

*Shining Light on
Chronic Neglect: Core
Issues Facing Our Most
Vulnerable Families*

**PROTECTING
CHILDREN**
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Protecting Children & Animals Since 1877



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Chronic Neglect: Prediction and Prevention

Joshua P. Mersky, James Topitzes, and Arthur J. Reynolds

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In 2006, more than 60% of verified child maltreatment victims in the United States experienced child neglect, exceeding the official rates of all other maltreatment types combined (U.S. Department of Health and Human Services [USDHHS], 2008). Despite its relatively high incidence, neglect remains one of the least studied forms of child maltreatment (Behl, Conyngham, & May, 2003; Lounds, Borkowski, & Whitman, 2006). This disparity is disturbing because neglect often poses serious and persistent threats to child well-being. Among all types of maltreatment, neglect is associated with the largest number of child fatalities annually.¹ In addition, neglected children are at risk for poor outcomes in multiple domains, including neurobiological development,

physical and mental health, cognitive and educational performance, and social-emotional and behavioral functioning (Cicchetti & Valentino, 2006; Hildyard & Wolfe, 2002; Kendall-Tackett & Eckenrode, 1996; Kotch et al., 2008; Tyler, Allison, & Winsler, 2006).

Emerging evidence also suggests that the effects of child neglect are cumulative, meaning that the risk of unwanted consequences may rise in response to increased exposure to neglect (Bolger, Patterson, & Kupersmidt, 1998; Hildyard & Wolfe, 2002). This is especially concerning because neglect is more likely than other types of maltreatment to manifest as a chronic pattern (DePanfilis & Zuravin, 1999; Fluke, Yuan, & Edwards, 1999). However, research into the processes that distinguish recurring and transitory forms of neglect is limited.

Predicting Neglect

Measures of economic disadvantage, including family and neighborhood poverty, are the most commonly cited predictors of neglect (Berger & Brooks-Gunn, 2005; Coulton, Korbin, & Su, 1999; Slack, Holl, McDaniel, Yoo, & Bolger, 2004). Many demographic correlates of poverty are also associated with neglect, including a caregiver's low educational attainment, single parenthood, early childbearing, large family size, and social isolation (Dubowitz, 1999; Lounds et al., 2006). In addition, indicators of a dysfunctional family environment have been shown to increase a

¹More than 40% of recorded maltreatment-related deaths were linked to a neglect allegation in 2006 (USDHHS, 2008). An additional one-third of maltreatment-related fatalities involved multiple maltreatment types. Many of these cases undoubtedly involved some form of neglect, so the proportion of maltreatment-related deaths associated with neglect is likely much higher than 40%. It is also important to note that many maltreatment deaths are not reported and that neglect is believed to be the “most underrecorded form of fatal maltreatment” (Cicchetti & Valentino, 2006, p. 131).

child's risk of being neglected, including having a caregiver with a mental health, substance use, or alcohol-related disorder (Chaffin, Kelleher, & Hollenberg, 1996; Connell-Carrick & Scannapieco, 2006). Certain child characteristics may increase the risk of neglect as well, such as a disability (Sullivan & Knutson, 2000) or being born below normal birth weight (Sidebotham & Heron, 2006). Younger children are also more likely to be victims than older children and adolescents (USDHHS, 2008).

Although an array of conditions appears to differentiate neglectful from more normative caregiving environments, less is known about which factors distinguish transitory from chronic neglect. This is a significant gap in the literature because one of the central objectives of child protective services is to properly assess children who are at the greatest risk of recurring victimization. Previous findings indicate that prior involvement with child protective services, especially due to a neglect allegation, is a robust predictor of chronicity (Hindley, Ramchandani, & Jones, 2006; Sledjeski, Dierker, Brigham, & Breslin, 2008). Other factors that have been shown to predict recurrence include child age, perpetrator access, caregiver mental health and/or substance use, lack of social support, domestic violence, and family conflict (Hindley et al.; Lyons, Doueck, & Wodarski, 1996; Sledjeski et al.).

Preventing Neglect

Research on neglect and its etiology has matured considerably in recent years, yet this evidence has not readily translated into effective prevention practices in child welfare (DePanfilis & Dubowitz, 2005). Intensive family preservation services and parent training programs are

among the primary mechanisms by which child welfare agencies might impact neglect rates. Unfortunately, rigorous evaluations have found that family preservation services have not been altogether successful in reducing the recurrence of maltreatment or out-of-home placement (e.g., Littell, 1997; Westat, Chapin Hall Center for Children, & James Bell Associates, 2002), though select components of the family preservation model may help mitigate chronicity (Ryan & Schuerman, 2004). Most parent training curricula implemented by child welfare agencies have not been formally evaluated vis-à-vis their impacts on maltreatment (Barth et al., 2005). Notable exceptions include Project 12-Ways and Family Connections, both of which are promising neglect reduction strategies (Barth et al.; Chaffin & Friedrich, 2004).

Home visitation may ultimately prove to be a reliable neglect prevention strategy, provided that certain service delivery conditions are met.

Outside of child welfare, several programs have been shown to impact risk and protective factors associated with abuse and neglect, but few interventions have demonstrated impacts on actual maltreatment outcomes, much less neglect specifically (Sweet & Appelbaum, 2004;

Reynolds, Mathieson, & Topitzes, in press). Reinforced by findings from the Elmira Prenatal/ Early Infancy Project (Olds et al., 1997), nurse home visitation is widely regarded as the standard bearer for maltreatment prevention models. Yet overall, the evidence on home-visitiation programs is mixed; most evaluations of home-visitiation programs have not replicated the maltreatment prevention effects generated by the Elmira project (Chaffin, 2004).

Home visitation may ultimately prove to be a reliable neglect prevention strategy, provided that certain service delivery conditions are met.² Still, other prevention approaches warrant

²Particular features may enhance the effectiveness of maltreatment prevention programs, such as well-trained staff and greater intensity, duration, and comprehensiveness of services (Reynolds et al., in press).



consideration, such as family support services provided outside the home. For example, Britner and Reppucci (1997) found that parenting education classes for adolescent mothers led to a significant reduction in child maltreatment. The Chicago Longitudinal Study has also reported that a sample of children who attended the Chicago Child-Parent Center preschool program were less likely to be maltreated than a comparable group of children who did not attend (Reynolds & Robertson, 2003). A recent follow-up investigation also revealed that program participation was associated with a significant reduction in the likelihood of having a verified neglect petition (Mersky, Berger, Reynolds, & Gromoske, 2009).

Current Study

This investigation extends previous Chicago Longitudinal Study research by examining whether Child-Parent Center preschool participation was associated with lower rates of transitory and chronic neglect. Few studies have investigated intervention effects on specific types of maltreatment, and this is the first known study to examine the impacts of an early childhood intervention on the recurrence of neglect. Further, this study analyzes associations between select risk indicators and both transitory and chronic neglect. In so doing, it may be possible to identify mutual predictors of transitory and chronic neglect as well as factors that uniquely place children at risk for chronic neglect.

Methodology

Sample and study design

This investigation uses data from the Chicago Longitudinal Study, an ongoing study of 1,539 underprivileged, minority children (93% African American and 7% Hispanic). All children in the study cohort attended public kindergarten

programs in low-income neighborhoods served by Chicago Public Schools in 1985-1986. The original sample included 989 children who attended Child-Parent Center preschools (described below) and a matched comparison group of 550 children who attended other public kindergarten programs. Earlier results showed that comparison children and families were similar demographically to the Child-Parent Center preschool group (Reynolds, 2000; Reynolds & Robertson, 2003). Data on Chicago Longitudinal Study participants have been gathered regularly for more than 20 years from several sources, including the study children, parents, teachers, and records from public databases.

The Chicago Child-Parent Center program

The Child-Parent Center program originated in 1967 through Title I funding, making it the second oldest federally funded preschool program in the United States after Project Head Start. Child-Parent Center sites were established in many of Chicago's highest-poverty neighborhoods that were not served by Head Start. As shown in Figure 1, eligible children may receive Child-Parent Center educational and family support services for up to 6 years, including 1 or 2 years of preschool, 1 year of kindergarten, and 3 years of school-age programming (grades 1-3). Children who attend the Child-Parent Centers receive a structured educational curriculum that focuses on language development, literacy, and numeracy. Children also receive nutritional and physical health services, including initial medical screenings.

Arguably, what sets the Child-Parent Center program apart from other preschool programs is its emphasis on parent involvement. Parents are asked to spend at least one half-day per week at their children's school, which facilitates parent-child interactions, parent and child attachments

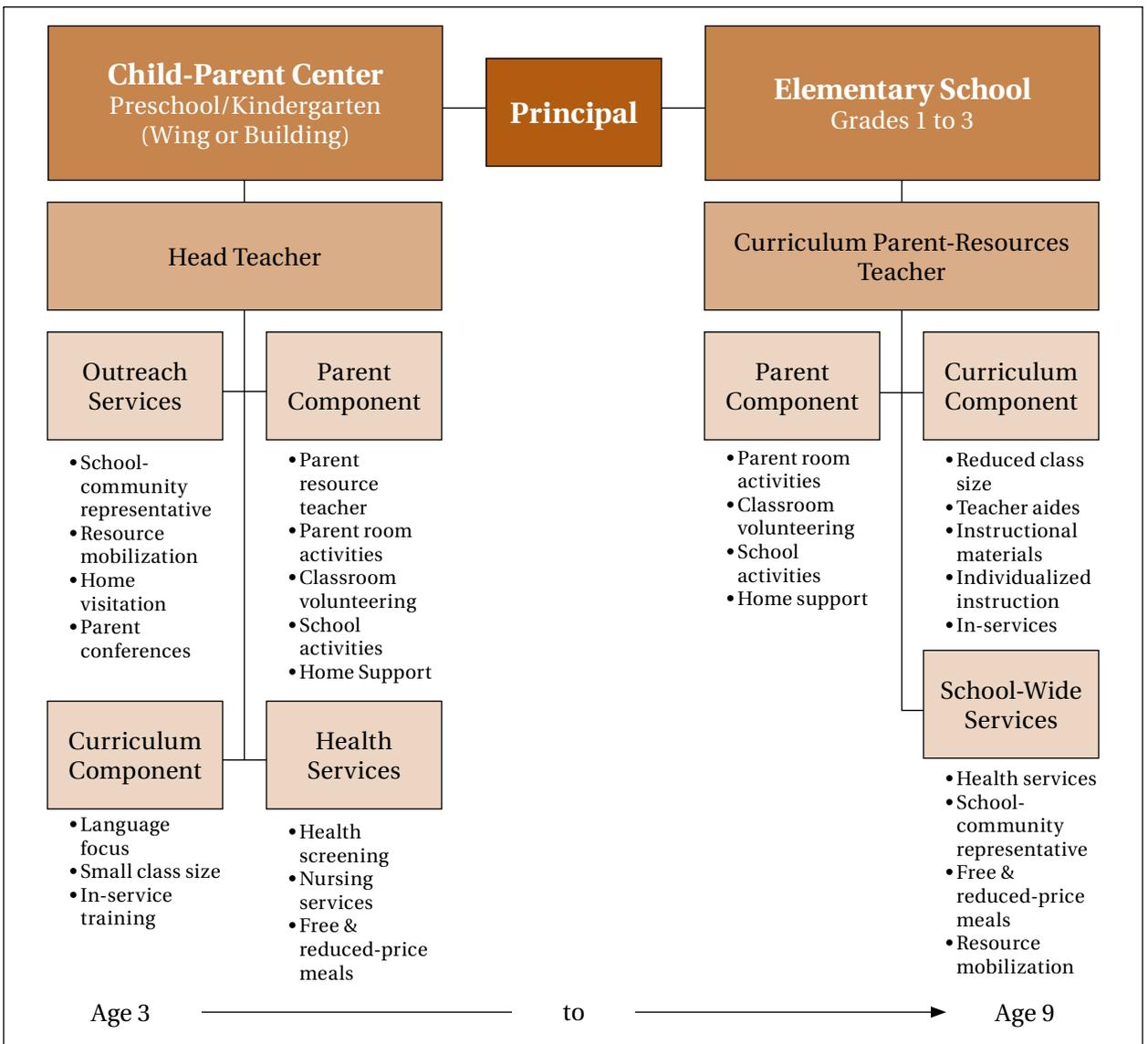
**Arguably, what sets
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on parent involvement.**

to school, and mutual support among parents. Parents are encouraged to take advantage of other resources provided by the program, including adult vocational and educational training. Participating families also receive community outreach services, and all families receive at least one visit upon enrollment. Additional outreach is provided as needed by a school-community liaison who helps marshal resources from community and social service agencies (Reynolds, 2000).

Study sample

This investigation includes 1,411 Chicago Longitudinal Study participants whose maltreatment status could be confirmed from administrative data gathered from the Chapin Hall Center for Children, including petitions to Cook County Juvenile Court and referrals to the Child Protection Division of Illinois Department of Child Services. Records of abuse and neglect were gathered in 1998 after participants reached

Figure 1. Child-Parent Center Educational and Family Support Services



adulthood. Prior results have shown that the maltreatment sample is largely comparable to the original sample, so it is unlikely that the study findings are biased by selective attrition (Mersky et al., 2009).

Measures

Chronic neglect. Measures of chronic neglect were constructed by aggregating indicated³ reports from both child protective services and court records. Chronic neglect was operationalized in two ways. First, a count measure was created by summing all indicated neglect reports (range 0-6) for each participant from age 4-17. Verified neglect reports were measured beginning at age 4, rather than birth, to preserve the temporal order between Child-Parent Center preschool participation and neglect outcomes. The previously described count measure was used to create dichotomous measures of transitory and chronic neglect, indicating if a participant had exactly one neglect report (n = 80) or two or more neglect reports (n = 42).

Second, an alternative count measure of chronicity was created by summing all indicated maltreatment reports (range 0-8) that occurred after a participant's first neglect report (age 4-17). The rationale for this methodological approach is that different types of abuse and neglect often do not appear in isolation. Having an indicated neglect report increases the subsequent risk of being reported for neglect as well as other types of maltreatment.⁴ Repeating the procedure reported

above, dichotomous measures were constructed from this secondary count variable indicating if a neglect victim subsequently had no additional maltreatment reports (n = 51) or one or more additional reports (n = 71).

Child-Parent Center program participation.

Analyses included a dichotomous measure distinguishing children who attended the preschool program (n = 914) from comparison children (n = 497). A second dichotomous measure was included as a control variable that differentiates children who attended the Child-Parent Center school-age program (n = 814) from sample members who did not (n = 597).

Family background measures. Models also estimated associations between neglect outcomes and the following dichotomous variables measured between the child's birth and school entry: (a) sex, (b) race/ethnicity, (c) low birth weight (< 2,500 grams), (d) mother did not complete high school, (e) four or more children in the family, (f) single-parent family, (g) free lunch eligibility, (h) residence in a high-poverty neighborhood, (i) parental substance abuse,⁵ and (j) any maltreatment prior to age 4. A continuous measure of maternal age at the child's birth (range 13-42) was also analyzed.

Analyses

Analyses were performed using multiple regression techniques.⁶ The Child-Parent Center program and family background measures were entered simultaneously in statistical models

³ The state of Illinois defines verified maltreatment as "indicated" rather than "substantiated." Indicated cases include substantiated reports along with allegations that could not be substantiated but where there was suspicion of maltreatment or the risk of maltreatment (Mersky et al., 2009).

⁴ Many sample members with exactly one verified neglect report experienced other forms of maltreatment (e.g., physical abuse and sexual abuse) at a later age. This means that the initial measure of transitory neglect (n = 80) described actually includes participants who were exposed to chronic maltreatment. In order to investigate this potential confounding influence, alternative measures were created to compare neglect victims with no record of later maltreatment to neglect victims who were verified as having experienced further maltreatment.

⁵ Participating children were asked at age 22-24 if they were exposed to a parent with a substance abuse problem by age 5. Findings related to this measure should be viewed cautiously due to their source and retrospective nature.

⁶ Probit regression was used to analyze all dichotomous outcomes. Count outcomes were analyzed using zero-inflated negative binomial regression, a modeling technique that is appropriate when an outcome has a highly skewed distribution, a large proportion of zero values, and a variance that exceeds its mean.

predicting neglect outcomes. Thus, the results reflect the association between a given predictor and neglect outcome, controlling for the effects of all other variables in the model.

Results

Child-Parent Center preschool program

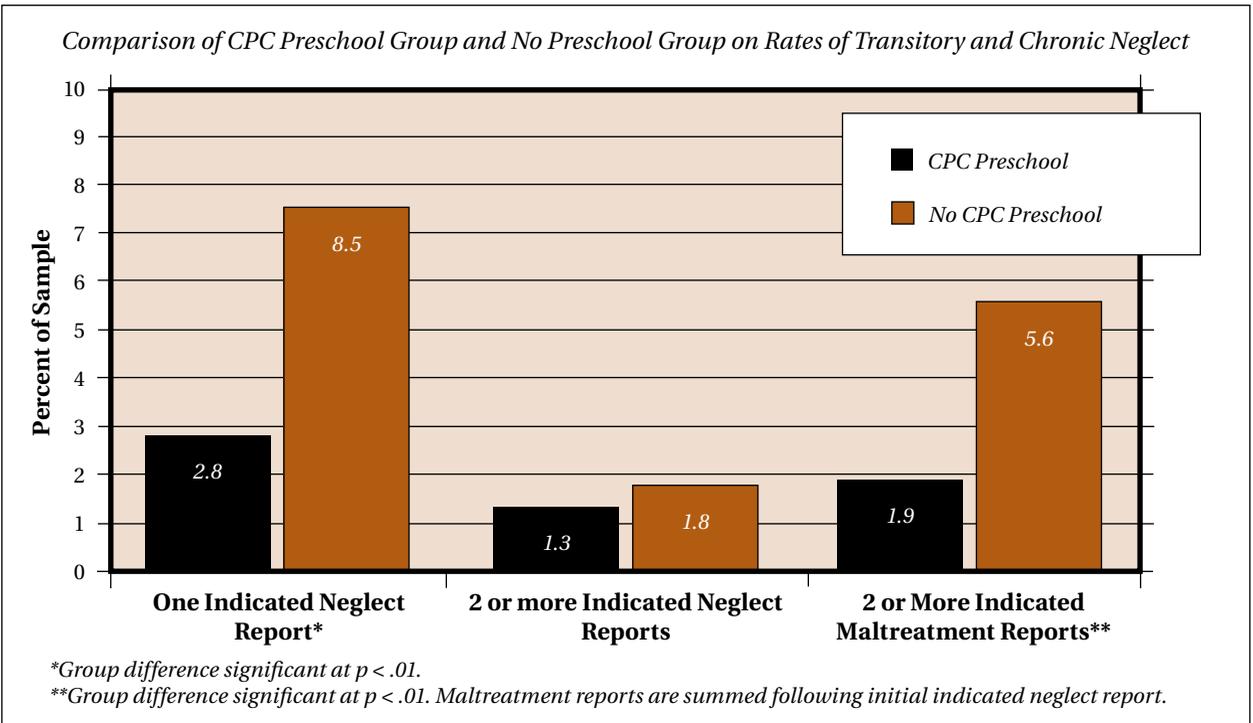
Analyses revealed that Child-Parent Center preschool participants had a significantly lower mean number of indicated neglect reports than nonparticipants ($p < .01$). Child-Parent Center participants were also significantly less likely than comparison children were to have exactly one indicated neglect report ($p < .01$). As shown in Figure 2, after adjusting for covariates, approximately 8.5% of comparison children had one indicated neglect report, compared to only 2.8% of Child-Parent Center preschool attendees (67% reduction). However, Child-Parent Center participation was not associated with a reduced likelihood of having two or more indicated neglect reports.

In an effort to further explore this discrepant pattern of effects, additional analyses examined whether Child-Parent Center participants were at a lower risk of chronic maltreatment (all types) following a participant’s first neglect report (age 4-17). Results indicated that Child-Parent Center preschool participants who experienced neglect had a significantly lower mean number of subsequent maltreatment reports than neglect victims who did not attend Child-Parent Centers ($p < .01$). Child-Parent Center attendees were also less likely to have exactly one indicated neglect report and no additional reports of maltreatment ($p < .05$). Furthermore, Child-Parent Center preschoolers with an indicated neglect report were less likely to subsequently have one or more maltreatment reports than were neglect victims in the comparison group ($p < .01$).

Family background measures

Analyses revealed that several family risk factors were associated with both chronic and

Figure 2. Rates of Transitory and Chronic Neglect



transitory neglect. Among these factors, prior maltreatment and lower maternal age were significantly associated in the expected direction with all outcomes examined ($p < .01$). Parental substance abuse was also significantly associated with an increased likelihood of having a single neglect report and a greater mean number of neglect reports ($p < .05$).

Other factors appeared to be more uniquely related to chronic neglect. Single-parent family status and free lunch eligibility were marginally associated with both count measures of chronicity ($p < .10$). These predictors were also marginally associated with having two or more neglect reports and significantly associated ($p < .05$) with having one or more additional maltreatment reports subsequent to a verified neglect report. However, neither single parenthood nor free lunch eligibility was significantly associated with transitory neglect.

Discussion

Building on previous research from the Chicago Longitudinal Study, findings from this investigation indicated that children who attended a Child-Parent Center preschool were less likely to be victims of neglect than were comparison children. Although the central focus of this paper is the prediction and prevention of chronic neglect, it is important not to lose sight of this underlying result. Most of the evidence on the primary prevention of maltreatment originates from evaluations of home visitation programs. This study reveals that center-based preschools enriched by parental involvement and family support services also have the potential to impact neglect. Moreover, many neglect prevention programs have been designed to serve pregnant teens or families with infants and toddlers.

The estimated effects of Child-Parent Center participation point to the need for effective abuse and neglect prevention programs that engage families with school-aged children.

What is less clear is whether Child-Parent Center services helped reduce rates of chronic neglect. Preliminary findings indicated

To date, many studies have shown that children born to younger (i.e., teen) mothers are at an increased risk of being neglected, but few studies have linked maternal age to chronic neglect.

that Child-Parent Center children had, on average, fewer accumulated neglect reports than did comparison children. Additional analyses showed that Child-Parent Center participants were less likely to have one indicated neglect report relative to the comparison group, but both groups shared a similar likelihood of having two or more neglect reports. In other words, preliminary signs that Child-Parent Center participation was associated

with a decrease in chronic neglect appear to have been an artifact of the program's effects on initial neglect reports. If the analyses capture a meaningful and valid distinction between chronic and transitory neglect, the results recommend that the Child-Parent Center program could be a promising primary prevention model, but that it might not achieve comparable benefits for families at risk for recurring neglect. Child-Parent Center services may offer protective supports that help families overcome lower or more moderate levels of risk, whereas families facing more entrenched, high-risk conditions associated with chronic neglect may require more tailored and intensive services.

On the other hand, results from additional analyses indicated that Child-Parent Center preschool participation was associated with a significant reduction in maltreatment subsequent to a verified neglect report. Although there is value to disaggregating maltreatment into subtypes to investigate their unique etiologies,

many children are exposed to multiple kinds of maltreatment. Chronic maltreatment is especially likely to involve multiple forms of abuse and neglect (English et al., 2005). Plus, prior involvement with child protective services due to neglect is a robust predictor of chronic maltreatment (Hindley, Ramchandani, & Jones, 2006). With these points in mind, preventing chronic maltreatment among families with a prior neglect report may be as important as preventing chronic neglect per se.

Aside from illuminating the effects of the Child-Parent Center program, this study also enhanced our knowledge of early childhood factors that increase the risk of neglect. For instance, findings indicated that maternal age was negatively associated with transitory and chronic neglect. To date, many studies have shown that children born to younger (i.e., teen) mothers are at an increased risk of being neglected, but few studies have linked maternal age to chronic neglect. It is possible that the results presented here are influenced by the fact that maternal age was measured at the child's birth, whereas many other studies have assessed maternal age at the time maltreatment was reported. Yet, if children born to young mothers are at an acute risk of recurring neglect, this may help explain why some of the more successful maltreatment prevention programs are those that have targeted adolescent females (Britner & Reppucci, 1997; Olds et al., 1997).

Two of the background characteristics examined, free lunch eligibility and single-parent status, appeared to share stronger associations with recurring neglect than with transitory neglect. Free lunch eligibility was used as a proxy measure for poverty status. Results should be viewed cautiously, however, because this measure is not sensitive to gradations of economic

standing.⁷ This limitation is compounded by the homogeneity of the sample — more than 80% of children in the Chicago Longitudinal Study were eligible for free lunch. Therefore, the effects of free lunch eligibility reported here might conservatively estimate the association between poverty and neglect. The relation uncovered between single parenthood and chronic neglect reinforces previous study findings indicating that single parenthood was associated with neglect but not physical abuse (Mersky et al., 2009). Single-parent families may be more likely than two-parent families to experience social and economic conditions that promote neglect, such as poverty and limited social support (DePanfilis & Zuravin, 1999).

Limitations

The study findings should be interpreted in light of four limitations. First, neglect outcomes were based on indicated reports from administrative records. Official, verified records may not be representative of all maltreatment events reported or unreported. Second, a count of indicated reports is an imprecise measure of the frequency and duration (i.e., chronicity) of neglect. Third, there are many distinct forms of neglect, such as failed supervision, physical neglect, abandonment, educational neglect, and medical neglect (Hildyard & Wolfe, 2002), each of which may emerge through a unique combination of influences. Analyses predicting general neglect outcomes may obscure underlying heterogeneity. Fourth, indicated maltreatment is a relatively rare event, even in a disadvantaged sample like the one studied by the Chicago Longitudinal Study. The modest number of indicated neglect cases in the sample limited statistical power and may have made more subtle effects difficult to detect.

⁷ It is also important to acknowledge that most risk conditions vary over time. Static, point-in-time measures of risk may not contribute to understanding maltreatment as much as measures that reflect the duration of risk exposure or changes in risk over time (Wu & Martinson, 1993).



Implications for Child Welfare

The relevance of an early childhood program evaluation to the readers of this issue of *Protecting Children* may initially seem obscure, but the findings from this study have several implications for child welfare. To begin, consider the possible explanations for the Child-Parent Center preschool effects on child neglect. Like many other interventions that have been shown to reduce maltreatment, the Child-Parent Center program is a comprehensive service model that offers a range of supports to children and families for up to 6 years. Neglect prevention might best proceed from a holistic, integrative approach, given the many complex processes that seem to contribute to the emergence and persistence of neglect.

With respect to the specific mechanisms responsible for the Child-Parent Center program's effects on neglect, previous investigations have demonstrated that the lower rate of overall maltreatment among participating families was partly attributable to the program's emphasis on parent involvement in school (Reynolds & Robertson, 2003). Parents who participated in the program had additional opportunities to interact with their children and develop enhanced parent-child relations. Parents also may have developed an increased commitment to their children's development through extensive involvement in school activities. Moreover, parents may have invested in their own personal growth through adult training opportunities offered by the program. Finally, Child-Parent Center involvement may have strengthened social support networks among participating families. Each of these potential benefits could serve as a pathway leading from program participation to neglect prevention.

The points highlighted above are all germane to child welfare. In the most general sense, child welfare systems may provide more effective services if a comprehensive family support orientation is adopted in lieu of a more exclusive

focus on child protection (Connolly, 2005). In addition, in-home services historically delivered within the framework of the family preservation model may have floundered partly because they lacked the requisite intensity and duration (i.e., dosage) to achieve marked changes in parenting practices and family dynamics (Barth et al., 2005). Still today, the actual mechanisms by which most child welfare service components are purported to reduce the recurrence of maltreatment and out-of-home placement remain unclear. Child welfare agencies could conceivably produce better client outcomes if the theories of change that underlie their services were better articulated and if services were regularly evaluated.

One step in this direction is to begin implementing evidence-based services within child welfare. Regrettably, few interventions have been designed explicitly to reduce neglect among child welfare families (Chaffin & Friedrich, 2004). Nevertheless, some empirically supported interventions, such as new parent training models, have been developed in other areas and are beginning to make their way into child welfare practice. The proper integration of evidence-based practices may also require adaptation in other areas of child welfare practice, including enhancements to comprehensive assessment strategies so that children and families are properly assigned services that meet their respective levels of need. Findings from this study suggest that for disadvantaged urban, minority children, being born to a mother who is young, single, or poor, or has a history of substance use or child protective services involvement may increase the risk of being exposed to chronic neglect. Families who share a combination of many or all of these factors may be at an especially acute risk for recurrence. Early, comprehensive, and valid assessment of these and other risks may help increase the chances that families are referred to appropriate services in a timely manner.

Finally, child welfare agencies may be able to enhance family supports by helping families tap into lasting support networks (Berry, Charlson, & Dawson, 2003). One way to accomplish this is by forging community-based partnerships and promoting family access to local supports that can remain in place after child protective services have been rendered. Forming these kinds of alliances is helpful to the consumer, but it also makes for sensible child welfare policy. Considering the limited resources at the disposal of most child welfare bureaus relative to the size of their demands, it is sensible to share resources and responsibilities for the welfare of children and families with other local systems and agencies (Wulczyn, Barth, Yuan, Harden, & Landsverk, 2005). This perspective is congruent with the differential (i.e., alternative) response paradigm, which suggests that child protective services should encourage voluntary engagement in preventive services among lower-risk families who would ordinarily be deemed ineligible for traditional services. Promoting strong school-family partnerships is just one example of how child welfare agencies could continue to support families long after a case is closed.

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