



Measuring Child Abuse and Neglect: A Review of Methods

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by

Richard W. Curtis
Robert H. Langworthy
Allan R. Barnes
Peter Crum

Justice Center
University of Alaska Anchorage



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The design of this study seeks to apply instrument design and interview techniques which appear to have the highest degree of validity and reliability. The following section presents a discussion of the principal design elements of this study: the source of the measurement instruments, elements and interpretation of the measurement instruments, and the interview administration techniques to be used.¹

Sources of Instruments

In general, the methodological complications which have arisen in this field derive from the personal and sensitive nature of the phenomena being studied, and the extent to which this phenomena is associated with the inherently distant realm of early childhood experiences. The three decades of research on this issue has principally been retrospective in nature (Widom, 1995), in that it typically has relied on the present day memories of victims to relate the nature of the abuse or neglect they experienced as children.

Numerous methodological concerns have been raised regarding this approach, including: the distortion of memories over time (Squire, 1989), redefinition of past events due to present concerns (Ross, 1989), redefinition of past events due to present influences (Fivush, 1993). As summarized by Brewin, Andrews and Gottlib (1993) the retrospective approach is affected by: "...both internal and external forces. Social influences, childhood amnesia, and the simple fallibility of memory all impose limitations on the accuracy of recall."

Attempts to assess the extent of these distortions have not been encouraging. Della Femina, Yeager, and Lewis (1990) examined self-reports of childhood physical abuse among detainees in a Connecticut prison and found that 53 percent gave reports which differed from actual records and documents discovered by the researchers. The researchers speculated that these distortions arise from: "embarrassment, a wish to protect parents, a sense of having deserved the abuse, a conscious wish to forget the past, and a lack of rapport with the interviewer."

As is the nature of research, inquiry on the subjects of childhood sexual and physical abuse have been conducted on separate, yet parallel tracks. And while much of the methodological work has been focused exclusively within these separate domains, the findings regarding methodological concerns have tended to be convergent and concordant, as demonstrated by the methodological works authored by Widom and Shepard (1996) and Widom and Morris (1996).

¹ This discussion relies heavily on the methodological articles authored by Widom and Shepard (1997) and Widom and Morris (1997).

In the interest of addressing these concerns, a benchmark study was undertaken with grants from both the National Institutes of Mental Health, Justice, and Alcohol Abuse and Alcoholism (Widom, 1989c). This study adopted a cohorts–design which offered an opportunity to assess the quality of retrospective measures in light of historical records consisting of documented findings by the court of child abuse and neglect. This study identified abused or neglected individuals (subject cohort) through court record checks, matching them with individuals who had no court record of abuse or neglect (control cohort) on a series of demographic variables, and then sought to interview both the subjects and the controls using several measurement instruments derived from leading research in the field.

The instruments used in Widom’s study consist of two scales designed to assess childhood physical abuse, a series of questions to assess childhood sexual abuse, and a short question series used to assess childhood neglect. Analysis of the data generated by the initial waves of this study has provided evidence of the level of validity of these instruments (Widom and Morris, 1997) (Widom and Shepard, 1997). This study will utilize adaptations of these measurement instruments. The necessity to adapt these instruments arises from the administrative and fiscal matters that distinguish this study from Widom’s work. As noted in the following discussion of the instrumentation, these adaptations should not preclude comparisons with results of other studies which utilized these instruments.

Abuse and Neglect Measures

The **childhood physical abuse** measurement instrument consists of two scales: the Conflict Tactics Scale (CTS) developed by Straus (1979), and the Self-Report of Childhood Abuse Physical (SRCAP) developed by Widom and Shepard (1996). The CTS has been used by various researchers to determine the amount and severity of family violence (e.g. Brutz and Ingoldsby, 1984; Dembo, Derke, LaVoie, Borders, Washburn, and Schmeidler, 1987; Gelles and Edfeldt, 1986; Giles-Sims, 1985; Kruttschnitt and Dornfeld, 1992; Meredith, Abbott, and Adams, 1986). A subscale portion of the CTS labeled by Straus and Gelles (1990) as the Very Severe Violence (VSV) scale has been used to measure the absence or presence of childhood physical abuse. The VSV consists of a series a questions regarding behaviors which could have resulted in physical injury, including: kick, bit or hit with a fist, beat up, burned or scalded, threatened with a knife or gun, or used a knife or gun. The CTS index series is introduced to respondents as concerning: “...things that your parents or the people in your family might have done when they had a disagreement with you when you were growing up, that is, up to the time you finished elementary school”, which effectively limits responses to events which occurred during early childhood.

The SRCAP is an alternate measure designed to enable self-report of childhood physical abuse. The SRCAP asks respondents about whether “Up to the time you finished elementary school, did anyone inside or outside of your family ever:” 1) beat or really hurt you by hitting you with a bare hand or fist; 2) beat or hit you with something hard like a stick or baseball bat; 3) injure you with a

knife, shot you with a gun, or use another weapon against you; 4) hurt you badly enough so that you needed a doctor or other medical treatment; 5) physically injure you so that you were admitted to a hospital; and 6) beat you when you didn't deserve it. A positive response to any of the VSV or SRCAP items would be considered an indication of childhood physical abuse.

The article by Widom and Shepard (1997), discusses the validity of these measurement instruments. A comparative analysis of the retrospective self-reports of childhood physical abuse as measured by the CTS-VSV and SRCAP instruments and official records of physical abuse demonstrate a relative improvement over chance (RIOC) level of 40 percent. This means that by using the CTS-VSV and SRCAP instruments, a researcher gains a 40 percent improvement over random assignment when classifying a subject as having been physically abused during childhood, when official records regarding physical abuse is used as the test of validity.

Another measure of validity presented by Widom and Shepard (1997) compares the measurement results to correlates of official reports childhood physical abuse. This form of accuracy assessment is known as construct validity. In this case, the authors cite research findings that indicate an official finding of childhood physical abuse to be an effective predictor of later arrests for violence (Widom, 1989c). Thus, if the measurement instruments are valid measures of childhood physical abuse, they should also be effective predictors of arrests for violence. While the authors did not find this particular relationship to exist, they did find that the instruments were effective predictors of self-reported violent behavior. The authors consider the behaviors which result in self-reported violence, to be a logical correlate of the behaviors that result in arrests for violence. Therefore, the strength of the relationship between the self-report of childhood physical abuse and the self-report of violent behavior is interpreted as an indication of validity achieved when assessing the incidence rate of childhood physical abuse using the CTS-VSV and SRCAP instruments.

Childhood sexual abuse is to be measured using instruments developed from the research of Finkelhor (1979, 1986) and Russell (1983) by Widom and Morris (1997). The instrument is designed to utilize a three pronged approach to enable self-report of childhood sexual abuse. The three instruments consist of: #1) eliciting a recounting of childhood sexual activity using a list of common behaviors, and then asking is any of this activity was considered sexual abuse by the respondent, #2) a series of questions which allow self-report of any childhood sexual activity with someone 10 years older than the respondent, and #3) a question which allows self-report of sexual activity or attempted activity against the will of the respondent during childhood. An affirmative response to the single items in tests #1 or #3, or an affirmative response to any of the items comprising test #2 would be classified as a retrospective account of childhood sexual abuse.

The article by Widom and Morris (1997), discusses the level of validity achieved by the use of these measurement instruments. Fifty-four percent of the respondents who were known to have official records of childhood sexual abuse were determined to have experienced childhood sexual abuse using the self-report measurement instrument #1, 32 percent were determined abused by instrument #2, and 47 percent were determined abused by instrument #3. This compared to levels in the control group (no official record of childhood sexual abuse) of 14 percent using instrument #1, 5 percent using instrument #2 and 10 percent using instrument #3. The chi-square (χ^2) significance

level of this finding is $p \leq .001$. The authors note that since these cases actually consist of court findings regarding childhood sexual abuse, it certainly underscores the concerns regarding weaknesses of using retrospective accounts to measure incidence levels of these experiences.

The RIOC scores were 45 percent for instrument #1, 29 percent for instrument #2, and 38 percent for #3. Note that the greatest gain over random assignment derives from instrument #1 which essentially focuses on the subjects' self-perception of whether childhood sexual activity was abuse. This reflects an interesting finding noted by the authors. In the process of seeking to examine the construct validity of the instruments, association analysis was conducted examining the relationship between the self-report of childhood sexual abuse (instrument #1) and diagnoses regarding depression (current or remitted), alcohol abuse/dependence and suicide attempts. These diagnoses were derived from results of the revised third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R)*; American Psychiatric Association, 1987) which was also administered to the subjects and controls in the course of the Widom study.

The authors (Widom and Morris, 1997) found that the associations between the self-report measures (#1, #2, and #3) of childhood sexual activity and the diagnoses of depression, alcoholism and suicide were stronger than the association between actual court findings of childhood sexual abuse and the diagnoses (Widom and Morris [1997]; Table 8, p. 43). Thus, whether there was a court finding of abuse or not, those who tested positive for abuse on the self-report instruments were much more likely to also test positive for depression, alcoholism, and suicide attempts. Conversely, those who did not report abuse, even if they had been judged victims of childhood sexual abuse by a court, were much less likely to be positive for depression, alcoholism, or suicide attempts.²

While these findings did not support the authors' hypothesis regarding construct validity, but they may indicate: a) the degree of harm inflicted on some victims of childhood sexual abuse, or b) the extent to which the individual's state of mental health is intricately related to their perception of life events and their willingness or ability to recall negative childhood events. The authors speculate that these findings may indicate that persons who have an unpleasant perception of their lives (resulting in or from depression, alcoholism and/or a proclivity to suicide) are more likely to have accentuated perceptions and recall of the negative events in their lives. Regardless of the dynamic at work, it would appear that these findings provide strong evidence that these self-report instruments are capable of allowing individuals who perceive themselves to have been abused to report that perception.

The Weeks and Widom (in press) measurement of **Childhood Neglect** consists of a three item series consisting of the following questions: 1) "Were there ever times when you were a young child that a neighbor fed you or cared for you because your parents didn't get around to shopping for food or cooking, or when neighbors or relatives kept you overnight because no one was taking care of you at home?" 2) When you were a young child, did anyone ever say that you weren't being

² This analysis contained female subjects and controls only. The authors restricted their analysis due to the low level of male subjects (N=19) in their study with a court finding of childhood sexual abuse).

given enough to eat, or kept clean enough, or that you weren't getting enough medical care when it was needed?", and 3) "When you were a very young child, did your parents ever leave you home alone while they were out shopping or doing something else?" An answer of "yes" to any of these three items will be considered a self-report of child neglect.

While there has been no discussion of validity issues yet published with regards to this child neglect measure instrument, there are intriguing findings. In assessing the validity of their measurement instruments, Weeks and Widom (in press) examined the level of association between violent and non-violent criminals and their measures of childhood neglect and physical and sexual abuse. Of the three abuse measures, only neglect appeared to differentiate between violent and non-violent criminals, as violent offenders were more likely to be assessed as having been neglected (19.8%) than were non-violent offenders (5.6%). As a result, the authors encourage further examination of the incidence levels and impacts of childhood neglect.

In operationalizing their measurement of childhood neglect, Weeks and Widom (in press) have devised items which are intended to cover the various dimensions of the concept as codified in laws throughout the United States. These laws tend to reflect the definition child neglect provided by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. This definition specifies neglect as a lack of parental care, which is derived from the perception that a certain level of parental care is necessary to meet a child's biological and survival needs. Parental care is defined as: "The child has the right to expect, and the parent has a duty to reasonably and prudently provide, food, clothing, shelter, supervision, medical care, nurturance, and teaching." (#NCJ 161841)

Unfortunately, this definition (and the Weeks and Widom instrument) is not entirely appropriate given the unique cultural settings in which some Alaskans live. One of the features of communal living, for example, involves a diminution of parental responsibilities and an increase in the level of responsibility born by the extended family or community at large. As a result, item #1 which seeks to gauge the level of parental care by inquiring as to the level of care received from non-parental figures will not provide a valid measure of childhood neglect for a significant proportion of the population to be studied. Item #2 seeks to determine neglect based on opinions voiced to the subject during childhood. This may not be an effective measure if that opinion came from an 'outsider' who was voicing a cultural bias, and was not giving an informed or culturally sensitive judgement of the subject's condition.

In light of these concerns, this study will seek to augment the Weeks and Widom (in press) measurement instrument by focusing on the specific need elements incorporated in the definition of child neglect, without attaching the parental duty aspect. As delineated in Maslow's seminal work *Motivation and Personality* (1970) there are a hierarchy of needs universal to all humans, which the definition of neglect does incorporate, however it is not necessarily universal that parents be entirely responsible for meeting those needs. As a result, childhood neglect would be a condition in which these essential needs are not met, regardless of whom is responsible for them not being met. This study will supplement the Weeks and Widom (in press) with an item series focusing on

the extent to which the subject's essential needs were met during childhood without focusing on the extent to which their parents were responsible for meeting those needs.

A series of individual items will be asked of the respondents, to which the respondent will indicate how often they were: underfed, ill-clothed, lacking adequate shelter, lacking adequate supervision, lacking medical care, lacked nurturance, and lacked guidance. An answer of 'often', or 'very often' on any of the items will result in the individual being assessed as having experience childhood neglect.³

Administration of the Survey

Administration of this survey instrument required several decisions to be made regarding the relative costs and benefits of the methodologies to be used. Traditionally, research in this realm has relied heavily on face to face interviews, with sufficient amounts of time for a professional interviewer to gain rapport with the respondent. This has been considered of primary importance by many researchers due to the sensitive nature of the subject matter, the need for time to recall distant and unpleasant events, and the need for a trained interviewer to steer respondents through complex series of questions. In addition, that the interviews are to be conducted in correctional facilities introduced another level of concerns. For example, as noted by Weeks and Widom (in press), their interviews of convicted felons was conducted as inmates were being processed into a particular facility, in order to "reduce the possibility of contagion of knowledge about the research."

Thus, in order to devise an administration protocol for this particular study, it was necessary to confront several issues related to practical and methodological considerations. Integral to this consideration is the time frame and resources available to research team. Given the temporal parameters established by the granting agency, it will not be practical to conduct face to face interviews with the number of inmates required for statistical analysis of results. Conversely, there are serious concerns regarding implementing this survey in large group settings, particularly given the nature of the population being studied and the subject matter to be covered. Additional concerns include literacy levels in the subject population, privacy issues which could affect the health and safety of the subjects, and group dynamics during the survey administration.

In light of these concerns, the research team proposes to administer the survey instrument in small group settings,⁴ using a directed technique involving an interviewer reading the questions to the subjects, with responses to much of the instrument recorded on Scantron sheets contained in small paper 'privacy' shields. The interviewer will have at least two 'facilitators' assisting the

³ The specific wording of this series is under development, and will be finalized after the focus group phase of the study.

⁴ Group size will need to be a function of a number of factors, including: facilities available, logical units of subjects per institutional configuration, and recommendations of facility staff. The 'damage' a disruptive individual can produce is minimized in smaller groups, so that when possible group size will be restricted to between 10 to 20 subjects.

subjects during the course of the interview. This method of administration should minimize concerns regarding literacy, sensitive material and nature of the subject population.

Aids (i.e. overhead projections, placards, etc.) will be developed to facilitate this form of administration. Given this approach to the administration of the measurement instrument, the format of the instrument needed to reflect practical considerations of implementation and execution. The research team has developed an instrument design with regard to adapting the instrument for administration in this setting.

The instrument design to be used in this study is an adaptation of the Weeks and Widom (in press) interview schedule with items added from the U.S. Bureau of Justice Statistics Survey of Prisoners. The Weeks and Widom (in press) instruments will measure childhood abuse and neglect as well as the aspects of the respondents' family life and cultural setting during childhood. The Survey of Prisoners portions will address the elements of the respondents' education, family life, medical problems, mental health and offense history (a working draft of the questionnaire including indication of the sources of questions and a consent form is attached).

This design adaptation incorporates the core elements of the original instruments. Detailed loops developed to gain in depth information about the nature of the various experiences explored during the course of the survey will not be included in the group administered instrument. The study will incorporate those inquiries in a follow up interviews which will be administered during face to face interviews with a subsample of the subjects. The core group administered instrument will provide a detailed profile of the population, while the supplemental face-to-face interview will insure that important in-depth information necessary for the programmatic phase of this study will be available.

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