Assessment Issues in Child Abuse Evaluations

JOEL S. MILNER, WILLIAM D. MURPHY, LINDA A. VALLE, and RANDI M. TOLLIVER

Professionals have used a variety of techniques to evaluate offender characteristics thought to be related to child abuse. Current assessment approaches include the use of interviews, observations, general personality measures, offender-specific measures, and specialized risk assessment models. Offender evaluations are conducted for a variety of reasons, including screening for child abuse risk status, child abuse report confirmation, treatment planning, treatment evaluation, and prediction of reabuse. Unfortunately, as detailed here, supportive psychometric data are frequently lacking on the appropriateness of using available assessment techniques in various evaluation situations. Even when psychometric data exist, information is rarely available on the appropriateness of using different assessment techniques with demographically diverse populations.

Interview and observational techniques are universally used by child protective service providers and health professionals to assess parents. Consequently, this chapter begins with a description of these approaches and associated problems, including interviewer bias. Given the increasing use of general personality measures in child abuse assessment, particularly by psychologists (Straus, 1993), and the relatively recent development of offender-specific measures, this chapter focuses on some of the most frequently used general personality measures and specialized offender assessment techniques. In instances where multifactor scales exist, the review focuses on multifactor scales. In other instances, the review focuses on the measurement of specific constructs by single-factor measures. The review of assessment approaches concludes with a summary of recent work on the development of risk assessment models. In the discussion of each assessment method, when available, reliability and validity data are presented. To the extent
possible, data are presented on the correct classification rates of offender status (sensitivity), the correct classification rates of nonoffender status (specificity), the misclassification rates of offender status (false negative classifications), and misclassification rates of nonoffender status (false positive classifications).

INTERVIEWS

Typically, child abuse interview procedures attempt to assess offender characteristics (risk factors) using a question and answer format. Structured interviews are preferred because they tend to generate more reliable data than unstructured interviews. In structured interviews, information is gathered through a planned process, in a systematic effort to ask questions about different domains of interest (i.e., cognitive/affective and behavioral factors). In some cases, structured interviews are very specific and assess individual characteristics, such as depression (Hamilton Rating Scale for Depression, Hamilton, 1986) and how parents view their children (e.g., Altemeier, O'Connor, Vietz, Sandler, & Sherrod, 1982; Kelly, 1983; Murphy, Orkow, & Nicola, 1985).

The validity of the information obtained from a structured interview depends upon a variety of factors (Milner, 1991d). General training in interviewing techniques and specific training in the evaluation of the characteristics of interest (e.g., depression, parental expectations) are needed. The interviewer must establish rapport with the client and must adhere to the recommended interview structure, which at times may be difficult because the interview process is interactive. One criticism of interview procedures is that they frequently have lower levels of reliability and validity than do objective tests. Nevertheless, the interview process has the advantage of allowing for idiographic assessment, in that the interviewer can deviate from the planned format to obtain personality data unique to the individual.

In child abuse assessment, there is a paucity of research on the relative predictive power of specific interviewing procedures in offender evaluations. However, for more than 50 years, evidence has existed indicating that the information gathered and the decisions made in the interview process can be contaminated by interviewer bias (e.g., Rice, 1929). In addition, interactionist theory posits that responses to child abuse case data are socially constructed and are affected by many factors, including the characteristics of the observer (Hawkins & Tiedeman, 1975). As anticipated, research findings suggest that many factors unrelated to the abuse event can impact child abuse evaluations and/or reporting decisions.

For example, personal characteristics of the evaluator/interviewer account for a significant part of the variance in child abuse evaluations. In a national sample, Nuttall and Jackson (1994) found that professionals (i.e., clinical social workers, pediatricians, psychiatrists, and psychologists) who had been sexually and/or physically abused as children were more likely to believe allegations of child sexual abuse. In terms of personal beliefs about the veracity of children's reports of sexual abuse, Kendall-Tackett and Watson (1991) found that professionals who believed that children do not lie about sexual abuse, compared to those who were neutral in their beliefs, were more likely to be convinced that child sexual abuse had occurred. With respect to personal acceptance of corporal punishment, Morris, Johnson, and Clasen (1985) reported that physicians