

FAMILY FUNCTIONING OF NEGLECTFUL FAMILIES

PRELIMINARY FINDINGS

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PRELIMINARY REPORT  
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INTRODUCTION

This report presents some preliminary findings from research currently being conducted by the National Resource Center on Family Based Services regarding family functioning in neglecting and non-neglecting Native American and Caucasian families. Data collection began in the summer of 1990, and will continue through August of 1992. Within each ethnic group, the family functioning of a sample of families with a past history of neglect and a high risk of future neglect, and a sample of non-neglecting low-income families, will be compared. Families have been recruited for the project in two states: Oregon and Iowa. The primary research questions to be addressed in the final report include:

- 1) Are there measurable differences in family functioning between neglecting and non-neglecting Native American and Caucasian families?
- 2) What are the effects of such factors as family structure, male participation, extended family relations, mental health problems, and substance abuse on family functioning? and
- 3) Over a time period of 6 to 12 months, what factors increase or decrease the likelihood of neglect or repeated neglect?

The findings presented here are preliminary only, and are limited to a basic description of the families, and significant differences between neglecting and non-neglecting families on selected variables, including risk scores, receipt of services, family history, and scores on standardized instruments. Neglect and

non-neglect families are compared within ethnic groups, but are not compared across ethnic groups. More in-depth analysis will be presented in the final report on the project.

#### LITERATURE REVIEW

Both its prevalence and its consequences for children make child neglect a critical social problem. The 1988 National Incidence and Prevalence study concluded that 63% of child maltreatment cases were due to neglect, with physical neglect occurring at almost twice the rate of physical abuse (National Center on Child Abuse and Neglect, 1988). A longitudinal study of the effects of maltreatment on children found that the neglect group "stood out as having more varied and more severe problems than children in all other groups" (Erickson, Egeland, and Pianta, in press). And, in a review of earlier studies, Jackson (1984) found neglect to be associated with half the child maltreatment cases involving fatalities or severe harm.

In spite of the prevalence and seriousness of neglect, little research has been conducted on the characteristics and functioning of neglectful families or on treatment and prevention strategies designed to address their needs, especially compared to the amount of research focused on physical and sexual abuse. It is especially critical to differentiate neglecting families from low-income families in general in terms of functioning and problems, since many of the correlates of neglect are also symptoms of poverty. This study will begin to fill this gap, and, in particular, to define the differences in family

functioning between neglecting and non-neglecting families.

Causes of child maltreatment have been identified at three levels: the individual, the family, and the environment. What research there is on child neglect has focused primarily on the individual and community levels: neglectful parents have been described as "...a group of people with a modal personality: less able to love, less capable of working productively, less open about feelings, more prone to living painlessly and impulsively, but also susceptible to psychological symptoms and to phases of passive inactivity and numb fatalism" (Polansky, Chalmers, Williams, & Battenweiser, 1981, p. 109). Other individual-level variables that have been identified as contributing to child neglect include low education, unemployment, substance abuse, mental health problems, mental retardation, poor parenting skills, depression, low self-esteem, and poor problem-solving skills (Azur, Robinson, Hekimian & Twentyman, 1984; Daro, 1988, pp.32-34; Friedrich, Tyler & Clark, 1985; Polansky et al., 1981; Wolock & Horowitz, 1979; Zuravin & Greif, 1989).

Research on environmental factors suggests that a high level of deprivation and stress and a low level of social support accompany neglect (Garbarino & Crouter, 1978; Giovannoni & Billingsley, 1970; Jones & McNeely, 1980; Martin & Walters, 1982; Polansky, 1985; Polansky, Ammons & Gaudin, 1985; Polansky, Gaudin, Ammons & Davis, 1985; Spearly & Lauderdale, 1983; Wolock & Horowitz, 1979; Zuravin, 1990). In general, neglect is more

prevalent among multiproblem families, but it is unclear whether many of the problems, particularly in child functioning, precede or result from the neglect.

Although prior research underlines the importance of such family variables as single parenthood, low income, larger families, and a family history of neglect, few studies have looked at the functioning of the family as a whole, including the role of men and extended kin (Coleman, Partridge & Partridge, 1987; Daro, 1988; Giovannoni and Billingsley, 1970; Nelson, Saunders & Landsman, 1990; Polansky, et al., 1981; Wolock & Horowitz, 1979; Zuravin & Greif, 1989). Research into family variables has so far concentrated on parenting and parent-child relations (Azur et al., 1984; Burgess & Conger, 1978; Bousha & Twentyman, 1984; Giovannoni & Billingsley, 1970; Herrenkohl, Herrenkohl & Egolt, 1983; Twentyman & Plotkin, 1982). Bavolek (1989) argues that inadequate parenting behavior is intergenerational and that child maltreatment results from the neglecting or abusing parent's lack of adequate role models.

Other factors contributing to the likelihood of neglect include the loss of a parent and the level of support or stress associated with the birth of the neglected child (Coleman, Partridge & Partridge, 1987). Of particular interest is Zuravin and Greif's (1989) finding that the largest difference between maltreating and non-maltreating single mothers was lack of contact with their fathers, which was 200% less in neglecting families. Biller and Solomon (1986) document the pervasiveness

of paternal absence and neglect in the United States and their damaging effects on child development.

Findings from two studies recently carried out by the National Resource Center on Family Based Services support and expand the findings of other researchers. In a two-year study of 11 family-based placement prevention programs, 15% of the 534 families were referred for neglect (Nelson, Emlen, Landsman & Hutchinson, 1988). Problems in family functioning that distinguished neglecting families in which a placement occurred included lack of acceptance of or affection for children, inappropriate expectations of children, children's family relationships and the parent's lack of recognition of problems and cooperation with services. Having more than one child at risk of placement in neglecting families also discriminated placement from non-placement cases.

The second National Resource Center study, of 182 families referred for neglect in Allegheny County (Pittsburgh) Pennsylvania (Nelson, et al., 1990) added evidence for the role of extreme poverty in the etiology of neglect. For example, nearly fifty percent of study families were referred for inadequate supervision of preschool children, yet 71% reported that they could not afford to pay a babysitter, and only 11% had received daycare services in the past year. Families in first-time substantiated neglect cases tended to be under a great deal more stress, had more family relationship problems, and were experiencing more psychological distress than chronically

neglecting or unconfirmed neglect families. These findings suggested that in new cases, neglect tended to be situational and resulted from a recent crisis. Families in which neglect was a chronic problem (i.e., the family had been known to the agency for over three years) tended to exhibit the more familiar picture of larger families with unemployed caretakers experiencing multiple problems, including poor housing, extreme poverty, poor child hygiene and nutrition, mental retardation in children and adults, medical neglect, truancy and other school problems.

Although neglect has not been found to vary according to ethnicity, averages may mask subgroup differences (May, 1988). Differences among ethnic minorities may be submerged by combining all the subgroups into a single group or by reporting on only the largest subgroups, usually blacks or Hispanics. In fact, there is evidence that child welfare problems are growing, rather than subsiding, in Native American communities. The number of Indian children in out of home placement increased 25% in the past decade, for example, a much larger increase than in any other group, and half of the placements involved neglect (Mannes & Yuan, 1988). May (1988) documents the factors of high birth rates, lower educational achievement, low income, rapid cultural change, high levels of stress, increasing substance abuse, and very high rates of post neo-natal mortality and child deaths from non-vehicular accidents that make Native American families especially at risk of neglect. These problems are prevalent in rural and reservation families.

In addition to the lack of parental role models among many Native Americans who grew up in boarding schools (Cross, 1986; Hull, 1982), Native Americans experience a high rate of mental health and substance abuse problems (Berlin, 1986; McShane, 1987), both issues of central concern in child neglect. In a recent review of neglect literature, Paget, et al. cited studies by Lujan, et al. (1989) and Piasecki, et al. (1989) which found that a family history of alcohol abuse is a consistent correlate of neglect in Native American families and that Native American girls tend to be identified as neglected more often than boys. However, the mediating effect of Native American culture on the identification and treatment of neglect (Long, 1986), and the potentially mitigating effects of strong extended family and community ties (Cross, 1986) have not yet been investigated.

#### METHODOLOGY

At the beginning of the study, Native American family assessment specialists were hired in each of the two sites: Tama County, Iowa, which includes the Sac and Fox, or Mesquakie, tribes, and an eleven-county area in Oregon, which includes the Siletz and Warm Springs tribes. The family assessment specialists, along with the research team, worked to identify and interview families in each of 4 groups: Native neglect, Native non-neglect, white neglect, and white non-neglect. To date, 140 families have been interviewed: 57 Native and 83 low-income white families. Families were identified through a variety of sources, including referrals from income maintenance workers,



recruitment letters to randomly selected AFDC families, advertisements in Native American settlement areas, and newspaper advertisements. Family assessment specialists then contacted families by phone to determine whether the family was eligible for inclusion in the study. The Alaska Assessment for Risk of Continued Neglect (Baird & Neuenfeldt, 1988) was administered over the phone to determine the family's level of risk and whether the family had ever been reported for neglect. If the family was eligible and agreed to be in the study, interviews were scheduled for times when most of the children were expected to be at home. If a family did not have a phone in the home, the risk assessment was administered in a preliminary home interview. If the family met the criteria, the regular interview was then conducted or scheduled for a later date.

In order to document changes in functioning over time, families are interviewed three times, at six-month intervals. Families are paid \$90 for three interviews. Prior to the first interview, families given both an oral and a written description of the study, and are asked to sign a consent form for participation. Families who consent to be videotaped for the Beavers interactional assessment (see below) also sign a videotaping consent form.

The interview consists of a General Interview, separate interviews with the primary caregiver and the second adult (if available), adult self-report measures, and standardized measures for children. An addendum, which elicits family assessment

specialists' observations of the family is also included. The general interview obtains data regarding family demographics, neighborhood characteristics, stressful life events, receipt of services, sources and adequacy of income, housing issues, children's placement history, and a community ecomap. The adult interviews cover adult placement history and family history, medical, psychological, legal, and substance abuse history, feelings about ethnicity issues, and sources of social support. Adult self-report instruments include the depression subscale of the Brief Symptom Inventory (Derogatis, 1975), the Rosenberg Self-Esteem scale (Rosenberg, 1979), the Self-Report Family Inventory (Beavers, et al., 1990), the Child Behavior Checklist (Achenbach & Edelbrock, 1983), and the Adult-Adolescent Parenting Inventory (Bavolek, 1984). At the first interview, caregivers complete a questionnaire on ethnicity, culture and spirituality developed by the Project Consultant. At subsequent interviews, caregivers and male second adults complete questionnaires regarding male caregivers' participation in child care activities.

The Developmental Status I scale (Children's Bureau of Los Angeles, 1988) is administered to children ages 0-5 as a preliminary screen for possible developmental delays. Children ages 5-11 complete the Parent Perception Inventory (Hazzard & Christensen, 1983), which reflects children's perception of parents' positive and negative parenting behaviors. The Rosenberg Self-Esteem Scale is completed by children ages 8 and

older, as is the children's Drug and Alcohol questionnaire (Conger, 19..). Children ages 12 and older complete the Self-Report Family Inventory (Beavers, 1990). Appendix I lists the instruments by age group. At the end of the interviews, families who have agreed to be videotaped are asked to sit together and discuss the question: "What would you like to see changed about your family?" This conversation is videotaped and the tapes are coded according to the Style and Competence scales of the Beavers Family Assessment measures.

After leaving the family's home, the family assessment specialist completes the Addendum, which includes items regarding caretakers' need for additional services or treatment, their ability to understand questions and read, interaction between caregivers and children, and the Dubowitz Home Observation checklist. Interviews usually last one to two hours, depending on the number and ages of children present, respondents' ability to read and complete instruments and understand questions, and whether or not videotaping is done.

## FINDINGS

### The Sample: Risk of Neglect and Income

There was a clear difference between the neglecting and non-neglecting families from both ethnic groups in risk of neglect as measured by the Alaska Risk Assessment instrument (see Table 1). In both groups, neglecting families scored significantly higher on risk of neglect than non-neglecting families ( $p < .0001$ ),

indicating that the families were correctly categorized with regard to neglect. Of the non-neglecting families only 3.3% of the Native American and none of the non-native families were rated at high risk of neglect. Of the neglecting families none of the Native American and only 6.5% of the non-native families were rated at low risk of neglect; however, there was considerable overlap in the moderate risk range.

There were no significant differences between the neglecting and non-neglecting families in either ethnic group regarding sources of income. A one-way analysis of variance yielded no significant differences in per capita income among the four groups: Native Neglect, Native Non-neglect, Non-Native Neglect, and Non-Native Non-neglect. This indicates that the comparison groups were adequately matched to the neglecting groups, and that the Native and Non-native groups did not differ from each other in this regard. In reported adequacy of income, the only difference found was that neglecting native families were more likely than non-neglecting native families to report that they could not afford to pay for medical care when needed ( $X^2=5.33$ ,  $df=1$ ,  $p < .05$ ).

#### Demographics of Native American and Non-Native Samples.

##### Non-Native Families:

Families in the neglecting ( $n=31$ ) and non-neglecting ( $n=52$ ) non-Native samples were similar on most demographic characteristics (See Table 2). A second adult was present about a third of the families in each group. Per capita income for

non-native families as a whole was approximately \$250 per month, and families in both groups had an average of 2.4 children. The children from neglecting families were about a year older than those from non-neglecting families, but this difference was not significant. Primary caretakers in non-native families were about 30 years old at the time of the first interview, and had had their first child around the age of 20. About a fifth of the caretakers from each group were married, and a fifth were steadily employed. Differences were found in the number of years of education received by the primary caregiver, whether the caregiver was married at the time her second child was born, and whether any child in the family had ever been placed out of the home. Non-neglecting caretakers completed 12.7 years of schooling on the average, compared to 11.7 years for neglecting caretakers ( $p < .01$ ). Seventy percent of neglecting families had experienced a child placement at some point, compared to about a third of non-neglecting families ( $p < .01$ ). Neglecting caregivers were less likely ( $p < .05$ ) to have been married at the time their second child was born.

#### Native American Families:

There were two significant demographic differences between neglecting and non-neglecting Native families (see Table 2). First, neglecting caregivers tended to have given birth for the first time at a younger age than non-neglecting caregivers (18.2 years vs. 19.9 years,  $p < .05$ ). Second, as in the non-Native

sample, neglecting families were significantly more likely to have experienced a child placement in the past (76% vs. 40%,  $p < .05$ ). Native families from both groups had an average per capita income between \$250 and \$300 per month, and supported about 4 people. Non-neglecting native families tended to have fewer children (2.8 vs. 3.5) who were somewhat older (8.9 years vs. 7.5 years), but these differences were not significant, indicating an adequate match between the two groups on these dimensions. About a quarter of neglecting caregivers, and nearly a third of non-neglecting caregivers, were married at the time of the first interview. About forty percent of caregivers in both neglecting and non-neglecting Native families were steadily employed.

#### Children:

The 140 families involved in the research had a total of 366 children, and demographic data on these children is found in Table 3. However, only 236 of these children were available to be interviewed and complete the children's standardized instruments appropriate for their ages. Reasons for this include the child's residence away from home, children out of the home at the time of the interview, and the inability of a few children to understand and complete the instruments. Demographic data on the 236 children who completed at least one instrument is found in Table 4. Children from neglecting and non-neglecting families were similar to each other in both the native and non-native samples. One difference that did emerge, however, was that among Native American neglecting families, two-thirds of the children

were boys, whereas two-thirds of the children from non-neglecting native families were girls ( $p < .001$ ). In both samples, children from non-neglecting families more often had daily contact with their fathers and had been born to parents who were married at the time. In both samples, about half the children from neglecting families had been in placement at some time in the past.

#### Significant Differences Between Neglect and Non-Neglect Groups Non-Natives:

There were several differences between the neglecting and non-neglecting families in family history, mental health, stressful life events, and receipt of services.

Family History: Less than half of neglecting caregivers reported that their mothers had graduated from high school, compared to three quarters of non-neglecting caregivers (see Table 5). Two thirds of the primary caregivers in neglecting families reported that there was a heavy drinker in their family of origin. Seventy percent of the primary caregivers in neglecting non-native families reported that they had felt neglected as children and over half (58.6%) said they had been sexually abused ( $p < .014$ ). One quarter reported going hungry as children ( $p < .05$ ). Over a third believed their own parents had not done the best they could ( $p < .05$ ). Accordingly, more than half (56.7%) of the primary caregivers had lived away from their parents as children, compared to 21.6% in non-neglecting families ( $p < .01$ ). Nearly two thirds (63.3%) reported having lost a

child in the past five years to death or placement ( $p < .00001$ ).

Substance Abuse and Mental Illness: About half of the neglecting caregivers admitted having had problems with drugs and/or alcohol either now or in the past, compared with a fifth of non-neglecting caregivers ( $p < .05$ ). A half to three quarters had had problems with depression and/or anxiety at some time in their lives, but no significant differences were found between the neglect and non-neglect groups. In addition, nearly half reported having had suicidal thoughts ( $p < .05$ ) or having attempted suicide ( $p < .01$ ). Over half had received psychiatric treatment, most as outpatients (see Table 6).

Other stressors. Nearly two thirds of neglecting caregivers in non-native families had been charged with a crime at some point in their lives, compared with 13.5% of non-neglecting caregivers ( $p < .0001$ ) (see Table 7). Nearly a third reported a violent death or suicide in the family in the previous five years. Neglecting and non-neglecting caregivers reported about the same number of stressful life events in the six months prior to the first interview. Table 7 indicates a pattern of loss in the previous six months (e.g., jobs, relationships, and deaths in the family) for neglecting families, although none of the differences between neglecting and non-neglecting families reached significance.

Services: Neglecting families reported having received an average of 12.6 services ever, (8.1 in the past year), compared to 7.9 services (5.2 in the past year) for non-neglecting



families ( $p < .001$ ) (see Tables 8-A and 8-B). In their lifetime, neglecting families significantly more often reported having received alcohol counseling, drug counseling, psychiatric hospitalization, school social work, free food at school, housing assistance, emergency housing, parent education, homemaker services, daycare, and battered women's shelter services. More caregivers from neglecting families reported attending support groups or AA, but the difference was not significant at the .05 level. One notable finding was that 40% of the caregivers in the non-native neglecting families had utilized battered women's shelters at some time in the past.

In the last year, neglecting caregivers reported receiving support group services, alcohol counseling, drug counseling, school social work, and parent education classes more often than non-neglecting families. In addition, neglecting families reported having more helpful contacts with community members and agencies than non-neglecting caretakers. They also reported more frequent contact with neighbors.

**Native American Sample:**

There were few significant differences in any area between neglecting ( $n=25$ ) and non-neglecting ( $n=32$ ) Native American families, although Native families as a whole were likely to have encountered many of the same issues and stressors, and to have utilized some of the same services, as neglecting non-native families (see Tables 5 through 8-B).

Family of Origin: There were no significant differences

between neglecting and non-neglecting families in caregivers' history of maltreatment or whether they spent time away from home as children. Sixty percent of caregivers in both neglect and non-neglect groups had lived away from home for some time during childhood. A heavy drinker was likely to have been present in the families of both groups. Non-neglecting caregivers twice as often reported having been beaten hard as children, but again, the difference was not significant at the .05 level. Over half the caregivers in both groups had felt neglected as children, however, this was reported slightly more often in the non-neglect group.

Substance Abuse and Mental Illness: Over three quarters of the primary caregivers in neglecting Native families admitted having problems with drugs or alcohol, either currently or in the past. As in the Caucasian sample, over half had received psychiatric treatment, most as outpatients. More families in the non-neglect group reported having had problems with depression and/or anxiety, but these differences were not significant.

Other Stressors: Seventy-five percent of neglecting Native families had been charged with a crime at some time in their lives, compared to about half of the non-neglecting Native sample, but this difference was not significant. In the previous five years, nearly three quarters of the neglect sample had lost a child to death or placement. As with the Non-native neglect families, the six months prior to the first interview had been marked by losses, such as job loss, broken relationships, and

deaths in families. A move to a new location was also reported quite often. A quarter of Native neglect caregivers reported a child accident, and a fifth had given birth in the previous six months.

Services: Both neglecting and non-neglecting Native families had received an average of 10.9 services ever, seven in the last year (see Tables 8-A and 8-B). Regarding individual services, the only difference between neglecting and non-neglecting Native families was that non-neglecting families were more likely to have utilized employment services at some point in their lives ( $X^2 = 4.76$ ,  $df = 1$ ,  $p < .05$ ). Native American neglecting families also reported having more helpful contacts with community members and agencies than non-neglecting caretakers.

#### Standardized Measures

##### Parent and Family Functioning.

Although there were few significant differences between neglecting and non-neglecting families in depression, self-esteem, self-reported family functioning, or parenting knowledge and expectations, these measures give some indication of how families in the sample compare to other populations. Self-esteem was relatively low for all the groups, but family functioning was rated in the average to mixed range by all but a few families. On the AAPI, relatively few families scored in ranges which would indicate inappropriate expectations of children (see Table 9). Interestingly, Native neglecting caregivers scored higher than

non-neglecting caregivers on this dimension ( $p < .05$ ), though both groups had mean scores in the "average" to "good" parenting range. Among non-native families, neglecting families scored significantly lower in their ability to empathize with children ( $p < .01$ ), with nearly half of the neglecting families scoring in the low range. However, mean scores remained in the "average" range. Reversals of expected directions between neglecting and non-neglecting Native families in two of the four AAPI subscales, (Expectations of Child and Physical Punishment) indicate that these scales may not be appropriate for use in studying neglect among Native American families.

#### Children's Measures.

Children were roughly classified using the Developmental Status I instrument (Children's Bureau of Los Angeles, 1988), as being either below, at, or above their age level in physical and cognitive development. In both Native and Non-native samples, children from neglecting families were more likely to be rated at a developmental level below that expected for their ages ( $p < .05$ ).

There were no differences between neglecting and non-neglecting Native children on the Self-Report Family Inventory. However, among non-native families, there was a significant difference in the unexpected direction: children from non-neglecting families perceived less healthy family functioning ( $p < .01$ ).

The Parent Perception Inventory (Hazzard & Christensen,

1983) yielded significant differences between the neglect and non-neglect groups in both the Native and non-Native samples. In the Native sample, children from neglecting families perceived more positive behaviors from their mothers and fathers ( $p < .05$ ). In the non-Native sample, fathers in neglect families were perceived as exhibiting more positive responses ( $p < .05$ ), but there was no difference in perception of mother's positive behaviors. As systems theory would indicate that children from distressed families would view their parents' behavior as less similar than would children from non-distressed families (see Hazzard and Christensen, 1983), paired t-tests were conducted to uncover differences between perceptions of mothers' and fathers' behavior. In both samples, children from neglecting families perceived more negative (disciplinary) behaviors from their mothers, however this difference reached significance only for Native children ( $p < .001$ ). Among Non-native, non-neglect children, mothers were perceived as exhibiting significantly more positive behaviors than fathers.

No significant differences were found in either ethnic group between children from neglecting and non-neglecting families with regard to having ever used alcohol, drugs or tobacco.

#### DISCUSSION AND COMPARISON TO OTHER RESEARCH

Overall, the project findings to date indicate that many of the factors that are generally considered to differentiate neglecting from non-neglecting families do not do so among Native Americans. Specifically, Zuravin (forthcoming)

found that the second birth to a single mother was more critical in its consequences than the first. This conclusion was supported in this study for the white population, but not for the Native group. Several studies have also found neglecting mothers to have less than a high school education (e.g., Nelson, Saunders & Landsman, 1990; Landsman, et al., 1992). This was also supported for the non-native group only.

Although a history of abuse, placement and neglect has been found to be more prevalent among maltreating parents, prospective studies have found that only about a third of parents repeat these negative childhood experiences with their own children (Kaufman & Zigler, 1987). The history of maltreatment among neglecting parents in this sample is even higher than in previous studies (Herrenkohl, et al., 1983). The lower developmental scores of children from neglectful families were consistent with prior research (Howing, et al., in press).

Similarly, placement rates in the neglecting families are as high or higher than in previous studies of neglect (Nelson, Saunders & Landsman, 1990; Landsman, et al., 1992). High rates of substance abuse, mental illness, crime, and violence have also been found in other studies of neglect (Gaudin, 1992; Howing, et al, in press).

May's contention that ethnic differences could be masked by averages received support also: patterns of neglect among Native families are different than those among white families. Regarding Indian families, it was interesting that in this sample

boys were more likely to be found in neglecting families than girls, which does not support the finding cited in Paget, et al. (forthcoming). Further, many of the issues frequently faced by neglecting families in the white population are encountered by both neglecting and non-neglecting Native families.

Further analysis of these data, plus the influence of cultural factors, children's scores on the Child Behavior Checklist, and the participation of male caregivers, will be discussed in the final report on the project.

TABLE 1  
NEGLECT RISK SCORES

	NATIVE AMERICAN		NON-NATIVE	
	NEGLECT	NON	NEGLECT	NON
N	23	30	31	52
Mean	9.48	5.50 *	8.36	3.75 *
Std. Dev.	2.98	2.36	3.19	2.66
% Low Risk	0.0%	23.3%	6.5%	53.8%
% Moderate Risk	56.5%	73.4%	64.5%	46.2%
% High Risk	43.5%	3.3%	29.0%	0.0%

\*  $p < .0001$



TABLE 2  
FAMILY DEMOGRAPHICS

N	NATIVE AMERICAN		NON-NATIVE	
	NEGLECT	NON	NEGLECT	NON
	25	32	31	52
Income/mo	\$1033	\$1102	\$790	\$767
Number Supported	4.2	4.1	3.4	3.4
Per Capita Income	\$249	\$296	\$253	\$242
% Second Adult Present	68.0	46.9	29.0	36.5
Number of Children	3.5	2.8	2.4	2.4
Age of Children	7.5	8.9	7.4	6.4
% Child Ever Out of Home	76.0	40.0 *	70.0	32.7 **
Caregiver Yrs Education	12.2	12.0	11.7	12.7 **
Age of Caregiver	30.2	33.3	30.3	29.5
Caregiver age at First Birth	18.2	19.9 *	20.3	20.8
% Single at Second Birth	36.4	58.0	70.8	40.0 *
% Married Caregivers	24.0	30.0	20.0	19.2
% Employed Caregivers	41.7	43.3	23.1	20.0
% Employed Second Adults	58.8	33.3	44.4	57.9

\* p < .05

\*\* p < .01

TABLE 3  
 ALL CHILDREN  
 (N = 366)

	NATIVE AMERICAN		NON-NATIVE	
	NEGLECT	NON	NEGLECT	NON
N of Families	25	32	31	52
N of Children	87	87	75	125
% Boys	54	43	53	50
% Girls	46	57	47	50
% At Home	70	84	68	70
% in School	64	69	63	60
% Biological Child of Caregiver	90	89	89	95
% Daily Contact With Father	22	25	12	36
% Parents Married when Born	39	43	31	51

TABLE 4  
CHILDREN WHO COMPLETED  
STANDARDIZED INSTRUMENTS (N=236)

	NATIVE AMERICAN		NON-NATIVE	
	NEGLECT	NON	NEGLECT	NON
N CHILDREN	51	50	49	86
AGE	5.5	6.9	6.4	5.4
SEX				
% Male	66.7	30.9*	59.2	46.5
% Female	33.3	69.1	40.8	53.5
EDUC STATUS (%)				
Not in school	37.3	30.8	37.8	45.9
Presch/daycr	13.7	7.7	6.7	10.6
K-12 Regular	37.3	61.5	53.3	43.5
K-12 Special	0.0	0.0	2.2	0.0
% AT HOME	94.1	98.1	83.0	84.9
% BIOLOGICAL OF CAREGIVER	94.1	90.9	100.0	96.5
% BIOLOGICAL OF ADULT 2	33.3	55.2	31.3	53.7
% PARENTS MARRIED AT TIME OF BIRTH	37.3	48.1	34.0	48.8
% DAILY CONTACT WITH FATHER	21.6	36.7	13.6	35.4
% PLACEMENT HISTORY	49.0	16.0	46.9	16.3
AVG. LENGTH (MOS)	13.3	31.5 *	22.3	10.0

\* p < .001

TABLE 5:  
 CAREGIVER FAMILY OF ORIGIN  
 (PERCENT OF FAMILIES)

N	NATIVE AMERICAN		NON-NATIVE	
	NEGLECT	NON	NEGLECT	NON
	25	32	31	52
AWAY FROM HOME AS A CHILD	60.9	60.0	56.7	21.6 **
HEAVY DRINKER IN FAMILY	65.2	60.0	63.3	41.2
FELT NEGLECTED AS A CHILD	58.3	66.7	70.0	39.2 *
BEATEN SEVERELY AS A CHILD	21.7	46.7	50.0	40.4
SEXUAL ABUSE AS A CHILD	39.1	43.3	58.5	28.0 *
WENT HUNGRY	20.8	26.7	23.3	1.9 **
NO DECENT CLOTHING	37.5	33.3	37.9	25.0
FAMILY ON WELFARE	30.4	40.0	36.7	39.2
MOTHER GRADUATED HIGH SCHOOL	54.5	61.5	44.8	76.5 **
FATHER GRADUATED HIGH SCHOOL	72.2	70.4	63.0	75.6
FAMILY DID THEIR BEST FOR ME	68.2	75.9	63.3	88.0 *

\* p < .05

\*\* p < .01

TABLE 6  
 PSYCHOLOGICAL PROBLEMS IN LIFE  
 (PERCENT OF CAREGIVERS)

N	NATIVE AMERICAN		NON-NATIVE	
	NEGLECT 25	NON 32	NEGLECT 31	NON 52
DRUG OR ALCOHOL PROBLEM	77.3	50.0	48.3	19.6 *
DEPRESSION	54.2	76.7	73.3	63.5
ANXIETY	56.5	65.5	73.3	53.8
COGNITIVE DIFFICULTIES	47.8	37.9	46.7	34.8
TROUBLE CONTROLLING VIOLENT BEHAVIOR	43.5	44.8	26.7	17.3
SUICIDAL THOUGHTS	39.1	48.3	50.0	25.0 *
SUICIDE ATTEMPTS	30.4	31.0	46.7	15.4 **
PSYCH INPATIENT	20.8	6.7	33.3	13.5
PSYCH OUTPATIENT	62.5	43.3	51.9	34.0

\* p < .05  
 \*\* p < .01  
 \*\*\* p < .0001

TABLE 7  
STRESSORS  
(PERCENT OF CAREGIVERS)

N	NATIVE AMERICAN		NON-NATIVE	
	NEGLECT	NON	NEGLECT	NON
	25	32	31	52
EVER CHARGED WITH CRIME	75.0	46.7	62.1	13.5 *
IN THE PAST FIVE YEARS:				
LOSS OF CHILD	70.8	44.8	63.3	15.4 *
SUICIDE OR VIOLENT DEATH	28.0	16.7	25.8	11.5
LOSS OF PROPERTY	17.4	24.1	30.0	21.2
IN LAST 6 MONTHS:				
TOTAL N OF STRESSORS M	4.08	3.93	3.74	3.17
SD	2.3	1.7	2.3	1.9
LOST JOB	41.7	45.2	36.7	33.3
MOVED	41.7	50.0	46.7	50.0
BROKE UP W/ SIG. OTHER	45.8	25.8	40.0	44.2
HOUSE BROKEN INTO	25.0	19.4	20.0	9.6
MUGGED	20.8	25.8	20.0	5.8
ARRESTED	29.2	25.8	16.7	17.3
ACCIDENT	16.7	12.9	20.0	15.4
ILLNESS	25.0	25.8	30.0	28.8
DEATH IN FAMILY	45.8	43.8	40.0	26.9
ABORTION OR MISCARRIAGE	0.0	12.9	6.7	3.8

\* p < .0001

TABLE 7 (continued)  
STRESSORS

N	NATIVE AMERICAN		NON-NATIVE	
	NEGLECT	NON	NEGLECT	NON
	25	32	31	52
BROKEN RELATIONSHIP	33.3	40.6	46.7	34.6
DEATH OF CHILD	8.3	3.1	0.0	1.9
RAPE	0.0	0.0	10.0	0.0
CHILD SUSPENDED FROM SCHOOL	4.2	15.6	10.0	7.7
CHILD ARRESTED	12.5	9.4	10.0	3.8
CHILD ILLNESS	12.5	15.6	16.7	17.3
CHILD ACCIDENT	25.0	6.3	6.7	3.8
BIRTH OF CHILD	20.8	3.2	10.0	13.5

\* p < .0001

TABLE 8-A  
 SERVICES IN LIFETIME  
 (PERCENT OF FAMILIES)

N	NATIVE AMERICAN		NON-NATIVE	
	NEGLECT 25	NON 32	NEGLECT 31	NON 52
IN LIFETIME: TOTAL N OF SERVICES	M			
	SD			
	10.88	10.87	12.58	7.90 ****
	5.2	5.7	5.2	4.0
SUPPORT/AA	52.0	55.2	56.7	32.7
ALCOHOL COUNSELING	52.0	48.3	33.3	9.6 *
DRUG COUNSELING	44.0	24.1	36.7	9.6 **
PSYCH HOSP	20.0	10.3	40.0	9.6 **
SCHOOL S.W.	24.0	31.0	46.7	19.2 *
SCHOOL MEALS	80.0	72.4	83.3	55.8 *
HOUSING ASST	36.0	31.0	46.7	21.2 *
EMERG HOUSING	24.0	20.7	40.0	9.6 **
JOB FINDING	32.0	65.5 *	36.7	42.3
PARENT EDUC	28.0	51.7	76.7	21.2 ****
HOMEMAKER	8.0	10.3	30.0	9.6 *
DAY CARE	36.0	55.2	60.0	32.7 *
WOMEN'S SHELTER	20.0	24.1	40.0	11.5 **

\* p < .05  
 \*\* p < .01  
 \*\*\* p < .001  
 \*\*\*\* p < .0001



TABLE 8-B  
 SERVICES IN LAST YEAR  
 (PERCENT OF FAMILIES)

N	NATIVE AMERICAN		NON-NATIVE	
	NEGLECT 25	NON 32	NEGLECT 31	NON 52
IN LAST YEAR:				
TOTAL N				
OF SERVICES M	7.28	6.77	8.16	5.23 ***
SD	4.7	4.1	4.1	3.0
SUPPORT/AA	34.8	42.9	53.3	21.6 **
ALCOHOL COUNSELING	34.8	28.6	20.0	3.9 *
DRUG COUNSELING	26.1	17.9	23.3	2.0 **
PSYCH HOSP	4.3	10.7	10.0	7.8
SCHOOL S.W.	26.1	28.6	43.3	13.7 **
SCHOOL MEALS	79.2	67.9	76.7	52.9
HOUSING ASST	21.7	10.7	26.7	11.8
EMERG HOUSING	13.0	0.0	13.3	2.0
JOB FINDING	21.7	25.0	16.7	25.5
PARENT EDUC	26.1	25.0	50.0	13.7 ***
HOMEMAKER	8.7	0.0	10.0	3.9
DAY CARE	13.0	14.3	26.7	19.6
WOMEN'S SHELTER	4.3	0.0	10.0	3.9

\* p < .05  
 \*\* p < .01  
 \*\*\* p < .001  
 \*\*\*\* p < .0001

TABLE 9  
 SCORES ON STANDARDIZED INSTRUMENTS:  
 PRIMARY CAREGIVERS

		NATIVE AMERICAN		NON-NATIVE	
		NEGLECT	NON	NEGLECT	NON
N		25	32	31	52
BSI	M	13.7	12.5	13.3	12.4
	SD	(10.0)	(8.9)	(11.4)	(9.6)
RSE	M	18.2	18.9	19.7	20.2
	SD	(5.4)	(4.3)	(4.9)	(6.2)
SFI	M	4.3	4.3	4.5	4.7
	SD	(.97)	(.93)	(1.0)	(1.3)
	% avg/hi	73.9	73.1	55.6	52.0
	% mixed	26.1	26.9	28.0	38.0
	% border	0.0	0.0	6.4	10.0
FUNCTIONING					
	M	4.1	3.6	4.7	4.5
	SD	(1.6)	(1.5)	(2.2)	(2.3)
INDEPENDENCE					
	M	6.0	5.7	5.5	5.9
	SD	(1.2)	(1.2)	(1.4)	(1.4)
AAPI					
EXPECTATIONS OF CHILD					
	M	7.0	5.9 *	5.5	6.4
	SD	(1.4)	(2.5)	(2.3)	(1.7)
	% low	4.3	18.5	21.4	8.0
	% avg	21.7	29.6	35.7	46.0
	% high	73.9	51.8	42.8	46.0
EMPATHY FOR CHILD					
	M	5.9	6.0	5.1	6.6 **
	SD	(2.3)	(2.3)	(2.4)	(2.1)
	% low	30.4	25.0	46.4	17.6
	% avg	21.7	28.6	25.0	27.5
	% high	47.8	46.5	28.5	54.9

\* p < .05

\* p < .01

TABLE 9 (continued)  
 SCORES ON STANDARDIZED INSTRUMENTS:  
 PRIMARY CAREGIVERS

N	NATIVE AMERICAN		NON-NATIVE		
	NEGLECT	NON	NEGLECT	NON	
	25	32	31	52	
AAPI (continued)					
PHYSICAL PUNISHMENT					
	M	7.9	7.6	6.5	7.1
	SD	(2.1)	(2.2)	(1.9)	(2.5)
	% low	4.3	14.3	20.7	13.7
	% avg	26.0	17.8	34.4	21.5
	% high	69.5	67.8	44.7	64.8
ROLE REVERSAL					
	M	6.2	6.3	5.8	6.6
	SD	(1.9)	(2.1)	(2.2)	(2.1)
	% low	21.7	28.6	24.1	17.6
	% avg	30.4	25.0	41.3	33.3
	% high	47.8	46.4	34.5	49.1

\* p < .05  
 \*\* p < .01

TABLE 10  
 SCORES ON STANDARDIZED INSTRUMENTS:  
 CHILDREN

N	NATIVE AMERICAN		NON-NATIVE	
	NEGLECT	NON	NEGLECT	NON
	51	55	49	86
CHILD DEVELOP	M	-.27	.32 *	.56 *
	SD	(.96)	(.78)	(.68)
RSE	M	20.5	19.5	19.7
	SD	3.5	3.8	5.0
SFI	M	5.2	5.0	4.0
	SD	1.4	1.1	6.2 **
% avg		40.0	33.3	62.5
% mixed		30.0	60.0	37.5
% border		20.0	6.7	0.0
PPI mom pos.	M	26.7	23.4 *	25.0
	SD	5.2	5.7	6.2
mom neg.	M	12.7	13.9	15.6
	SD	(5.9)	(6.4)	(5.9)
dad pos.	M	28.0	21.2 *	27.5
	SD	(6.8)	(7.9)	(6.8)
dad neg.	M	9.2	11.6	10.7
	SD	(6.7)	(8.6)	(7.8)
% EVER USED TOBACCO		17.6	27.3	16.3
% EVER USED ALCOHOL		21.6	34.6	14.3
% EVER USED DRUGS		11.8	16.4	4.1

\* p < .05  
 \*\* p < .01

APPENDIX A

FAMILY FUNCTIONING RESEARCH PROJECT  
INSTRUMENTATION BY AGE GROUP

For all families:

- 1 Information Summary
- 1 Consent Form
- 1 Release of Information Form
- 1 Risk Assessment Survey
- 1 Worker/Case Record Screening
- 1 General Interview Schedule (with CARDS A & B)

For each adult:

- 1 Caretaker/Adult Interview (with CARDS C & D)
- 1 Addendum to Interview
- 1 Achenbach Child Behavior Checklist (for "most problematic" or oldest child 5 or older. If no children 5 or over, do not use).
- 1 Culture/Ethnic/Religion Questionnaire
- 1 Rosenberg/Brief Symptom Inventory (RSE/BSI)
- 1 Adult-Adolescent Parenting Inventory (AAPI)
- 1 Self-Report Family Inventory (SFI)

For each child:

- Ages 0-5      1 Developmental Status I (0-60 months)
  
- Ages 5-7      1 Parent Perception Inventory (PPI)
  
- Ages 8 & 9    1 Parent Perception Inventory (PPI)  
                  1 Rosenberg Self-Esteem (RSE)  
                  1 Drug/Alcohol Questionnaire
  
- Ages 10 & 11  1 Parent Perception Inventory (PPI)  
                  1 Rosenberg Self-Esteem (RSE)  
                  1 Drug/Alcohol Questionnaire
  
- Ages 12 & 13  1 Self-Report Family Inventory (SFI)  
                  1 Rosenberg Self-Esteem (RSE)  
                  1 Drug/Alcohol Questionnaire
  
- Ages 14 +     1 Self-Report Family Inventory (SFI)  
                  1 Rosenberg Self-Esteem (RSE)  
                  1 Drug/Alcohol Questionnaire

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