

Responding to Chronic Neglect

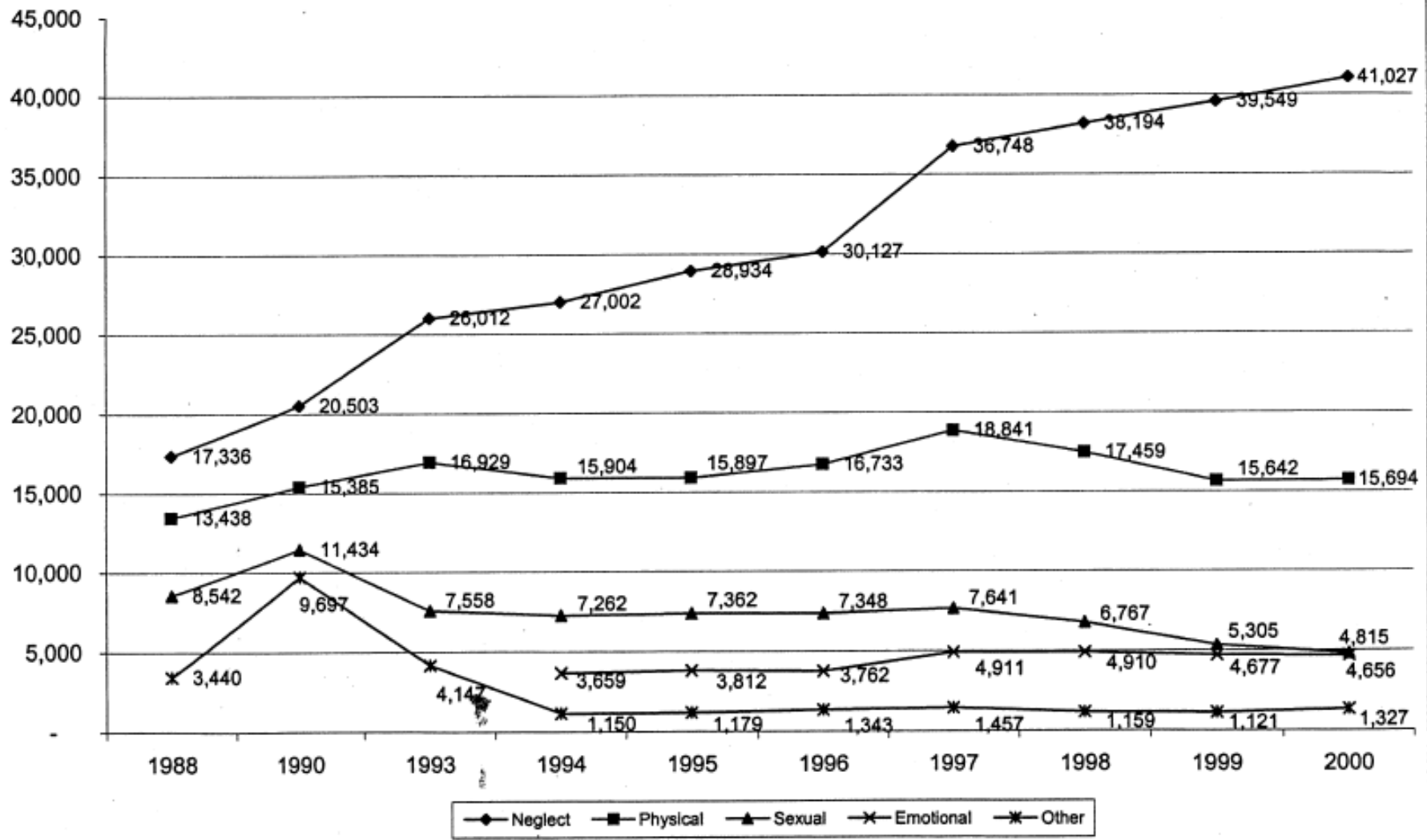
CASA Conference
October 21, 2006 ~ Yakima, WA

Presented by

Dee Wilson

Northwest Institute for Children and Families

Number of Children Reported for Different Types of Abuse/Neglect



Source: CAMIS Each victim may be reported for more than one type of abuse or neglect.
 Other includes prenatal neglect, mental injury, death, exploitation, and abandonment (Prior to 1994 included emotional abuse)

Neglect is the most recurrent form of child maltreatment and the hardest to change.

A. Re – Referrals

B. “Founded” to “Founded”

C. Lower reunification rates

D. Higher re-entry rates

Why So Recurrent?

- Agency tolerance / community intolerance
- Multiple chronic conditions
- Long-term, severe poverty
- Ineffective interventions; lack of early intervention; few evidence-based programs.

- Substance abuse
- Mental health conditions, especially depression and PTSD
- Domestic violence
- Cognitive impairments
- Poverty, especially long-term, severe poverty

There is a spectrum of neglectful parenting from situational neglect, sporadic neglect, chronic neglect, to chronic maltreatment.

Parents with co-occurring disorders often have extensive histories of trauma.

What is the relationship
between poverty and the
functional impairments of
neglectful parents?

Many chronically neglectful
parents are demoralized.

Indicators of Demoralization

- Poor self care
- Lack of concern with physical environment
- Inability to take practical steps which would improve the situation
- Apathy in the face of threat
- Cannot “regroup” in the face of adversity
- Accepts demeaning behavior and attributions
- Unresponsive to offers of help
- Hopeless/helpless

Factors Which Sustain Morale in Difficult Circumstances

- Past success with overcoming adversity
- Strong sense of identity
- Good health
- Affiliation with a religious community
- Social support/encouragement
- Hope
- A sense of meaning and purpose
- Taking pleasure in small things
- An ability to ask for help and give help
- Strong self-esteem
- Anger
- Material resources

For the past 20 years, neglect in child welfare systems has been associated with substance abuse, infant placements, long lengths of stay, and reduced reunifications.

A large percentage of substance abusing parents whose children have been removed from the home do not enter and complete treatment programs.

Reunifications have declined
steadily in recent years.

The public policy response has been to bet the bank on adoption; the federal government has given incentives to states for increased adoptions. This is not balanced public policy.

New neglect legislation in Washington state gives child welfare agencies the authority to intervene when parents do not comply with voluntary service plans or court-ordered service plans.

Chronic neglect has a devastating effect on child development, especially when neglect begins in infancy or early childhood.

(DVD)

From Nova: Life's First Feelings, WGBH Boston, February 11, 1986.

Effects of Chronic Neglect / Chronic Maltreatment on Children's Development, Emotional Well Being, and Mental Health

- Attachment
- Cognitive development / language delay
- Affect regulation
- Social self confidence, social competence
- Perseverance in problem solving
- Empathy / conscience
- Conduct disorders / delinquency

Child welfare systems need to strengthen infant mental health interventions for both birth parents and substitute caregivers.

Young children who remain in the home should be enrolled in high quality child care programs.

Substance abuse treatment programs must have strong mental health components or, better yet, be fully integrated with mental health treatment.

Evidence-based treatments for depression and PTSD need to be available to low-income adults.

Programs for persons with co-occurring disorders need to be trauma-informed.

Transitional housing programs
and educational opportunity are
important additions to substance
abuse treatment.

Child welfare agencies should follow families for at least one year following reunification.

The foster care system has to take on therapeutic goals around education, social development, and mental health.

Safety and permanency are not enough for children with histories of maltreatment.

The foster care system must
“own” the goal of reducing
placement instability.

The foster care system has to
make a bigger investment in
therapeutic foster parents.