The Silent Cry
Child Neglect and Parental Substance Use

Materials for Learners:

- Handout #1: Classification of Child Neglect
- Handout #2: Brief Alcohol Screening Tests
- Handout #3: Principles of Effective Interventions with Parents
- Clinical pearls
- Knowledge questions and answers
- References
- Parental alcohol screening in pediatric practices**,** Wilson CR, Harris SK, Sherritt L, et al, available at: http://pediatrics.aappublications.org/content/122/5/e1022.full.pdf+html

Handout #1: Classification of Child Neglect

Child neglect may be divided into several categories depending on the specific area of omission in the child's care:[1,2]

Physical neglect—includes failure to provide for adequate food, clothing, and shelter. Child neglect exists on a fairly broad spectrum. Situations such as going to school hungry, poor personal hygiene resulting in alienation by peers, homelessness, or a home failing to meet local sanitation standards would all raise strong suspicion for child neglect. Inability to provide for a child's needs because of poverty does not constitute neglect.[3]

Emotional neglect—includes failure to provide adequate social stimulation to a child in the form of talking, love, and nurturance/affection. Children who suffer from emotional neglect may manifest a variety of behaviors including depression, anxiety, aggression, social withdrawal, and hyperactivity.

Medical neglect—includes failure or delay in seeking medical/dental care or noncompliance with medications or recommended health care. Considerable controversy exists over the degree to which failure to comply with well childcare visits constitutes neglect. Several states require childhood immunizations prior to school entry.

Educational neglect—concerns arise if a child has several school absences (about one per month). These children may be assigned inappropriate parenting duties (e.g. cleaning the house, baby-sitting) at the expense of their education.

Safety neglect—includes failure to provide adequate supervision, which places a child at significant risk of injury or results in actual injury. To some degree, most accidents are preventable. Thus, primary care providers should place special emphasis on safety- related anticipatory guidance recommendations.

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1. Dubowitz H, Black M. Child neglect. In: Reece R, editor. *Child abuse: Medical diagnosis and management.* Philadelphia: Lea and Febiger; 1994. p. 279-297.
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Handout #2: Brief Alcohol Screening Tests

CAGE:

Cut Down:	Have you felt you ought to cut down on your drinking?
Annoyed:	Have people annoyed you by criticizing your drinking?
Guilty:	Have you felt bad or guilty about your drinking?
Eye-opener:	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

Scoring: 1 point for each "yes" response; sum all points; total, 0-4 point. Total score 2 predictive of alcohol-related disorder.

T-ACE:

Tolerance	How many drinks does it take to make you feel high?
Annoyed	Have people annoyed you by criticizing your drinking?
Cut Down:	Have you felt you ought to cut down on your drinking?
Eye-opener:	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

Scoring: 2 points for Tolerance if positive (i.e., if answer is > 2 drinks); 1 point for each additional yes answer. Total score 2 indicates risky drinking.

Handout #3: Principles of Effective Interventions with Parents

F Give parents a listing of the **FACTS** that have led to your concern.

R Explain that you are legally **REQUIRED TO REPORT** your concern to protective services on behalf of the child.

A Direct that the individual have a formal **ASSESSMENT** to determine the exact nature of the problem and need for treatment.

M Present a **MENU** of alternatives for where and how this assessment can be performed.

E **EMPATHY**. Acknowledge how difficult this process is for everyone involved.

R Insist that you receive a **REPORT BACK** from the assessment and insist on open communication with the child protection worker. This will let you know it has been done, and help you better care for the child.

Clinical Pearls:

- Child neglect, the most common form of child maltreatment, is the result of a caretaker's failure to provide the adequate needs for a child. Child neglect is divided into several categories depending on the specific area of omission in the child's care. These categories include: physical neglect, emotional neglect, medical neglect, educational neglect, and safety neglect.

- Communication with parents around issues of their alcohol/substance use can be challenging. However, a professional, nonaccusatory, nonjudgmental demeanor will go a long way in helping parents understand your concern for their child's safety, as well as their overall well-being. A structured approach, as outlined by the FRAMER mnemonic can assist providers in guiding the content of these discussions.

- National mandated reporting statutes require that the state child protection agency is notified when child abuse and/or neglect is suspected. Providers are encouraged to become familiar with the reporting laws of their state, as there is some state-to-state variability.

- Child neglect and parental substance use are complex psychosocial problems which frequently require a multifaceted, multidisciplinary approach in order to achieve a satisfactory outcome. Therefore, providers should familiarize themselves with the services available in their local community, as well as other invaluable resources that can be accessed as a result of involving the state child protection agency.

Knowledge questions:

1. *Which of the following statements is most correct?*
a. Child neglect is the result of intentional injury to a child.
b. Child neglect occurs when a child is injured in the daycare setting and the parent is unable to explain what occurred.
c. All parents who are unemployed and without financial means neglect their children.
d. Child neglect is characterized by the failure of a caregiver to provide for the basic needs of a child.

2. *When is the ideal time to approach a parent about your concerns for his/her drinking behavior and its potential impact on the child?*
a. At a time when the child is safe and the parent does not appear to be under the influence.
b. When you happen to see the parent at the grocery store.
c. Immediately when you notice the parent is alone and drinking at the local bar.
d. All of the above are incorrect. A parent is not your patient and their drinking is not your concern.

3. *Which of the following statements is correct?*
a. The CAGE is an example of a brief alcohol screening test.
b. The T-ACE is an example of a brief alcohol screening test.
c. The AUDIT is an example of a brief alcohol screening test.
d. All of the above are correct.

4. *Which of the following statements is correct?*
a. Child neglect is the least common form of child maltreatment.
b. Both parental use of alcohol and child neglect may be "silent" problems.
c. Most pediatric clinicians routinely screen parents for alcohol abuse.
d. Child neglect is usually easy to detect.

Answers to Knowledge Questions

1. *Which of the following statements is most correct?*

Preferred response: D "Child neglect is characterized by the failure of a caregiver to provide for the basic needs of a child."

This response essentially defines child neglect. Physical abuse is the intentional injury to a child (Response A). Although risk factors for child neglect include environments whereby there are numerous psychosocial stressors such as unemployment, inadequate finances, or general lack of social support (Response C), they are not diagnostic indicators. Parents may not be adequately informed about injuries that occur when the child is not in their care (Response B) and, therefore, their lack of knowledge about the mechanism of injury would not be considered neglectful by the usual standards.

2. *When is the ideal time to approach a parent about your concerns for his/her drinking behavior and its potential impact on the child?*

Preferred response: A "At a time when the child is safe and the parent does not appear to be under the influence."

The most ideal time to address a parent's drinking or substance use is when he/she is mentally/emotionally available to have a discussion about their behavior and its influence on their child. A casual, haphazard conversation while at the grocery store (Response B) or when they are actively engaging in the behavior (Response C) is counter to the professional, structured, and nonjudgmental manner that should be encouraged to facilitate an optimal outcome. Although, the parent is not your patient (Response D), their child is and the parent's substance use has significant implications for their child's overall health and well-being, thereby, making it an important area to address. Early recognition of this problem by a primary care provider may present a "golden opportunity" for directing substance-abusing parents into treatment programs and optimizing chances for keeping the family healthy.

3. *Which of the following statements is correct?*

Preferred response: D "All of the above are correct."

Several brief screening tests are available for alcohol use. The CAGE is a 4-item test that can be easily administered verbally. The T-ACE is a 4-item test that may be somewhat more effective in screening women. The AUDIT (Alcohol Use Disorders Identification Test) is a 10-item scale that can be embedded into a paper-pencil or computer-based delivery instrument. The AUDIT yields a score from 0 to 40 and contains 3 subscales related to amount and frequency of drinking, alcohol dependence, and problems caused by alcohol use.

4. *Which of the following statements is correct?*

Preferred response: B "Both parental use of alcohol and child neglect may be "silent" problems."

Whereas child abuse can frequently be readily detected from the presence of physical evidence, the identification of child neglect depends on the recognition of relatively more subtle signs. It is the omission of necessary provisions to support a child's growth and development that constitutes child neglect. Likewise, parental alcohol use can be a "silent" problem, even when adequately screened for, as parents may not always be forthcoming about their use. Thus, in identifying child neglect and parental alcohol use, the astute pediatrician must hear the "silent cry" as well as the audible one.

References

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Annotated Readings:

Dubowitz H, Black M. Child neglect. In: Reece R, ed. *Child abuse: Medical diagnosis and management*. Philadelphia: Lea & Febiger; 1994. p. 279-297. This chapter highlights the various definitions of child neglect and discusses the epidemiology of the problem. Parent and child characteristics that can contribute to child neglect are listed. Treatment and management options are presented.

Weinstein N, Bobe C, Mandell D. *Opening and closing Pandora's box*. New York, NY: Children of Alcoholics Foundation; 1998. This soft cover manual was written as a guide to child and adolescent health care providers. It includes chapters on family systems theory, interviewing techniques, parental substance abuse and child abuse and neglect.

U.S. Department of Health and Human Services. *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection*. Washington DC: US Government Printing Office; 1999. This is a comprehensive report to the U.S. Congress on substance abuse and child protection. It contains an up-to-date review of pertinent literature and many informative tables and figures that depict the scope of the problem.

Educational Resources available online:

Alcoholics Anonymous
http://www.aa.org
Telephone: 212-870-3400 (or check your local directory)

Massachusetts Department of Children and Families
http://www.mass.gov/eohhs/gov/departments/dcf

National Association for Children of Alcoholics (NACoA)
http://www.nacoa.org
Telephone: 1-888-55-4COAS

Council for Children and Families: Clearinghouse on Child Abuse and Neglect
http://www.ccf.wa.gov

Prevent Child Abuse (PCAA)
http://www.preventchildabuse.org

American Academy of Child and Adolescent Psychiatry—Facts for Families. This site provides access to the AACAP's award winning "Facts for Families" pamphlet series on various developmental topics. The information sheet entitled "Children of Alcoholics" is #17.
http://www.aacap.org/cs/root/facts_for_families/children_of_alcoholics