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Assessments of emotional abuse and neglect with the CTQ: Issues and estimates

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ABSTRACT

Objective: The current study had two goals. The first goal was to review the empirical studies using the 28-item Childhood Trauma Questionnaire and identify outstanding methodological issues pertaining to use of the measure as it related to the emotional abuse and emotional neglect scales. The second goal was to ascertain the levels of emotional abuse and emotional neglect in both clinical, community, and victim samples.
Methods: Sixty-nine studies were found that used the 28-item CTQ in North American samples and which reported either scale means and/or proportions in the sample meeting one or more designated cut-offs.
Results: Five methodological issues were identified that impede the ability of researchers to build on the existing knowledge base. In addition, analyses revealed that 15.4% of the community samples reported severe to extreme emotional abuse and 13.1% reported severe to extreme emotional neglect. In the clinical samples the rates were 32.2% for severe to extreme emotional abuse and 19.1% severe to extreme emotional neglect.
Conclusions: Although greater consistency in the use of the CTQ would enhance knowledge utilization, the current extant literature reveals that between 15% and one third of a sample of adults will probably report childhood experience of one or both forms of psychological maltreatment.
Practice implications: Greater public awareness of the prevalence and outcomes of psychological maltreatment is necessary. In addition, parenting programs need to incorporate what we know about psychological maltreatment in order to reduce its incidence. The development of abuse-specific treatment for psychologically abusive parents and child victims is also an important area for attention and program development.

1. Introduction

Although relatively recent forms of maltreatment to gain recognition, emotional abuse and emotional neglect — also referred to as psychological abuse — has been the focus of serious investigation for nearly three decades now (for the purposes of this paper, the term psychological maltreatment will be used unless referring to measures or scales which use other terms to denote the same concept.) A particularly active area of research has been the assessment of adult retrospective accounts of childhood psychological maltreatment. Over a dozen measures of this construct have been developed and utilized, with one measure — the Childhood Trauma Questionnaire — being particularly widely used.

The CTQ measure was developed by David Bernstein, Laura Fink and colleagues in 1994 (Bernstein et al., 1994). The original version of the measure contained 70 items distributed over five scales: physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect. Respondents rate the frequency with which they experienced each of the 70 items during their childhood on a five-point scale of never (1), rarely (2), sometimes (3), often (4), and very often (5). A few years later a 28-item short form version was introduced (Bernstein et al., submitted for publication). Examples of items on the emotional scale include "People in my family called me things like stupid, lazy, or ugly" and "I thought my parents wished I had never been born." Examples of items from the emotional neglect scale include, "I felt loved" (reverse coded), and "There was someone in my family who helped me to feel that I was important or special" (the measure is subject to copyright restrictions and the full measure is not allowed to be reprinted for these purposes).

Since its creation, the CTQ has been the subject of extensive psychometric analyses, producing consistently excellent psychometric properties. Internal consistency/reliability was assessed originally by Bernstein and colleagues in 2003. Four samples, both clinical and community, produced alphas for the emotional abuse scale between .84 and .89 and for the emotional neglect scale between .85 and .91 (Bernstein et al., 2003). Subsequent studies have produced equally high alphas (e.g., Cima, Smeets, & Jelicic, 2008; Eiden, Foote, & Schuetze, 2007) and Bernstein et al. (2003) report on test–retest of at least .80 for the emotional abuse and emotional neglect scales, in a sample of 40 methadone-maintained outpatients. Factor analysis has

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typically confirmed the five factor solution (Bernstein et al., 2003) although a few studies, especially in non north American samples have found a four factor to be a better fit with the data, allowing for a combined physical abuse/emotional abuse scale (e.g., Dalenberg & Palesh, 2003; Lundgren, Gerdner, & Lundqvist, 2002). The CTQ has been validated in adolescents (Bernstein, Ahluvalia, Pogge, & Handelsman, 1997) as well as a variety of clinical populations (see Table 1). It is safe to say that the CTQ has become a leader in the field of measurement of adult recall of childhood abuse of all types. In fact, a PsychInfo search of studies using the measure resulted in hundreds of citations, although numerous other measures of all forms of childhood abuse including psychological maltreatment also exist and are used to varying degrees (see Baker, 2009 for a review of these measures and related methodological issues). It appears to be time to take a closer look at the data that have been generated to date from the use of this particular measure, especially as it pertains to the emotional abuse and emotional neglect scales. With such an examination, three important questions can be asked: (1) what, if any, are the outstanding methodological issues pertaining to the use of this measure; (2) what is the estimate of psychological maltreatment in the general population; and (3) is there evidence that rates of adult recall of a history of psychological maltreatment are higher in clinical samples than community samples?

2. Methods

Data for the current paper were obtained from existing published studies in peer reviewed journals; thus IRB approval was not necessary. A comprehensive literature search was undertaken in order to identify studies using the CTQ measure in which means or proportions meeting a designated cut-off of emotional abuse (EA) or emotional neglect (EN) were reported. Inclusion criteria included (1) studies published on North American samples (2) that presented means and/or proportions for the EA and/or EN scales (3) using the 28-item version of the CTQ. This resulted in a sample of 69 studies (see Table 1).

Relevant data were abstracted from each study and entered into an SPSS data file for analyses. All statistics were weighted by sample size in order to take into account varying sample sizes across studies. Extracted variables included author(s) of the study, source publication, date of publication, sample size, mean(s), standard deviation(s), cut-off used, proportion(s) meeting the cut-off, whether abuse-specific hypotheses were tested, and type of sample (coded as a clinical population, a community population, or a victim population). The rationale for coding sample type was to allow for a test of differences in levels and/or rates of EA and EN based on sample characteristics and to provide accurate and specific estimates for the field.

As can be seen from Table 1, types of clinical populations studied included: people with eating disorders, (Allison, Grilo, Masheb, & Stunkard, 2007; Grilo & Masheb, 2002; Bardone-Cone et al., 2008); psychotherapy outpatients (Brock, Pearlman, & Varra, 2006; >>Cukor & McGinn, 2006; Gibb, Chelminski, & Zimmerman, 2007; McGinn, Cukor, & Sanderson, 2005; Watson, Chilton, Fairchild, & Whewell, 2006; Wessel, Meeren, Peeters, Arntz, & Merckelbach, 2001); psychiatric inpatients (Compton, Furman, & Kaslow, 2004; Gibb, McGeary, Beevers, & Miller, 2006; Gratz, Bornovalova, Delany-Brumsey, Nick, & LeJuez, 2007; Hyman et al., 2008; Hyman, Paliwal, & Sinha, 2007; Kaplan & Klinetob, 2000); individuals with body dysmorphic disorder (Didie et al., 2006); substance abusers (Eiden et al., 2007; Hyman et al., 2007; Klein, Elifson, & Sterk, 2006; Medrano, Hatch, Zule, & Desmond, 2003; Medrano & Hatch, 2005; Minnes et al., 2008; Surratt, Kurtz, Weaver, & Inciardi, 2005); individuals with bipolar disorder (Garno, Gunawardane, & Goldberg, 2008); batterers (Jin, Eagle, & Yoshioka, 2007); self-harmers/suicide attempters (Kaslow, Thompson, Brooks, & Twomey, 2000; Murray, Macdonald, & Fox, 2008; Thompson, Kaslow, Lane, & Kingree, 2000); pathological gamblers (Petry & Steinberg, 2005); sex offenders and non sex offenders (Strickland, 2008); and individuals with dissociative disorder (Simeon et al., 2007).

Types of community samples studied included undergraduates (Brodhagen & Wise, 2008; Browne & Winkelman, 2007; Gerke, Mazzeo, & Kliewer, 2006; Hund & Espelage, 2006; Mazzeo, Mitchell, & Williams, 2008; Mazzeo & Espelage, 2002; Mitchell & Mazzeo, 2005; Walsh, Blaustein, Knight, Spinazzola, & van der Kolk, 2007); foster parents (Cole, 2005; Cole, 2006); users of an HMO (Dong et al., 2004; Weissbecker, Floyd, Dedert, Salmon, & Sephton, 2006); women participating in welfare to work programs (Gorske, Larkby, Daley, Yenerall, & Morrow, 2006); "control/comparison groups" (Fennema-Notestine, Stein, Kennedy, Archibald, & Jernigan, 2002; Heim et al., 2006; Jin et al., 2007; Lang, Stein, Kennedy, & Foy, 2004; Simeon et al., 2007; Thompson et al., 2000; Walker et al., 1999; Woods et al., 2005); women using a hospital for non emergency medical problems (Kaslow et al., 2000); pregnant women in their first trimester of pregnancy (Lang, Laffaye et al., 2006; Lang, Rodgers, & Lebeck, 2006); parents (Locke & Newcomb, 2004; Newcomb & Locke, 2001); parents with children who have intellectual difficulties (McGaw, Shaw, & Beckley, 2007); women who gave birth in a teaching hospital (Min, Farkas, Minnes, & Singer, 2007), non cocaine using women who recently gave birth (Minnes et al., 2008); child welfare workers (Nelson-Gardell & Harris, 2003), newlyweds (Perry, DiLillo, & Peugh, 2007); community samples (Scher, Forde, McQuaid, & Stein, 2004; Seedat, Stein, Kennedy, & Hauger, 2003; Seedat, Stein, & Forde, 2005); females in a hospital (Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003); clinicians (VanDeusen & Way, 2006); and children of holocaust survivors (Yehuda, Halligan, & Grossman, 2001).

Victim samples consisted of people with medical problems (Heim et al., 2006; Heim et al., 2009; Weissbecker et al., 2006); veterans (Heim et al., 2006; Rodgers et al., 2004); sex workers (Villano et al., 2004); and victims of interpersonal violence (Fennema-Notestine et al., 2002; Lang et al., 2004; Lewis, Griffing et al., 2006; Lewis, Jospitre et al., 2006; Seedat et al., 2005; Seedat et al., 2003; Sullivan & Holt, 2008; Woods et al., 2005).

3. Results

The first purpose of this undertaking was to determine what, if any, unresolved methodological issues existed regarding the use of this measure as it related to the assessment of psychological maltreatment (i.e., the emotional abuse and emotional neglect scales). To that end, five issues have been identified. Each will be discussed in turn.

The first issue is that multiple versions of the of the CTQ measure are currently available to researchers: the original 70-item version, two intermediate length versions of 53 and 34 items each, and the short form of 28 items, making it nearly impossible to aggregate data across the voluminous studies that employ different versions of the measure. Because scale scores for individuals (and means for a group) are calculated as total scores not summary scores divided by the number of items, it is not valid to combine and compare data across studies that utilize versions with different number of items. Likewise, cut-offs for various levels of abuse or neglect (i.e., low, moderate, severe, extreme) are based on summed scores, making it invalid to compare data across studies that use different versions. Although generally the 28-item short form appears to be the most widely used version of the scale, there are numerous exceptions and as recently as 2007 and 2008 studies were published using the 70-item version and the 34-item version respectively (e.g., Arata & Lindeman, 2007; Cuomo, Sarchiapone, Di Giannantonio, Mancini, & Roy, 2008). As noted above, for the purposes of this analysis, only studies employing the 28-item version were included (otherwise it would not have been possible to combine the data across studies). But that does not resolve the issue for the field that using different versions makes comparisons difficult and aggregation impossible.