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PREVIEW

RELIABILITY, VALIDITY, AND FACTOR STRUCTURE OF THE
PSYCHOLOGICAL ABUSE AND NEGLECT SCALES OF THE COMPUTER
ASSISTED MALTREATMENT INVENTORY (CAMI)

by

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A DISSERTATION

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The Graduate College at the University of Nebraska-Lincoln

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For the Degree of Doctor of Philosophy

Major: Clinical Psychology

Under the Supervision of Professor David DiLillo

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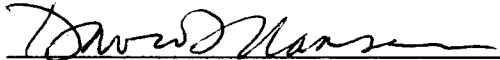
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RELIABILITY, VALIDITY, AND FACTOR STRUCTURE OF THE
PSYCHOLOGICAL ABUSE AND NEGLECT SCALES OF THE COMPUTER
ASSISTED MALTREATMENT INVENTORY (CAMI)

Cindy L. Nash, Ph.D.

University of Nebraska - Lincoln, 2005

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The National Research Council (1993), called for the development of clear definitions of neglect and psychological abuse to increase our knowledge base. In order to accomplish this task, psychometrically reliable and valid measures, based on sound theoretical and conceptual frameworks, must be utilized. Towards that end, the Computer Assisted Maltreatment Inventory (CAMI) was developed. The CAMI is a retrospective self-report measure that assesses adults for multiple forms of child abuse (i.e., sexual, physical, psychological, neglect, witnessing domestic violence). The primary objective of the current study was to examine the psychometric properties of the CAMI Psychological Abuse and Neglect subscales.

Exploratory factor analyses (EFA) identified five subcategories that may help to operationalize and define the term psychological abuse. The CAMI Psychological Abuse scale was administered to two different samples and the resulting factor structures were nearly equivalent across the two samples. Represented in the factor structures were items that depict Emotional Responsiveness, Terrorizing/Spurning, Isolating, Demanding/Rigid, and Corrupting parental behaviors. Alpha coefficients were within acceptable limits and results suggested that the factors were internally sound.

The results of EFA using the data generated from the CAMI Neglect scale were less clear cut. Several subcategories of neglect were identified in the two samples including Safety Concerns, Basic Needs Neglect, Cleanliness, Medical/Educational Neglect, and Supervisory Neglect. However, results suggested that many of the factors were not internally sound and were difficult to interpret.

Operationalizing and defining the subcategories of psychological abuse and neglect will help to disentangling the relationship between these two forms of child abuse and other forms of child maltreatment. Along those lines, clear definitions of all forms of child maltreatment will aid in the development of effective interventions and treatment approaches. Knowing the problematic behavior will help to pinpoint specific targets for change. This also makes clear the value of developing psychometrically sound instruments such as the CAMI so that comprehensive assessments can be accomplished.

PREVIEW

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Reliability, Validity, and Factor Structure of the Psychological Abuse and Neglect Scales of the Computer Assisted Maltreatment Inventory (CAMI)

Overview of the Present Study

Over the past 40 years professionals have struggled to reach a consensus regarding what constitutes child maltreatment. Even with sexual and physical abuse, the two subtypes of child maltreatment that have received the most research attention, it is sometimes difficult to make a distinction between inappropriate and harmful. For example, at what point does nudity in the home become sexual abuse, and is spanking a child harmful? These distinctions are particularly unclear when talking about psychological maltreatment and neglect. To illustrate, ignoring and yelling are two parenting strategies that most parents engage in at one time or another. Indeed, ignoring misbehaviors in children is often the best approach to discouraging unwanted behaviors. At the other end of the spectrum, however, is the parent who not only ignores minor misbehaviors but also emotionally detaches and may even fail to provide for the child's basic needs. In the case of yelling, even the most competent and caring parent changes the tone and volume of his or her voice in order to gain compliance from the child. Unfortunately, there are also parents who loudly and constantly berate their children with hostile and cruel sentiments. These are the extremes on a continuum and are easily identified as such, but it is unclear at what point parenting changes from acceptable to inappropriate to harmful.

In recent years sensational media accounts of parents refusing medical treatment for their children, locking their children in small rooms or cages, or leaving young children unattended for long periods of time with devastating consequences, have served

to increase public awareness of neglect and psychological maltreatment. Nonetheless, there has been comparatively less interest shown by the scientific community regarding these two forms of abuse. This is surprising given that of the 1 million annual cases of confirmed child abuse, approximately 70% involve psychological abuse and neglect (USDHHS, 2002). Furthermore, existing research suggests that these two forms of child maltreatment may be associated with even greater short and long-term consequences than are other forms of child maltreatment (see Claussen & Crittenden, 1991; Hart, Brassard, Binggeli, & Davidson, 2002).

Why the lack of research interest? The most obvious reason is that other forms of abuse (i.e., physical and sexual abuse) consist of more clearly definable acts that often result in immediate and observable harm to the child, while psychological maltreatment and neglect are more challenging to define with effects that may emerge gradually and are difficult to identify. Making the task of measuring these constructs even more complicated is the fact that these forms of maltreatment seldom occur in isolation. Garbarino, Guttman, and Wilson-Seeley (1986) write, "Rarely if ever does a child experience physical abuse or neglect, or sexual assault or exploitation, in a relationship that is positive and nurturing" (p. 8).

The topics of psychological abuse and neglect have not been completely ignored, however. In a special issue of *Child Abuse and Neglect* (1999, v. 23), devoted to promoting the elimination of child abuse, Chadwick (1999) recommended that the first steps should be agreeing upon consistent definitions of all forms of abuse including neglect and psychological abuse and developing sound measurement tools. Towards that end, in an earlier issue of *Development and Psychopathology* (1991, v. 3) researchers

were challenged to explore the differing models and measurement strategies of psychological abuse and neglect. It was noted that because these two forms of abuse have received comparatively less attention in the child maltreatment literature, definitions tend to be conflicting and overlapping, which has contributed to inconsistent findings. Part of the problem is that, like all forms of maltreatment, different definitions of psychological abuse and neglect are employed by various professions that deal with maltreatment, including psychiatric clinical practice and research, law and the court system, and social policy. This lack of consensus hinders the accurate estimation of prevalence rates and makes comparisons across studies very difficult (Giovannoni, 1991; McGee & Wolfe, 1991; Miller-Perrin & Perrin, 1999; Toth, 1991). Cicchetti (1991) advises that developing precise definitions and appropriate strategies for the measurement of neglect and psychological abuse would facilitate a better evaluation of how these two forms of child maltreatment relate to immediate and long-term development. This information is important because child maltreatment policy has historically relied on research and theory to guide prevention and intervention efforts.

As noted, there is a concern that the measurement strategies used in child maltreatment research are not always based on sound measurement theory and practice. Despite repeated calls for psychometric research (see National Research Council, 1993; NIH Program Announcement # PA-01-060, 2001), there are indications that child maltreatment researchers frequently use measures that have not been empirically tested. Moreover, descriptions of the measures utilized, in some cases, provide few clues regarding the researcher's conceptualization or theory. Given the inconsistencies that exist between models of maltreatment, consumers of research are left to wonder what is

actually being measured. Additionally, recent studies suggest that the common practice of depending upon Child Protective Services (CPS) and court records to identify child maltreatment victims may be the least reliable (McGee, Wolfe, Yuen, Wilson, & Carnochan, 1995). McGee et al. base this argument on their finding that self-report measures of abuse severity were more predictive of current functioning than were CPS determinations or court records. This suggests then that retrospective surveys may measure child maltreatment more accurately, though additional investigation is warranted, especially with regards to socially desirable responding tendencies.

In an attempt to address these issues, the Computer Assisted Maltreatment Inventory (CAMI; Nash, DiLillo, Messman-Moore, & Rinkel, 2002) was developed. The CAMI is a Web-based, self-report measure designed to assess a broad range of childhood maltreatment experiences (i.e., sexual abuse, physical abuse, witnessing domestic violence, psychological abuse, and neglect). The CAMI was designed to administer to adults, who report retrospectively about potentially abusive childhood experiences. The CAMI utilizes behaviorally specific actions of caregivers that are frequently defined as abusive in the child maltreatment literature as well as variables such as age, frequency, duration, and relationship to the perpetrator.

The CAMI is unusual for several reasons. First, it covers a wide-range of child maltreatment issues, which is something not often seen in the literature. The CAMI also asks respondents about other aversive or traumatic situations that can occur in childhood, (e.g., living with a parent with mental illness or a substance abuse problem), which can impact long-term functioning. Furthermore, the CAMI was created using computer technology that allows participants to complete the measure without having to follow

complicated skip or branching patterns (e.g., “If you answered NO to question 2 turn to page 34, otherwise turn to the following page”). This technology allows the respondent to complete the survey in a relatively short amount of time despite the breadth of material covered.

The present study has two objectives. The first is to introduce the CAMI as a new measure designed to assess child maltreatment retrospectively in adult populations. However, the main focus of this project is to evaluate the psychometric properties of two subscales of the CAMI: Psychological Abuse and Neglect. Test-retest reliability and the internal consistence will be evaluated for both scales. Additionally, exploratory factor analyses will be conducted using both a college sample and a community sample in order to establish the factor structure of each scale. It is thought that the resulting models will aid in the on-going process of operationally defining these two constructs as well establishing the CAMI Psychological Abuse and Neglect scales as psychometrically sound subscales.

To provide a framework for the present study, prevalence rates of psychological abuse and neglect are presented along with a review of the literature outlining the challenges in defining and operationalizing these two particularly insidious forms of child maltreatment. Additionally, the negative impact of psychological abuse and neglect is discussed, followed by a description of research utilizing an array of existing measurement practices.

Prevalence of Child Maltreatment

Almost from the beginning of mandatory reporting, child abuse reports overwhelmed CPS and law enforcement agencies across the country. From the early

1970s until the mid 1990s reported cases of child abuse increased by 10% each year (Finkelhor, 2002). Despite the enormous number of complaints filed every year, pinpointing the actual prevalence of child maltreatment is nearly impossible. It is widely held that, despite reporting standards, many professionals do not report either because they do not trust that adequate services will be implemented (Melton, 2005) or because they are uncertain of their own ability to accurately recognize abuse (Flaherty, Jones, & Sege, 2004). Furthermore, it is thought that estimating the actual prevalence of child maltreatment is not feasible because many cases do not come to the attention of anyone outside of the family (Miller-Perrin & Perrin, 1999).

Keeping this information in mind, the United States Department of Health and Human Services (USDHHS) reported that 903,000 children were victims of child abuse and neglect in 2001. Approximately 60% of these cases involved neglect; 18.6 % physical abuse; 9.6 % were sexual abuse; and 6.8 % psychological maltreatment. An additional 19.5 % of cases fell under an “other” category of maltreatment. Contributing to the confusion, the types of abuse falling into the “other” category varies from state to state. For example, “Abandonment, threats of harm and congenital drug addiction” are defined as “other” in some States (USDHHS, 2002, p. 21).

Defining and Operationalizing Psychological Abuse and Neglect

Given that the majority of confirmed cases of child abuse in the U.S. involve either neglect, psychological abuse, or both, it becomes increasingly clear that defining and identifying psychological abuse and neglect is an important task. Because we continue to struggle with conceptual and definitional issues, our social awareness of the problem lags behind as well. Cicchetti (1991) reminds us that, “...by approaching

questions such as these from a sound base of knowledge, we will be in a position to make decisions more effectively regarding the needs of children, families, and society as a whole” (p. 2).

Psychological Abuse.

Psychological abuse has an intangible quality that makes conceptualizing the construct challenging (Hamarman, Pope, & Czaja, 2002). What complicates the task of defining psychological abuse is that from time to time all parents engage in interactions with their children that can be less than beneficial. All parents are guilty of saying something, interfering, or even emotionally withdrawing when they should not. Thus, professionals in the field of child maltreatment must grapple with identifying where the line should be drawn between occasional parental error in judgment and actual psychological abuse or neglect. For these reasons, Miller-Perrin and Perrin (2002) suggest that “Psychological maltreatment may be the most difficult form of child maltreatment to define” (p. 177).

At the most basic level of the discussion is the issue of terminology. Terms such as *emotional abuse*, *mental abuse*, *emotional maltreatment*, *coercive response*, *verbal aggression*, *verbal/symbolic aggression*, *emotional invalidation*, *parental threat*, and *psychological maltreatment* have all appeared in the child abuse literature (Vissing, Straus, Gelles, & Harrop, 1991). These terms are used as if they are synonymous, but upon closer inspection they may reflect different forms of a broader concept. For example, emotional invalidation can be accomplished with little or no verbal aggression. Consistently ignoring a child invalidates his or her sense of self without the parent uttering a word. Parental threat can take many forms including verbal aggression. “I will

put that toy away if you continue to throw it in the house,” is a threat, but something quite different from “I will beat you until you can’t sit if you throw that again.”

Of late, the term “psychological maltreatment” tends to dominate the child maltreatment literature. Hart, Brassard, Binggeli, and Davidson (2002) explain that, “The term psychological maltreatment is preferred because it denotes a category that is sufficiently broad to include both the cognitive and affective (psychological) meanings of maltreatment as well as perpetrator acts of both commission and omission ” (p. 79). McGee and Wolfe (1991a) agree, saying “it [psychological maltreatment] subsumes both psychologically abusive, as well as psychologically neglectful care giving behaviors” (p. 3). Thus, for the remainder of this discussion, the terms psychological maltreatment or psychological abuse will be used to signify this broad construct.

Establishing agreed upon terminology is only part of the challenge. Researchers lament that creating adequate definitions is the biggest stumbling block to advances in studying this form of child abuse (Hart et al., 2002; O’Hagen, 1995). Over the past twenty years, investigators have struggled with the difficult task of describing caregiver actions that, in some cases, are only subtle in nature and in many cases, are never seen outside the home. Nonetheless, through a series of discussions and debates, a number of researchers have taken on the task. Based upon the discussions at the 1983 International Conference on Psychological Abuse of the Child, Baily and Baily (as referenced in Claussen & Crittenden, 1991; Hart & Brassard, 1991) surveyed 200 child protection and research professionals asking for definitions of parental psychologically abusive behaviors. Their responses were clustered into 18 categories that proved, in the end, to be too overlapping and unwieldy (Hart & Brassard, 1991).

Soon thereafter, Garbarino et al. (1986) proposed categories that were meant to reveal the nature of psychological abuse. Their conceptualization is reflected in the following statements.

In our definition, psychological maltreatment is a concerted attack by an adult on a child's development of self and social competence, a pattern of psychically destructive behavior, and it takes five forms:

1. rejecting- refusing to acknowledge the child's worth
2. isolating – purposely cutting the child off from normal social interactions
3. terrorizing – verbally assaulting the child
4. ignoring – depriving the child of essential stimulation and responsiveness
5. corrupting – socializing the child in a way that encourages antisocial behavior.

(p. 8)

Hart and Brassard (1986, 1989-1991) proposed a similar set of categories along with operational definitions that are often cited in the literature. Like Garbarino et al. (1986), Hart, et al. (2002) stress that psychological abuse is, “A repeated pattern or extreme incident(s) or conditions. . . [that] constitute psychological maltreatment. Such conditions convey the message that the child is worthless, flawed, unloved, endangered, or only valuable in meeting someone else's needs” (p. 81). Hart et al. (2002) suggest that psychological abuse by caregivers can be divided into the following six types:

1. Spurning (Hostile Rejecting/Degrading) includes verbal and nonverbal caregiver acts that reject and degrade a child. Spurning includes the following:

- Belittling, degrading, and other nonphysical forms of overtly hostile or rejecting treatment.

- Shaming and/or ridiculing the child for showing normal emotions such as affection, grief, or sorrow
- Consistently singling out one child to criticize and punish, to perform most the household chores, or to receive fewer rewards
- Public humiliation

2. Terrorizing includes caregiver behavior that threatens or is likely to physically hurt, kill, abandon, or place the child or the child's loved ones or objects in recognizably dangerous situations. Terrorizing includes the following:

- Placing a child in unpredictable or chaotic circumstances
- Placing a child in recognizably dangerous situations
- Setting rigid or unrealistic expectations with the threat of loss, harm, or danger if they are not met
- Threatening or perpetrating violence against the child
- Threatening or perpetrating violence against a child's love ones or objects

3. Isolating includes caregiver acts that consistently deny the child opportunities to meet needs for interacting or communicating with peers or adults inside or outside the home. Isolating includes the following:

- Confining the child or placing unreasonable limitations on the child's freedom of movement within his or her environment
- Placing unreasonable limitations or restrictions on social interactions with peers or adults in the community

4. Exploiting/Corrupting includes caregiver acts that encourage the child to develop inappropriate behaviors (self-destructive, antisocial, criminal, deviant, or other maladaptive behaviors). Exploiting/Corrupting includes the following:

- Modeling, permitting, or encouraging antisocial behavior (e.g., prostitution, performance in pornographic media, initiation of criminal activities, substance abuse, violence to or corruption of others)
- Modeling, permitting, or encouraging developmentally inappropriate behavior (e.g., parentification, infantilization, living the parent's unfulfilled dreams)
- Encouraging or coercing abandonment of developmentally appropriate autonomy through extreme over involvement, intrusiveness, and/or dominance (e.g., allowing little or no opportunity or support for child's views, feelings, and wishes; micromanaging child's life)
- Restricting or interfering with cognitive development

5. Denying emotional responsiveness (Ignoring) includes caregiver acts that ignore the child's attempts and needs to interact (failing to express affection, caring, and love for the child) and show no emotion in interactions with the child.

Denying emotional responsiveness includes the following:

- Being detached and uninvolved through either incapacity or lack of motivation
- Interacting only when absolutely necessary
- Failing to express affection, caring, and love for the child

6. Mental health, medical, and educational neglect includes unwarranted caregiver acts that ignore, refuse to allow, or fail to provide the necessary treatment for the mental health, medical, and educational problems or needs of the child.

Mental health, medical, and educational neglect includes the following:

- Ignoring the need for, failing, or refusing to allow or provide treatment for serious emotional/behavioral problems or needs of the child.
- Ignoring the need for, failing, or refusing to allow or provide treatment for serious physical health problems or needs of the child.
- Ignoring the need for, failing, or refusing to allow or provide treatment for serious educational problems or needs of the child (p. 82).

One of the criticisms of this conceptualization is that several behaviors normally thought of as neglectful (i.e., failing to provide for the basic needs of the child) appear to be subsumed under the broad definition of psychological maltreatment, making it difficult to distinguish between psychological abuse and what is commonly thought of as neglect. McGee and Wolfe (1991a) noted that psychological abuse must be uniquely defined in order to determine the influence of its impact relative to other forms of abuse.

McGee and Wolfe's (1991a) conceptualization of psychological maltreatment was debated in a 1991 issue of *Development and Psychopathology* devoted to discussing the problems in defining this form of abuse. McGee and Wolfe proposed that abuse is either physical (i.e., involving physical contact with the child) or nonphysical (i.e., psychological) and the impact of abuse is also either physical (e.g., failure to thrive, bruises, red marks, etc.) or nonphysical (e.g., child's self-esteem is lowered). In their view psychological abuse in its pure form takes place in situations where the parent

engages in nonphysical behaviors (i.e., verbalizations) that result in nonphysical harm to the child. McGee and Wolfe suggested that psychological maltreatment be defined in terms of parent behaviors but that current functioning of the victim should be measured as well and should be considered a component of the definition. Additionally, these authors suggested that the child's perception of parental intent must also be considered along with inconsistent parenting practices when examining the correlates of child psychological maltreatment.

The McGee and Wolfe's (1991a) conceptualizations were met with strong rebuttals. Hart and Brassard (1991) responded that the McGee and Wolfe conceptualization ". . .over simplifies the topic and denies reality" (p. 63) because it failed to consider the interrelatedness of all forms of child maltreatment. Garbarino (1991) commented that psychological abuse, like sexual abuse, should be defined according to a "standard of care" rather than a "consequences" model (pp. 46–47). He warned that the consequences of psychological abuse should not be a defining factor because some children are simply more resilient. Egeland (1991) pointed out that limiting parental behavior to nonphysical acts would mean that psychological maltreatment in the McGee and Wolfe (1991a) model could only be measured in terms of parental communication, which fails to capture aversive behaviors that are not communicative. For example, it is likely that in the process of placing a child in a small closet for several hours, physical contact between parent-child would occur. According to the McGee and Wolfe model this would be classified as physical abuse because of the physical contact. Most professionals would agree, however, that the impact of this experience would be primarily psychological.

Despite the controversy sparked by the McGee and Wolfe (1991a) article, contributors to the 1991 issue of *Development and Psychopathology* agreed on several points: (1) the concept of psychological maltreatment should be defined in such a way that it can be precisely measured; (2) for research purposes, psychological abuse or maltreatment is best defined in terms of parental behaviors rather than indications of child psychopathology or other negative outcomes; (3) factors such as age, severity, frequency, and context must be considered; (4) psychological maltreatment is often embedded in other forms of child abuse; and (5) should be measured in conjunction with all other forms in order that the differential impact of each can be measured.

In summary, the main conceptual and definitional controversies that remain revolve around the question of whether psychological maltreatment includes acts of omission (i.e., failing to provide for the child's physical and emotional needs) as well as acts of commission (i.e., deliberate, observable behaviors that have the potential for harm). Hart and Brassard (1986) posit that this form of abuse is at the core of all other forms of child maltreatment and includes both acts of omission and acts of commission that are psychologically damaging to children. McGee and Wolfe (1991a) on the other hand, point out that any definition of psychological maltreatment must clearly differentiate this form of abuse from all other types so that its etiology and impact can be better understood. They maintain that psychological maltreatment should be measured primarily in terms of communication patterns between adult and child that undermine the child's emotional, cognitive or social development. They further argue for only including nonphysical acts (i.e., acts that can be labeled as acts of commission) which cause nonphysical damage to children. This is an important issue because a researcher's

conceptualization and operationalization of psychological abuse impacts the way that he or she defines and measures neglect.

Neglect

During the past 15 years child neglect has emerged as the most reported form of child maltreatment in the U.S. (USDHHS, 2001). Even with this disturbing trend, the “neglect of neglect”, a phrase coined by Wolock and Horowitz (1984), reflects the relative lack of attention given this form of child maltreatment. Though there is consensus among experts that neglect has indeed been neglected, the overwhelming focus in the literature continues to be on other forms of child maltreatment. Based upon a review of listings in a popular psychology index, Garbarino and Collins (1999) reported that for every one article on child neglect there are approximately ten pertaining to other forms of child maltreatment.

Several theories have been proposed to explain this paucity of theory and research. Azar, Porilaitis, Lauretti, and Pouquette, (1998) contend that, historically, neglected children were most often seen by nurses or social workers. In relation to other professions, both of these fields have only recently developed strong research traditions. Furthermore, there may be a sociopolitical element that makes this topic less salient in the professional literature. According to Garbarino and Collins (1999) the United States has the distinction of having the highest magnitude of disparity between the rich and poor among developed countries. Though many factors play into this disparity, most would agree that political decisions impact this ever widening gap. Unfortunately, neglect is often linked to poverty and some have suggested that the study of neglected children may be less “palatable” to a scientific community that strives to be apolitical, compared to