Angels (and Neighbors)
Watching Over Us: Child Safety and Family Support in an Age of Alienation

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More than 8 years ago, my daughter Jennifer and my son-in-law Tom were married in the small-town Methodist church that had been the focal point of much of my childhood in Granite Quarry, North Carolina. About 75 years earlier, Jennifer’s great-great-grandfather had served as the minister in the little stone church. By coincidence, Jennifer’s wedding occurred on the same day as the observance of the town’s centennial, and her great-grandfather’s service as mayor was highlighted in one of the displays at the festival. One of Jennifer’s uncles (my brother David), who is a United Methodist minister, officiated, and the vocalist was another uncle (my brother Scott), who is an accountant by day but a classically trained singer and actor by night. Reflecting Jennifer’s affinity for Norway, the site and focus for much of her college education, the wedding also had a Scandinavian touch in music, costumes, and participants—fortunately not, however, in food. (Codfish marinated for months in lye has yet to appear on any known list of approved wedding fare!) In short, Jennifer’s and Tom’s wedding was a highly personalized celebration that I remember fondly.

Nonetheless, the most moving and indeed the most educative aspect of the wedding for me was not a particular part of the ritual or the social events that celebrated it. Instead, the really powerful element was the context in which the wedding occurred—the tightly woven network of relationships that we hoped would provide security for Jennifer and Tom as they had for four generations before them.

Those relationships sustained each generation when, as the vows go, they were richer or poorer, in sickness, or in health. The connections among them rested not just in the church but also in and among the bridge group, the civic club, the Little League baseball team, the Scout troop, the street dance, the town council, and the school classroom.

The day following the wedding, my wife Robin and I joined my siblings in attending the Sunday service at the little church for the first time in many years (at least in my case). Then and in some subsequent visits, I was awestruck by the number and specificity of parishioners’ memories of my family’s involvement in the everyday life of the community—notably including mundane but nonetheless personally important illustrations of our participation in the community as children (e.g., my brother David’s attention to a Little League teammate who lost first a leg and then his life to bone cancer; my own service as an impromptu guide to the county for an adult...
newcomer). Although I am not sure that I fully appreciated the fact as I was growing up, there were many good neighbors watching over us—and the reciprocal was also true.

**Families Without Help**

Such remembrances have been vivid and powerful for me because they contrast so dramatically with the experience that my own research and now that of many others show is common among young families today. In research that I conducted in South Carolina in the early 1990s, I was stunned by what was then a novel finding: Social poverty—social isolation and a lack of easy access to help—had become rampant, regardless of families’ socioeconomic status. To a large extent, help had become a commodity that people buy, not what they do. These results presaged voluminous research about a decade later that showed a dramatic societal trend since the 1970s toward greater isolation, alienation, boredom, and distrust, and diminished involvement in civic, political, and religious life, especially among young people.

In research led by my colleague James McDonell, our own post-2000 survey data show that roughly one fifth of all parents of young children in a highly diverse area of South Carolina are truly isolated. By their own admission, they do not know from whom they could obtain emergency child care, they do not know the names of any children in the neighborhood other than those of their own children, they do not belong to any community organizations (except perhaps a church), and so forth. Moreover, isolated parents—about one fourth of whom are middle-class and well educated—are especially likely to view their neighborhood as unsafe for children. Indeed, the neighborhood effects are so strong—even after controlling for residents’ income, education, and their propensity to move frequently, among other socioeconomic variables, that the differences in child safety among neighborhoods are easily detected from a simple drive-through, and they account for a startling proportion—roughly 25%—of the variance in children’s safety inside their homes (more for emergency room use). At the same time, the median real income of young adults keeps declining, and job security—a “career” in traditional terms—is becoming a phenomenon of the past, even for many 20- and 30-somethings who are highly educated.

As young parents face the challenges of achieving and maintaining independence and of providing for their children’s basic needs, they often feel—and are—alone. Tragically, this widespread long-term decline in the strength of personal relationships has resulted in striking generational increases in children’s anxiety and depression.

These findings have reverberated as our society has become ever less supportive of family life and ever less respectful of parents. Opinion polls tell us that American adults today, unlike those in earlier generations, commonly believe that children are thoughtless and wild and that the reason for such lack of civility is the ineptitude and negligence of their parents. (Such perceptions typically do not extend, by the way, to one’s own family.) Such putdowns are not only wrongheaded but dangerous. Parents’ perception that they can make no real difference in their community on behalf of their family has been consistently shown to be related to rates of child maltreatment and community violence, independent of social class.

### The Importance of Relationships

Perhaps now more than ever, for the sake of our own and our neighbors’ families, we need a rebirth of community. It is all about relationships! When human beings share an experience of personal significance, something mystical occurs. The depth of caring and sharing that occurs in the family (perhaps most of all, between parent and child) is at the foundation of our spirituality.

The Welsh lullaby “Sleep, My Child” vividly captures this depth of feeling. In the first verse, a parent wishing peace for her child assures the child that she will keep a protective vigil: “I who love you shall be near you, all through the night.”

In the second verse, the child responds with an almost psychic expression of trust:

Mother, I can feel you near me, all through the night.
Father, I know you can hear me, all through the night.
And when I am your age nearly, still I will remember clearly, how you sang and held me dearly, all through the night.

The last two lines of the third and final verse poetically capture the essence of the spiritual connection that I suspect that each of us experiences as child and as parent:

Even while the sun comes stealing, visions of the day revealing, breathes a pure and holy feeling, all through the night.

This “pure and holy feeling”—this fundamentally spiritual experience of the relationship between a protective parent and a trusting child—is multiplied in the context of the relation-

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1Alicia S. Cunningham (adapter), Sleep, My Child, in Singing the Living Tradition 409 (1993).
ships that crisscross a caring community, just as I saw anew in the weekend of Jennifer’s wedding in the small town where I grew up. Desmond Tutu calls such a community “a delicate network of interdependence.” Bishop Tutu further brings to our attention the African saying, “A person is a person through other persons.” It is through children’s—and adults’—relationships that their personalities unfold.

Bishop Tutu frequently writes about ubuntu, a word found in one form or another in numerous African languages but absent in Western tongues. Ubuntu seems to capture the “deep and holy feeling” of which the balladeer sang—a feeling that “breathes,” that gives us life. Ubuntu, Bishop Tutu elaborates, “is the essence of being human. It speaks of the fact that my humanity is . . . inextricably bound up in yours. I am human because I belong. It speaks about wholeness, it speaks about compassion. . . . [People with ubuntu] have a proper self-assurance that comes from knowing that they belong to a greater whole and [that] they are diminished when others are . . . treated as if they [are] less than who they are.”

People with ubuntu know, I would add, that children may be small in stature but that they are fully people. In treating children like people, each of us opens the door to the oneness that is at the heart of transcendent human experience. Loving care for, and respect of, children both leads to and prospers in a community in which there is a norm of care for one another, whether inside or outside one’s own family.

Coping With Family Illnesses

A few years ago, I received a tearful call from our then-23-year-old younger daughter Stephany, who lives in Boston and who at that moment was in the emergency room of a hospital near her home. She had just been diagnosed with pulmonary embolisms and was on her way to intensive care. Fortunately, after some scary weeks, Stephany fully recovered.

Our family’s experience during that time, however, provided two vivid lessons in relation to the work that my colleagues and I had been doing in Strong Communities for Children. Strong Communities was a community-wide initiative for primary prevention of child abuse and neglect in northwestern South Carolina. Grounded in the recommendations of the U.S. Advisory Board on Child Abuse and Neglect, Strong Communities used outreach workers—approximately one per town—to build or strengthen norms of neighborly assistance for families with children.

The first lesson that Stephany’s illness provided was a painful truism on which Strong Communities is based—namely, that loneliness and isolation are horrific experiences when a family is in crisis. Unable to obtain a flight until the next day, my wife Robin and I were able, fortunately, with almost no effort to mobilize a network of friends in the Boston area. Therefore, Stephany was alone for “only” a few harrowing hours as she faced a life-threatening situation. In those instances, obtaining expert medical care was, of course, a priority, but how Stephany coped with the situation—and how anxious Robin and I were some 1,000 miles away—related more directly to the availability of friends and relatives.

Moreover, that nearly immediately friends of the family seemingly just appeared at the hospital in Boston without Stephany herself having to take action made the help all the more powerful. The spontaneous expressions of concern and our friends’ related advocacy for Stephany in the hospital directly alleviated her anxiety without her having to use her scarce remaining psychological resources to solve the problems on her own. Apart from their instrumental value, the repeated acts of direct help also made Stephany feel important even at an almost unimaginably frightening time. Such neighborly acts showed that friends cared, and indeed, as we would say in Strong Communities, that they noticed and cared—in effect, that they took Stephany’s feelings seriously.

In the Institute on Family and Neighborhood Life at Clemson University, we have long stated our overarching vision in terms of the following words but commonsense proposition: Families should be able to get help where they are, when they need it, in a form that they can use it, with ease and without stigma. This set of phrases can be reduced in its essence to just five words: People

Loneliness and isolation are horrific experiences for families in crisis

shouldn’t have to ask.

Building on this philosophy, in Strong Communities we strove to create or strengthen a web of support that would be strong enough to ensure that no family would be lost. Building on the efforts of thousands of volunteers and hundreds of organizations, we tried to weave family support into virtually every aspect of the life of young families in the communities that we served. In order to make noticing and caring easy
and nonstigmatizing, we sought to infuse family support into the well child care provided in the pediatrician’s office, the daily beat of the police officer, the community outreach of the fire fighter or the Extension agent, the parent engagement by the school, the regular activities offered by the church, the community introduction by the real estate agent, and the neighborhood of a volunteer Family Friend. In such a context, we hoped, helping would be natural and reciprocal.

The second lesson from my family’s effort to cope with Stephany’s illness as soon as it became known was that the need for such norms of neighborliness is present and important no matter what one’s wealth and other means are. Robin and I make good salaries, and we have personal and professional connections in many cities around the world. We have long been professionals in the human service system, and, probably more than most, even in the business, we know how to maneuver through it. For that matter, so does Stephany, who at her young age was already the director of development for a mental health advocacy organization in Massachusetts. Nonetheless, it would have been simply too much work—a psychological burden in itself—if we had had to arrange all of the help that we needed.

Even if we could have bought such assistance, talking to a social worker—and doing so on the clinician’s terms as patients, clients, or worst, cases—frankly would not have given us nearly as much relief as did the self-generated efforts of our friends and extended family. Certainly we would not have had the practical assistance that came from such informal support. At least as importantly, we would have lacked the warm feeling that comes from helping and being helped. It is usually concern, not credentials, that counts.

In responding to Stephany’s illness, our family lived in Strong Communities. This was not a new experience for us. We had faced terrible realities for much longer periods of time, as we struggled to provide care with dignity to my former wife Julie—Jennifer’s and Stephany’s mother—who suffered from late-onset schizophrenia and epilepsy. Julie first became ill when she was 41; our daughters were 15 and 9 at the time.

We cared for Julie at home for about 8 years until I began to be included in her hallucinations and delusions, and she no longer consistently trusted me enough for me to care for her. When we reached that point, I arranged care for Julie in a program that provides foster families to adults disabled by mental illness. We divorced about a year after separation, and I married my current wife Robin thereafter. (Robin has been a mainstay for our family in coping with Julie’s illness and death, among other challenges.) Julie remained in the Home Share program for about 11 years, until she died suddenly in September 2009 when she went into a seizure and did not regain consciousness.

This final loss brought to the fore the enormity of the losses that Julie and our family experienced over the years. Until voices began to make the vilest accusations and her affect gradually grew flatter, Julie had been a vivacious teacher with a master’s degree who was active in the community (e.g., the founder of a women’s choral group and a member of the planning group for a new children’s museum) and who was a mother who reveled in activities with our daughters. Even after she became very ill and was actively hallucinating, Julie would try as hard as she could to control her fears when our daughters were at home.

Even so, no one should doubt the pain that we all experienced as my daughters gradually lost their mother, I gradually lost my wife, and Julie lost much of what had made her life special. Nonetheless, our family survived and flourished because of friends and extended family who did not wait until we asked for help—who just showed up to offer us relief, who even scheduled times among themselves to take the girls on outings or sleepovers or to stay with Julie so that I could go to the office or occasionally take an important business trip, who showed respect and friendship for Julie herself in both good times and bad, and who served as companions and sounding boards for all of us. That help was reinforced, but by no means replaced, by the sensitivity of Julie’s psychiatrist, who gave me his home phone number and encouraged me to use it whenever I needed to do so. The help of good neighbors is what family support means.

Such seemingly spontaneous assistance was more meaningful because we ourselves were also able to give to others, indeed to be a part of a strong community building and sustaining strong families. Although Jennifer, Stephany, and I would have given just about anything to restore Julie to health, we all were enriched by the experience of helping and being helped. Both Jennifer and Stephany themselves are now helping professionals with graduate degrees. Jennifer is an elementary school teacher who is developing a specialty in education of children for whom English is a second language. Steph-
any is a social worker specialized in advocacy for people with mental illness and their families. In my own work, Strong Communities (a foundation-funded community-wide, universal initiative for prevention of child abuse and neglect in part of the Greenville, SC, metropolitan area) reflects empirical research, social science theory, and applied ethics. At least as importantly, however, Strong Communities has been immeasurably influenced by my own experience as a giver and a receiver of family support.

Remember that all of us—yes, all of us—experience not only joy but also anxiety and grief in our families. Such is the human condition. Only some of us have the resources, however, not to feel so overwhelmed that children’s safety and well-being are often compromised, maybe even most of the time. In either case, all of us deserve the support needed to strengthen and preserve the relationships most important to us.

**Signs of Hope**

Although a sense of community—a feeling of ubuntu, an experience of neighborly love—may be increasingly rare in our society, such feelings of belonging are no less important than they have ever been. The human need for connection transcends the characteristics that often divide us. It is fundamentally important, regardless of whether one is rich or poor, old or young, liberal or conservative, black, white, or brown.

Our experience in Strong Communities has demonstrated that this motivation is still sufficient to galvanize people of many backgrounds in communities of various size and wealth to keep kids safe. Strong communities grew from the belief of the U.S. Advisory Board on Child Abuse and Neglect that, to be effective, child protection must be a part of everyday life. To that end, in Strong Communities, the participating communities accepted the challenge to ensure that whenever children and parents have reason to celebrate, worry, or grieve, someone will notice, and someone will care.

Toward that end, a small group of outreach workers (approximately one per town) generated a social movement inclusive of people of diverse age, ethnicity, class, politics, and theology. In an area with fewer than 100,000 adults (2000 Census), more than 5,000—perhaps a quite conservative number—volunteered in Strong Communities. In just 4.5 years, they contributed more than 60,000 hours—probably an even more conservative count—to make their communities more welcoming of parents and supportive of families.

Recruited from diverse community settings, the volunteers mirrored the community in gender, ethnicity, and age. Moreover, those settings themselves—hundreds of churches and businesses and scores of schools, civic organizations, and governmental services (e.g., police and fire departments)—engaged thousands of families in hundreds of activities each year. The participating organizations not only increased the frequency of activities designed to promote families’ connections with each other and to build parent leadership. The volunteers themselves also often experienced and modeled personal transformations, as their experience in a lofty level of service affirmed the communities’ possibilities.

This level of community engagement was itself impressive. Not only were the communities stronger, however. There was also evidence that children were safer. Although the rate of officially recorded reports of founded child maltreatment was already very low, it declined significantly in the service area (across time and relative to matched blocked groups elsewhere in South Carolina) among families with children under age 10, with the strongest effect among families with children under age 5. Also, a secondary analysis of surveys of fifth-grade children and their parents and teachers in elementary schools in the service area (relative to comparable schools elsewhere in South Carolina) showed changes among all groups (especially among children themselves) in perceptions of children’s safety at school and en route to and from school.

**Self-Assessment Questions**

1. Summarize the societal trends in regard to interpersonal relations.
2. “A person is a person through other persons.” With whom is this saying associated? What is its significance?
3. What is Strong Communities for Children? What have been its effects on community engagement in family support? On parental behavior?
4. What are the trends in relation to the incidence of child maltreatment?

The most compelling evidence of increased safety for children, however, came from surveys of randomly selected households in 2004 (2 years after the initiative began) and 2007 (1 year before funding of the initiative began to wind down). Across time and relative to randomly selected parents in matched block groups elsewhere in South Carolina, parents in the Strong Communities service area reported greater social...
support, more frequent help from others, greater sense of community and personal efficacy, more frequent positive parental behavior, more frequent use of household safety devices (e.g., baby gates), less frequent disengaged (inattentive) parenting, and less frequent neglect. There was also a nearly significant ($p < .06$) trend toward less frequent physically assaultive behavior (e.g., corporal punishment) by parents in physically assaultive behavior (e.g., corporal punishment) by parents in physically assaultive behavior (e.g., corporal punishment) by parents in physically assaultive behavior (e.g., corporal punishment) by parents in physically assaultive behavior (e.g., corporal punishment) by parents in physically assaultive behavior (e.g., corporal punishment) by parents in physically assaultive behavior (e.g., corporal punishment) by parents in physically assaultive behavior (e.g., corporal punishment) by parents in physically assaultive behavior (e.g., corporal punishment) by parents in physically assaultive behavior (e.g., corporal punishment) by parents in physically assaultive behavior (e.g., corporal punishment) by parents in physically assaultive behavior (e.g., corporal punishment) by parents in physically assaultive behavior (e.g., corporal 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hand, as my family’s experiences also remind us, help from people of good-will still can enable families to survive and sometimes even thrive amid seemingly unbearable circumstances.

To make such assistance easily available and maximally useful, the settings of everyday life—the places where people live, work, study, worship, and play—must be organized in ways that facilitate ongoing relationships. The Strong Communities initiative offers some principles of action and strategies for implementation that are apt to make noticing and caring easier.

Public policy also must be reconfigured to avoid implicitly or explicitly discouraging natural help—the apparent reality in the child protection system today. People shouldn’t have to ask!

Keywords: families; children; alienation; family illness; schizophrenia; neighborliness; relationships; child abuse and neglect; ubuntu; volunteerism; child safety; generational trends; religion and spirituality; family support; natural helping; child protection; Strong Communities for Children; community-based prevention

Suggestions for Further Reading