example, the opportunity to meet and chat with others outside her home may provide pleasure, a boost in morale, a buffer against pervasive loneliness. Nevertheless, many neglectful parents have felt community rejection—and, as a result, they have, themselves, withdrawn from others. So they do not welcome group exposure. Only after some months of casework and with, perhaps, the reassurance of being accompanied by a caseworker may such a mother or father come to a meeting. It takes weeks—months and months, in some instances—for frightened and essentially nonverbal clients to feel at home in the group and to begin to talk about their own problems. Meanwhile, their attendance does combat isolation.

Reports have been received of attempts by workers in rural counties to introduce group experiences with the same ends in view. Mothers seem far more likely to come than fathers. Since most of the members must be picked up and brought to the meeting, problems of transportation may become insurmountable if only a handful will attend from an area of many square miles. Hence, group treatment can become a costly process, justifiable only if demonstrable gains are made among those treated.

2. Parents' groups

Similar in aim but organized around a more visable collecting point are groups of parents whose children are all, say, in the same day care center program (e.g., the Bowen Center Project of the Juvenile Protective Association in Chicago). They may also be introduced simply as a means of recreation, as they are elsewhere in the same Chicago agency. In addition to their possible usefulness in support of direct work with children, such groups can serve many of the psychological functions of the resocialization group.

3. Social action groups

In the settlement tradition—so much older than professional social work—community action sought to help people become advocates for themselves. Similar logic has been applied by Wardle (1970) to an attempt to treat low standards of child care (among other social problems) in a poor neighborhood in England. The hope is that, in the process of working jointly on their very real community needs, the participants may combat regressive and defeating trends within themselves, sublimate anger, and reduce their isolation from others.

Unfortunately, social action groups are likely to recruit persons who are not shy—who are, otherwise, fairly intact. Neglectful parents who are depressed, or withdrawn, or intellectually limited make unlikely candidates; they fall beneath the grip of community action programs.

Group technique, therefore, is thought to have promise, although the literature on its actual use with neglectful parents is sparse, indeed. Parents Anonymous, for example—a self-help organization of abusive parents—told us that they had found neglectful parents too unmotivated to join.

The present thinking is that casework and group technique must be combined and mutually supportive. Anyone sophisticated in group work will recognize its limitations as well as its promise for work with neglectful families.

Parent-Child Community Programs

The average neglectful family requires multiple kinds of help. Money, medical attention, better housing, social and psychological services—all are needed. Usually, such help is fragmented, in the sense that the agencies responsible for assistance and for services may be separately administered, separately financed, and so forth. A major task of the caseworker assigned as liaison is to enlist the aid of other agencies and to steer a family—typically already chaotic—through a maze of channels to the help available. Referrals are easily made, but they frequently come to nothing without followthrough.

Therefore, consideration has been given to bringing all the necessary components under one roof, using each as required for the given case, without the lost time of interagency negotiations. This gives the client a place he knows and in which he is known. In addition to conserving effort, there are great advantages for the client who can attach to "a center" as well as to a person. For example, if one worker leaves, the client can more easily replace him psychologically from among other familiar staff persons.

The outstanding example of this design was the Bowen Center, under the auspices of the Juvenile Protective Association of Chicago. Financed originally with a grant from HEW, the Bowen Center combined casework, a day care center, a remedial school, parents' groups, emergency foster care, and sheltering—all in one building. Among the other remarkable achievements of this staff, one is of great significance to fellow professionals. Because of their multiple services, staff were able to sustain continuity with some clients for unusual lengths of time and to reach deeper levels of communication. An outcome, therefore, has been to provide us with case material demonstrating in great detail the psychological dynamics behind what, on the surface, seems to be simply "another inadequate family."

One thinks especially of the case of a woman, deprived in her own home, desperately attached to her husband, whose love for him turned to detachment when "he started running around on me." The family moved from Eastern Kentucky to Chicago, where the husband's behavior proceeded to change from sexual acting out to phobic withdrawal. He was soon unable to leave the house. Into this situation of bitterness and despair the Bowen Center moved, offering concrete help: day care for the neglected children (eight in all), remedial education for the older children who were becoming delinquent, group experiences and individual casework to each parent. At various stages, the children had to be removed from the home, but the relationship between parents and children survived these actions.

Space does not permit fuller explication, but it appears that the community-based, multiple service agency founded in the psychosocial approach represents the major new treatment design for child neglect. Conceivably, here is the "wave of the future."

Mental Health Centers

Community mental health centers seem to be assuming some of the functions formerly assigned to family service agencies. Moreover, since many neglectful parents, as noted, have psychological disabilities, the mental health center would seem the appropriate place to which to send them. Unfortunately, the experience, to date, has generally not been promising.

Few center staffs are geared to take on families as chaotic as these. Unlikely to keep their appointments, uncommunicative, they are apt to be written off as "too overwhelmed by environmental problems" or "unmotivated." Often it requires a very competent psychiatrist to help persons as nonverbal but severely anxious as are some of these parents. Less well trained personnel often lose sight of all dynamic elements in the face of obvious characterological disorders. The diagnosis of "inadequate personality" is not revealing.

In some ways, the mental health center is structurally inept to the purpose of helping neglectful parents. It offers few, if any, concrete services, and there is legitimate question as to whether marshaling services outside the center for these clients is making the best use of staff time.

Which is not to say that no mental health centers have worked creatively in this field. Enzer and Stackhouse (1966) described a program in which limited goals were set and specific treatment techniques developed for working with multiproblem families in a child guidance clinic. Minuchin and Montalvo (1966) and Minuchin, et al., (1967) have presented some classic discussions of ways of proffering family therapy to families in the general categories that interest us. The problem they confronted was to find ways of penetrating the startling disorganization and severely limited verbal codes of these families.

From experience, the mental health center seems better designed as a resource than as the chief locus for service to neglectful families.

Day Care

Some of the current thrust for subsidizing day care centers is related to their releasing low income mothers to work. They are also helpful to other women who, although less driven by economic need, nevertheless prefer to work outside the home. A recent, extensive review of the literature is that of Etaugh (1974). The following are some of her most relevant conclusions:

> **(a) Young children can form as strong an attachment to a working parent as to a non-working one, provided that the parent interacts frequently with the child during the times they are together; (b) Stable, stimulating substitute care arrangements are important for the normal personality and cognitive development of preschool children whose mothers work. (p. 74)**

Mothers who are satisfied with their roles—whether working or not—have the best-adjusted children. . . . Mothers in professional occupations tend to have highly achieving children. (p. 90)

A form of protection to be offered the neglected child is *supplemental mothering*, and one way to do this is through the congeries of services called day care. This ranges, in actual practice, from the woman who "babysits" a few children in her home for other mothers who are at work, to the large commercial day care center franchised by a corporation. In countries like Sweden, "mothers' helpers" and day care centers are State-subsidized amenities made available on a sliding fee scale. However, in our country, the use of homemakers and of day care centers is more affected by financial considerations. Such services, of course, are available to the more affluent. For the poor, some day care centers are subsidized as part of the Work Incentive (WIN) program to help families receiving AFDC to become self-supporting.

In coping with neglect, placing a young child in good day care means he receives good supervision for much of the day, plus supplemental feeding, bathing, health care, emotional nurture, cognitive stimulation, health care. Appropriately used, it can be a viable alternative to placement.

Mothers and occasionally fathers may also be "reached" through the day care program. Parents' activities sponsored by the center may provide them with emotional support and may combat isolation. Working alongside staff, mothers and fathers acquire leads as to how their children may be handled more successfully.

The Bowen Center revolved around its day care service. There, as in a similar operation in Boston for abused children (Galdston, 1971), center staff have to reach out aggressively. Very disorganized families must be wakened in the morning and their young children washed and dressed by the center personnel who fan out to bring them in for the day's program.

Despite their high promise for making it possible to meet significant needs of very young children without removing them from their homes, disturbing reports about a few day care centers must be noted. Parents in low income neighborhoods who use day care so that both can hold jobs are vulnerable to exploitation by day care operators whose interest is nearly entirely financial. For example, two-year-olds have been found sitting in lined-up chairs—like comatose mental hospital patients in a back ward—under orders to remain silent and "not to be a nuisance." Overcrowding, which has been observed, is tolerated in order to add to the operator's income.

Thus, day care, like other well-intentioned social inventions, is susceptible to the corruptibility to which man is heir. We have been advised by those expert in this field that strict standards for licensing and constant supervision are necessary, and that such standards are readily acceptable to ethical operators of day care facilities. Would it not be outrageous if we found that we were tolerating a version of child neglect and subsidizing it with tax monies?

Engineered Communities

The work of Sheridan (1956) in England was mentioned earlier in relation to the impact on the level of child care when a mother is mentally retarded. Sheridan offered the mothers—not all of whom were retarded by any means—a 4-month series of courses and training in child care. The mothers continued to reside at home.

We have had a few ambitious attempts in our own country in which the additional influence of a full-time residential arrangement has also been explored. The Department of Human Resources of the District of Columbia (1965), for example, experimented during the early sixties with an apartment house adapted to the purpose of helping mothers improve their child caring and homemaking skills. Women on welfare whose child care seemed substandard were recruited to move into the building, bringing their children with them. In addition to financial help, they were offered guidance with housekeeping, health care, child caring—even with personal grooming. The aim of the program was to improve the effectiveness of the women as mothers and homemakers, while hoping also for the concurrent rise in self-esteem and

morale which so often accompany a sense of accomplishment. The success of the program was not evaluated, but it appeared promising.

We have also heard that Bertram Beck's Henry Street Settlement on New York's Lower East Side has a unique program for families whose standards are such that they have been ejected from public housing, or who are otherwise in need of temporary shelter.

Other researchers, including our own group (Polansky, Borgman, and DeSaix, 1972) have been pushed by the immutability of many multiproblem families to think about residential programs that are frankly treatment oriented. Fontana (1973) set up such a program to try to interrupt the intergenerational neglect cycle. Attached to a hospital, his program was psychiatric in orientation. As in the District of Columbia experiment, mothers admitted brought their children with them.

Several reasons are advanced for bringing in whole family units. First, it obviates placement of the children while the mother is being "treated." Second, it keeps problems of child caring, and feelings about one's children, very much in vivid focus for the parents being seen. Third, if mother and child are locked in a self-defeating interaction, it is advisable to try to treat them together.

Fontana's program was designed to admit residents for 3-month cycles. This is regarded by many as a minimal amount of time in which to treat and anticipate affecting at all a deep-seated character neurosis. In line with this, Fontana reports that the great resistance encountered among many of these infantile women is often discouraging to staff.

Even in the huge catchment area of New York City, it is difficult to recruit cases for admission. It is very unlikely there are few appropriate cases in the city, or that Fontana's program has been unpublicized to possible referral sources since he is located in so highly visible a position. Therefore, one wonders whether admission standards are unrealistically restrictive, or if neglectful mothers sufficiently motivated to admit themselves are extremely rare, or whether the treatment has been unattractively presented to them.

Fontana's experiment seems important enough in principle and its initiator sufficiently dedicated that an outside evaluation may be called for to see what general leads might be gleaned from its failures and successes and to prepare for replications elsewhere. To many with long experience in the treatment of character problems, inpatient treatment remains a modality that is often not only the treatment of choice but the only treatment with any chance of success.

This brings up the question of the use of State mental hospitals. Here, we are being subjected to a conflict in public policies between desire to protect children and the desire to free patients from the confines of hospitals. We know of one instance in which a paranoid mother, a litigious woman who was neglecting her children while she feuded with her neighbors, was finally committed after much trouble and no little risk to her concerned caseworker. She was discharged within 2 weeks by her hospital psychiatrist on the grounds that there was "no mental disorder." Evidently a borderline psychotic of the sort who reconstitutes very rapidly in a controlled environment, she was not recognized as such by those in charge of her case. So she is back home, "destroying" her children. In short, State mental hospitals are not at this time regarded as places where one will find the skill and intense treatment needed for handling the character problems underlying neglect. They are a resource to which to commit an obviously psychotic parent.

Not all engineered communities are engineered by professionals. We must take cognizance of the movement in recent years to start communes. Jerome Cohen (1974) of the University of California at Los Angeles is conducting a fascinating study of the child rearing patterns prevalent in nontraditional family settings. So the next few years should give us more information than we now have. From the occasional cases we have seen, it appears communes serve their residents as a buffer to loneliness and isolation; they also help persons with weak egos to adapt, since the more intact members perform many ego-supportive functions.

How about the commune's values for children? The only report thus far—and that so informal we cannot identify it—is that young children are

much fondled in such communities but may be given sketchy overall care. When walking and general mobility are well-established, the child may be rather suddenly ejected toward maturity—in the same way that this occurs with an immature parent in a traditional family in whose life the child loses the defensive function and becomes an action center in his or her own right. So, the picture thus far is mixed. It does seem probable that the commune will serve as a treatment resource for at least some young parents.

Some Further Questions

This survey has attempted exhaustiveness, but it is, of course, confined by its authors' orientations. The very significant involvement of the courts, law enforcement officials, and other personnel has been slighted. Also, issues of administrative organization and larger public policy have not yet been covered. With help from our consultants, we will append some issues at the policy setting level, such as:

1. **Should all the States have uniform laws with respect to handling neglect?** The need seems obvious for interstate compacts to protect neglected children whose parents cross State lines. Indeed, in many States, a family can now elude attempts to help them to change by simply moving into a new county, thus either going undetected for months in the new residence or involving themselves with a whole new set of officials who must again investigate, decide, etc. Does the danger of child neglect justify limiting a family's freedom of movement?

2. **Is a family hurt by being called "neglectful"?** Is convenience in diagnosing and in administrative handling of a case worth the risk involved in social labeling?

3. **Where should responsibility for dealing with neglect be lodged?** As of now, responsibility tends to be divided in most States between court and social agency. Is this the most desirable plan? Of all the arrangements being used—and they vary markedly—which seem most efficient?

4. **Within the juvenile or family court, how should neglect be handled?** What kinds of cases should be dealt with administratively; which, judicially?

5. **And—a surprisingly complicated issue if all the above are taken into consideration—when is a neglect case to be terminated? By whose decision, and based on what criteria?**

* * * * * *

Our study has attempted to abstract and integrate what is known about child neglect in its own right, and about matters that impinge on it and seem relevant to its understanding and handling. The reader will have to decide for himself how well we have succeeded with these aims. This much seems clear, at least to us. While it is not true that "nothing is known," there is also surprisingly little that has yet been well established. Few studies in this field, including those of our own group, have been replicated; very little practice has been subjected to any but the most cursory evaluation.

In view of where we stand in "the state of knowledge of child neglect," it appears that quite a lot of good is being done at least to salvage the lives of thousands of youngsters. As always, it seems likely that much more is known by the most competent workers than is generally being used. But, this is not a field of which it can now be truly said, "Action, not more knowledge, is needed." We need both.

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