Factors related to chronic neglect in families

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Neglect is the most common type of maltreatment encountered in child protection services. According to the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS), neglect is the main category of maltreatment in close to a third of all substantiated cases. Difficulty in achieving a consensus on the definition of neglect has limited the amount of research done on the subject as well as the number of programs addressing this specific problem. This study used the following definition of neglect, derived from usage of the term in practice and in Canadian legislation:

[Neglect is] a parent’s failure to meet the various needs of her/his child. It is defined more in terms of a lack of behaviour beneficial to the child and less in terms of harmful parental conduct.

This study recognized eight forms of child neglect, in accordance with the forms recognized by the CIS:

- abandonment or refusal to care for children;
- educational neglect;
- failure to supervise or protect children, leading to physical harm;
- failure to supervise or protect children, leading to sexual harm;
- failure to obtain treatment for children’s mental, emotional or developmental problems;
- medical neglect;
- permitting maladjusted or criminal behaviour; and
- physical neglect.

What was the purpose of the study?

The study had four objectives:

1. To identify the following risk factors associated with chronic neglect on the part of parents: (a) risk factors related to events in the parents’ childhoods, and (b) risk factors related to the parents’ current situation;
2. To determine the psychological mechanisms that influence the parenting behaviour of mothers;
3. To assess the parenting experience of fathers from the perspective of their internal representations of themselves and their children; and
4. To assess the impact of chronic neglect on children’s emotional and social development.

This information sheet presents some of the findings in relation to the first three objectives.

How was the study carried out?

This study, which was carried out from 1992 to 2005, examined 201 families that had been investigated for neglect of children between 5 and 12 years of age. A total of 196 mothers, 77 fathers, and 469 children were involved (211 girls and 258 boys). Families tracked throughout the study were assessed.
Factors related to chronic neglect in families were documented in two ways:

1. By determining the total number of months during which each family received child protective services, according to the PIBE (child welfare information) database, and

2. By using the Child Abuse Potential Inventory (CAPI). CAPI is used to screen for maltreatment by rating a parent’s child abuse potential on six scales: distress, rigidity, unhappiness, problems with child and self, problems with family, and problems with others. A CAPI score of 166, or the 90th percentile of the general population, is considered to be a critical threshold (the point at which abuse and neglect are considered to have a significant likelihood to occur). The results of the CAPI scoring allowed us to track changes in the mothers’ child abuse potential over time.

What were the findings?

Child abuse potential of neglectful families did not diminish significantly over time

Special effort was made to look at the details of the social services provided to chronically neglectful families. Analysis of the case histories of each family sampled showed that the tracking system of Quebec child protection agencies considerably underestimated the scope and duration of the social services that had been provided to the families. When this study took into account the number of months of services received and foster care placements for each of the children in the families, the mean service duration rose from the agencies’ figure of 35.14 to 50.05 months per user. When services received by all family members were taken into account, the mean figure increased to 60.4 months. These figures show that neglect may be vastly underestimated in official child protection services (CPS) statistics. In addition, while most studies on neglect focus on individuals, this study looked at families. The number of months under CPS supervision was therefore considered for all the children in the same family, rather than for just one child.

The child abuse potential of the families tracked throughout the study (subset of 26 families assessed at five different times over the 13 years of the study) diminished over time, but the changes were not statistically significant. Furthermore, the CAPI scores remained above the critical threshold of 166 at all times. Our findings show that even 13 years of child protection agency services for neglect did not significantly reduce parental child abuse potential or neglectful parenting.

Factors related to mothers’ child abuse potential

CAPI identified several factors in the lives of the mothers studied that influenced their child abuse potential, as measured by their CAPI scores. These factors related both to their situations at the time of the study and to their past histories. Aspects of the mothers’ situations at the time of the study that were identified as predicting increased child abuse potential were:

- limited education,
- having more than three children,
- living alone,
- lack of biological mother in their support system, and
- family violence towards the children, as measured by the Parental Conflict Tactic Scale.

But the most critical variables in predicting increased abuse potential in mothers were actually related to events and situations in their pasts. These factors were:

- mental health problems (a factor also related to the mothers’ situation at the time of the study),
- childhood foster care placements, and
- past trauma.

Childhood trauma in the lives of mothers influenced their potential for all types of maltreatment—emotional, physical, and sexual abuse, and emotional and physical neglect, as illustrated by the scores on the CAPI scales in Figure 1.

Figure 1 illustrates the child abuse potential score for mothers in the study in relation to their experience of childhood trauma. It should be noted that mothers who had experienced “moderate” childhood trauma had considerably higher mean CAPI scores for emotional abuse and sexual abuse than those who had experienced “severe” childhood trauma. This can be explained by the fact that child protection caseworkers might be expected to more easily spot severe trauma in mothers’ histories and consequently arrange for services for them to mitigate the negative effects of the trauma. Conversely, moderate trauma that occurred during the mothers’ childhoods might go unnoticed and those women might therefore have not received any assistance to help them overcome the effects.
Mothers who have not come to terms with their childhood trauma are therefore potentially more likely to abuse or neglect their own children.

**Figure 1: Trauma experienced by mothers in relation to child abuse potential**

![Diagram showing trauma experienced by mothers in relation to child abuse potential]


**Complex paternal role**

At least 75% of neglected children lived with, or had regular contact with, at least one father figure (biological father or mother’s husband). Furthermore, close to two-thirds (64%) of the men in families that received services because of chronic neglect lived with, or had regular contact with, three or more children. Many of these men had connections to more than one family. As a result, the parental roles of these men involved them in complex relationships with the children of these families. These men with many family connections had trouble being psychologically available to meet the needs of their children, thus increasing the risk of neglect.

**Conclusion**

This results of this study call for a long-term approach to the provision of services for neglectful families. The families studied had many complex psychological and social needs that required a number of services to address effectively. Services for families with a history of child neglect should concentrate on achieving the initial objectives of immediate child safety, then follow up with a focus on preventing recurrence by offering a range of services over time, targeted to the individual needs of each family.

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