

Psychologists and child psychological maltreatment severity assessment

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Abstract

Background: Psychological maltreatment (PM) is probably the most difficult child maltreatment form to detect and evaluate. The objective of this research was to determine the effect of an instrument developed to improve accuracy in the assessment of PM severity in Child Protection Services (CPS). **Method:** Case vignettes representing different severity levels of PM situations were used. 146 CPS psychologists participated in the study. A first group was made up of 115 psychologists who had been trained in the use of the instrument for 4 hours. The second group was made up of 31 psychologists who had been using the instrument for more than 12 months at the time of the study. Psychologists from the first group rated the severity of the vignettes in two ways: applying their own daily work criteria and applying the instrument after the training. **Results:** Accurate ratings clearly improved when psychologists used the instrument criteria. However, only psychologists who had used the instrument for more than 12 months at the time of the study obtained more than 80% of accurate ratings. **Conclusions:** Results support the importance for CPS psychologists to use psychological maltreatment severity assessment instruments and show the conditions under which they could be effective.

Keywords: child psychological maltreatment, child emotional abuse, severity assessment.

Resumen

Los profesionales de la psicología en la evaluación de la gravedad de las situaciones de maltrato psicológico infantil en la familia. Antecedentes: el maltrato psicológico en la familia es una de las tipologías de maltrato infantil que presenta mayores dificultades para su identificación y evaluación. El objetivo de esta investigación fue conocer el efecto de un nuevo instrumento diseñado para mejorar la valoración de la gravedad de situaciones de maltrato psicológico en los Servicios de Protección Infantil (SPI). **Método:** se utilizaron doce viñetas que representaban situaciones de maltrato psicológico de diferente gravedad. El estudio se realizó con 146 psicólogos de SPI. Un primer grupo (n = 115) calificó la gravedad de las viñetas antes y después de recibir formación básica sobre el instrumento. Un segundo grupo (n = 31) llevaba ya más de doce meses utilizándolo. **Resultados:** los resultados mostraron un claro incremento en el porcentaje de psicólogos que calificaron correctamente las viñetas cuando utilizaron el instrumento en comparación a sus criterios previos. Sin embargo, solo alcanzaron un 80% de calificación correcta los profesionales que llevaban más de doce meses utilizándolo en su actividad profesional. **Conclusiones:** los resultados apoyan la importancia de que los psicólogos de SPI dispongan de instrumentos que les ayuden a valorar la gravedad del maltrato psicológico y muestran las condiciones en que pueden resultar eficaces.

Palabras clave: maltrato psicológico infantil, gravedad.

Despite evidence suggesting that psychological maltreatment in the family may be the most prevalent and damaging form of child maltreatment, and the most challenging to detect and address, it has received relatively little attention from researchers, policy makers and professionals working in the child protection field.

Psychological maltreatment includes acts of omission and commission, occurs in isolation or associated to other forms of maltreatment, and can include a repeated pattern or extreme incident(s) of caregiver behavior. Since the definition by the American Professional Society on the Abuse of Children (1995), there is a great consensus that psychological maltreatment includes parental behaviors such as rejecting, isolating, corrupting, terrorizing, spurning, and lack of affection, protection and love

(Brassard & Donovan, 2006). More recently, exposure to domestic violence or to adult intimate partner violence has been included as a form of psychological maltreatment (Committee on the Rights of the Child, 2011; Hibbard et al., 2012).

Research has identified a broad spectrum of negative effects of child psychological maltreatment across the life span, including emotional, behavioral, social, cognitive and physical problems (Brassard & Donovan, 2006; Hart et al., 2011; Norman, Byambaa, Butchart, Scott, & Vos, 2012; Yates, 2007). These problems can appear at early infancy, or emerge at later stages. Frequently, negative effects persist throughout childhood, adolescence, and adulthood. Nevertheless, not every child or adult who experienced psychological maltreatment in childhood will present the same harmful effects. Child factors (e.g., temperament, innate skills and capacities, personal characteristics) as well as those of the environment (e.g., access to social support and to a caring adult, co-occurrence of other forms of maltreatment, other family problems) act as moderating variables that either counteract the potential negative effect of the maltreatment or strengthen its negative effects (Egeland, 2009; Glaser, 2011; Iwaniec, Larkin,

& Higgins, 2006). Despite the impossibility of establishing direct, unavoidable, and one-directional causes between a single experience and child development (Garbarino, 2011), it can be stated that psychological maltreatment in childhood constitutes a significant risk factor for the onset of serious and long-lasting emotional, social and cognitive problems.

Even when it occurs in isolation, research has shown that the effects of psychological maltreatment are as severe, and sometimes more severe, than physical abuse, sexual abuse, or neglect. But psychological maltreatment often coexists with other forms of maltreatment, and is recognized as the core issue and the probable main influence of the most damaging and persistent sequelae of all maltreatment. In most cases of physical or sexual abuse or of physical neglect, it is not the physical act that causes significant harm to the child, but the emotional component that accompanies the abusive behavior and the emotional meaning attributed by the child to such behavior (Garbarino, 2011; Garbarino, Guttman, & Seeley, 1986; Hart et al., 2011; O'Dougherty-Wright, Crawford, & Del Castillo, 2009).

Psychological maltreatment poses many challenges for researchers and professionals. Among them are the difficulties to define, identify, and assess its severity, or to establish the threshold for Child Protection Services (CPS) intervention (Baker, 2009; Brassard & Donovan, 2006; Glaser, Prior, Auty, & Tilki, 2012; Hart et al., 2011). Literature about evidence-based preventive or treatment interventions is also scarce (Barlow & Schrader-MacMillan, 2009; Hart et al., 2011), particularly when compared to other forms of maltreatment (e.g., Guastaferrro, Lutzker, Graham, Shanley, & Whitaker, 2012; Olds, 2012; Urquiza & Timmer, 2012).

The differentiation between poor/dysfunctional parenting and maltreatment within the parental behavior continuum is a key issue for the definition, identification and assessment of psychological maltreatment (Glaser, 2011; Slep, Heyman, & Snarr, 2011; Wolfe & McIssac, 2011). As noted by Garbarino (2011), not all inappropriate parenting behaviors have to be considered maltreatment. Several studies have shown that parental behaviors such as shouting, insulting, or threatening the children are common, with percentages ranging between 45 and 86% across studies (Dunne et al., 2009; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Wolfe & McIssac, 2011). Findings show that such behaviors are perpetrated and experienced in mild or moderate forms—albeit intermittently—by most people. According to findings from retrospective studies with adults from the general population, approximately 30% may have experienced such behaviors repeatedly during childhood, and between 4–15% have experienced them in their more severe, chronic, and potentially harmful forms (Binggeli, Hart, & Brassard, 2001; Gilbert et al., 2009; Hart & Glaser, 2011; May-Chahal & Cawson, 2005). There is considerable agreement that the term psychological maltreatment should be restricted to more serious cases (Glaser, 2011; Slep et al., 2011; Wolfe & McIssac, 2011).

Professionals working in CPS need to have common and clear criteria to identify cases of psychological maltreatment and to differentiate levels of severity in order to determine when CPS intervention is required, its nature and urgency, and, in Spain, the service that will be in charge of the case (community or specialized CPS). Such criteria are particularly important for psychologists, who significantly contribute to decision-making in child psychological maltreatment cases through the assessment of core issues as the emotional, social or cognitive status of the child

and their parents, and the nature and quality of the parent-child relationship.

Findings of a previous study carried out in Spain with two independent samples of 515 and 168 CPS caseworkers showed very low percentages of caseworkers who accurately rated the severity level of eight case vignettes reflecting hypothetical situations of psychological maltreatment (Arruabarrena & De Paúl, 2011). In another study, the effect of a new instrument (Balora instrument), which provided more specific criteria to assess maltreatment severity, was analyzed. Three groups of 515, 137, and 94 CPS caseworkers participated in the study. The instrument did not help caseworkers to assess the level of severity of the psychological maltreatment case vignettes more accurately. Percentages of accurate ratings and inter-worker agreement remained low and were not related to the number of hours of training (5, 10, or 20) that CPS caseworkers received with the instrument, their degree of experience, or their professional discipline (Arruabarrena & De Paúl, 2012).

Several hypotheses were proposed to explain such findings, as the difficulties inherent to the definition and assessment of psychological maltreatment, deficiencies of the vignettes used, or limitations of the instrument itself. Consequently, the psychological maltreatment scales of the instrument were revised and modified (Arruabarrena, 2011).

The present study was designed in order to explore: (a) whether the modifications included in the psychological maltreatment scales of the Balora instrument allow CPS psychologists to achieve better percentages of accuracy in the assessment of child psychological maltreatment severity, and (b) the relationship between CPS psychologists' degree of knowledge and familiarization with the instrument and percentages of accurate ratings.

Method

Participants

An expert group, comprised by six psychologists with extensive experience and training in child maltreatment assessment and intervention, participated in the preparation of the instruments to be used in the study (see Instruments section). Members of the expert group were selected by the research team.

A total amount of 146 psychologists working in CPS participated in this study. The first group comprised 115 CPS psychologists (Group 1) from the same Spanish region, who investigate and assess child maltreatment cases in their daily work with the criteria provided by their own services. The second group was made up of 31 CPS psychologists (Group 2) from another Spanish region who had received training in the Balora instrument and who had a minimum of 12 months of daily practice with the instrument. We requested the collaboration of CPS managers to help us identify these professionals and ask them to participate in the research. Main socio-demographic characteristics of both groups are presented in Table 1.

Instruments

Balora instrument. The Balora instrument was developed in order to help Spanish CPS caseworkers to assess the severity of child maltreatment. Information about the development and the original version of the instrument can be found in Arruabarrena

& De Paúl (2012). The psychological maltreatment scales of the original version were later modified. Their final version in the Balora instrument included four scales: Emotional abuse, Manipulation in conflicts between parental figures, Exposure to family violence, and Threat of harm (Arruabarrena, 2011). Each scale includes one or more descriptors for each level of severity (low, moderate, severe, and very severe).

Case vignettes. Based on information from real case files, 12 case vignettes describing situations corresponding to each one of the severity levels of the three psychological maltreatment typologies analyzed in the present study (Emotional abuse –EA–, Manipulation in conflicts between parental figures –MC–, and Exposure to family violence –EXP–) were developed. The case vignettes were randomized and grouped into four booklets, each one of which had one vignette of each typology. The booklets were sent to each member of the expert group over successive weeks. Members of the expert group were provided with information about the typology of maltreatment described by each vignette, but not about the level of severity assigned by the research team. Each expert independently classified the severity level of the vignettes according to the criteria of the Balora instrument and sent their classification to the research team. The vignettes in which the expert group did not reach a 100% agreement were analyzed by the research team, modified, and resent for reclassification. This process was repeated as often as necessary until a 100% agreement was achieved concerning the severity level assigned to each one of the 12 vignettes. This severity level was considered “accurate.”

Next, four new booklets of case vignettes were prepared, each one containing three vignettes, one of each typology. The presentation order of the typologies was identical in all the booklets, varying the severity level, which was counterbalanced. A response sheet format was prepared to register the severity level assigned to each vignette, as well as an additional form to gather information about socio-demographic characteristics of the participants.

Procedure

The 115 CPS psychologists from Group 1 voluntarily attended a 4-hour training session on the Balora instrument. Two sessions conducted by a member of the research team were held in two

different cities. Each participant received a booklet of case vignettes and was asked to rate the severity of each vignette (a) at the beginning of the training session, applying the criteria used in their daily work (Condition A), and (b) at the end of the training session, applying the criteria of the Balora instrument (Condition B).

The 31 CPS psychologists from Group 2 were contacted directly by the research team to request their participation in the study, which consisted of classifying the level of severity of the 12 vignettes using the Balora instrument. The research was carried out over four weeks. Each week, the participants received a booklet of vignettes the severity of which they had to rate and send their responses back to the research team.

Data analysis

To perform statistical comparisons of percentages, z-tests for two proportion analyses were used. As a large number of comparisons were performed, Bonferroni correction was used to calculate statistical significance, which was set at $p < .001$.

Results

Percentages of accurate ratings for each one of the four severity levels of each typology of psychological maltreatment and for the four severity levels conjointly are presented in Table 2. Participants were considered to make an accurate rating when assigning the same severity level as that established by the expert group.

Table 2 shows that in all three typologies of psychological maltreatment and in most of the severity levels, percentages of accurate ratings were low (in most cases, lower than 50%) when the severity of case vignettes was rated using CPS psychologists’ previous criteria. Particularly noteworthy were the low levels of accurate ratings obtained for the MC very severe (28.6%) and the EXP moderate (28.1%) and very severe (15.0%) case vignettes. A more detailed analysis of the ratings obtained for these case vignettes did not reveal a common pattern of deviation; whereas in the first and third vignettes, CPS psychologists who did not classify them accurately distributed them diversely among the remaining severity levels, a remarkable percentage of them rated the second vignette in the next higher severity level.

Except for some vignettes, percentages of accurate ratings increased when participants used the criteria of the Balora instrument after a 4-hour training session (differences in Group 1 between Condition A and Condition B). Nevertheless, only the group of CPS psychologists who used the criteria of the instrument after an interval of more than 12 months of familiarization (Group 2) reached satisfactory percentages of accurate ratings (higher than 80%).

Taking together all the case vignettes of psychological maltreatment, z-tests revealed a statistically significant higher percentage of accurate ratings by CPS psychologists from Group 2 in comparison to CPS psychologists from Group 1, Condition A and Condition B. Considering each typology separately, only for one of the three typologies (EXP) z-tests revealed statistically significant increases in the percentage of accurate ratings by CPS psychologists from Group 1 when using the Balora instrument as compared with their previous criteria. Differences between the group of participants who used the instrument after the 4-hour training (Group 1, Condition B) and the group of participants who had used it for more than 12 months (Group 2) were significant

Table 1
Characteristics of participants

	Group 1 (N = 115) n (%) / M (SD)	Group 2 (N = 31) n (%) / M (SD)
Gender		
Female	83 (72.2)	25 (80.6)
Male	32 (27.8)	6 (19.4)
Type of service		
Community CPS	79 (72.5)	15 (50.0)
Specialized CPS	29 (26.6)	14 (46.7)
Both	1 (0.9)	1 (3.3)
Exclusive dedication to CPS		
Yes	81 (77.1)	24 (88.9)
No	24 (22.9)	3 (11.1)
Age (years) ^a	42.7 (6.9)	36.2 (6.3)
Experience in CPS (years) ^a	9.4 (6.0)	7.5 (4.7)
^a Mean (SD)		

for two typologies of psychological maltreatment: EA and MC. However, differences between the group of participants using their previous criteria (Group 1, Condition A) and the participants with more than 12 months of familiarization with the instrument (Group 2) were significant in all three typologies of psychological maltreatment and in most of the severity levels (8 out of the 12 vignettes) of the three typologies. Particularly remarkable is the low level of accurate ratings found in the latter group of participants (Group 2) for the EXP very severe vignette, which derived from the large number of participants (35.5%) who did not rate this vignette because they considered that it did not provide enough information.

With a few exceptions, percentages of accurate ratings of the severity level by the group of CPS psychologists who used the Balora instrument after prolonged familiarization with it (Group 2) were clear and significantly higher than the percentages of accurate ratings by the group of CPS psychologists who used the instrument after receiving basic training but no further familiarization with its use (Group 1, Condition B). None of the three typologies of psychological maltreatment achieved 80% of accurate ratings by CPS psychologists that could be considered satisfactory, either using previous criteria or the criteria proposed by the Balora instrument after a 4-hour training session.

Conclusions

This research focused on one of the most relevant issues that CPS psychologists have to assess in their daily work –the

severity of maltreatment experienced by a child or adolescent in the family– and on one of the most frequent and devastating forms of maltreatment, where such an assessment presents greater difficulty.

Findings of the present study support previous studies conducted in Spain (Arruabarrena & De Paúl, 2011; Molina, 2012) and in other countries (Gambrill, 2008; Munro, 2008) that identify errors and lack of consistency as a frequent problem in the assessment processes performed by CPS caseworkers in child maltreatment cases.

In general, the results show that the use of the Balora instrument significantly improves the severity assessment of hypothetical situations of child psychological maltreatment made by CPS psychologists. Such an increase occurs even with basic knowledge and limited familiarization with the instrument, although a stricter analysis only shows a statistically significant effect in CPS psychologists who have more knowledge and who are thoroughly familiar with the instrument. This latter group of psychologists reaches very satisfactory percentages of inter-worker agreement and accurate ratings, nearing or exceeding 80% in most of the case vignettes used for this research.

CPS caseworkers participate in decisions that decisively affect the present and future of the children, adolescents and families involved. Psychologists play an essential and central role in the decisions ultimately adopted by CPS and the courts in cases of child psychological maltreatment, as highlighted by professional organizations (American Professional Society on the Abuse of Children, 1995; American Psychological Association,

Table 2
Percentage of CPS psychologists who accurately rated the severity level of psychological maltreatment vignettes (Psychologists-Experts agreement)

	Group 1A Previous criteria	Group 1B Balora inst. criteria	Group 2 Familiarization with Balora inst.	Significant group differences (p<.001)
Emotional abuse (EA)				
Low	39.4	68.8	87.1	1a-2 ($z = -4.58$)
Moderate	42.9	33.3	89.6	1a-2 ($z = -3.82$); 1b-2 ($z = -4.79$)
Severe	51.9	63.0	80.6	
Very severe	61.8	76.5	69.0	
Total	49.6	63.2	81.7	1a-2 ($z = -5.49$); 1b-2 ($z = -3.23$)
Manipulation in conflicts (MC)				
Low	46.2	38.5	70.1	
Moderate	47.1	50.0	93.5	1a-2 ($z = -4.81$); 1b-2 ($z = -4.50$)
Severe	45.5	54.5	86.7	1a-2 ($z = -3.90$); 1b-2 ($z = -3.05$)
Very severe	28.6	50.0	64.3	
Total	43.0	48.7	79.2	1a-2 ($z = -6.06$); 1b-2 ($z = -5.00$)
Exposure to family violence (EXP)				
Low	53.1	64.7	93.3	1a-2 ($z = -4.05$); 1b-2 ($z = -3.05$)
Moderate	28.1	65.6	83.9	1a-1b ($z = -3.24$); 1a-2 ($z = -5.42$)
Severe	15.0	73.7	96.5	1a-1b ($z = -4.59$); 1a-2 ($z = -9.23$)
Very severe	50.0	60.0	45.2	
Total	39.2	65.4	79.3	1a-1b ($z = -3.97$); 1a-2 ($z = -6.67$)
Total psychological maltreatment				
Low	46.1	58.7	83.7	1a-2 ($z = -5.79$); 1b-2 ($z = -3.95$)
Moderate	39.1	51.7	89.0	1a-2 ($z = -8.08$); 1b-2 ($z = -5.93$)
Severe	40.0	62.0	87.8	1a-2 ($z = -7.38$); 1b-2 ($z = -3.99$)
Very severe	51.3	64.6	59.1	
Total	44.0	59.1	80.1	1a-2 ($z = -6.11$); 1b-2 ($z = -3.57$)

2013). The results of the present research support the need for CPS psychologists to have instruments that help them in the investigation and assessment of psychological maltreatment cases and to receive specific training in the use of such instruments. But that alone is not enough. A more prolonged process to obtain a deeper knowledge of and familiarization with the instrument is needed to achieve its maximum effectiveness, as also noted by Glaser et al. (2012)

The potential utility of an instrument like that presented in this research is not limited to CPS psychologists, but also includes psychologists from other services, for example, mental health, educational or judicial services, who detect and frequently collaborate in the investigation and assessment of child maltreatment cases.

Obviously, such an instrument does not solve all the problems that make the investigation and assessment of child psychological maltreatment so complex. This instrument provides criteria about which variables to focus on when collecting information and helps to classify such information. But it should be complemented with

other guidelines and instruments that help in the observation and collection of data concerning parental behavior, the characteristics of the parent-child relationship, and the psychological status of the child, as well as rigorous knowledge of the potential short-, medium-, and long-term negative effects of certain parental behaviors and relational patterns on child well-being and development.

This research presents some limitations that should be taken into consideration when interpreting its results. Among them, it was carried out with case vignettes and in an artificial context, outside of the habitual work context of CPS caseworkers. If possible, it would be important for future studies to attempt to test the functioning of this instrument by applying it to real cases and in the real context of CPS.

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