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Abusive parents' reports of child behavior problems: Relationship to observed parent-child interactions[☆]

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Abstract

Purpose: We evaluated the hypothesis that abusive parents' reports may exaggerate rates of child behavior problems in a clinical sample.

Method: The association between parental ratings of behavior problems and independent observations of child behaviors was examined in a sample of 205 clinic-referred families, 58 of which had a reported history of physical abuse.

Results: Relative to the comparison group, parents in the abuse group reported more externalizing problems in their children after controlling for parental psychopathology, and displayed more emotionally controlling and less supportive behavior during parent-child interactions. However, there was no association between abuse history and observed child behaviors during the interaction tasks. Abuse status significantly moderated the association between parent-reported externalizing behaviors and observed demanding behavior by the child; the association was significant among comparison families, but not in the abuse group families.

Conclusions: Results indicate that abusive parents may over-report externalizing behavior problems in their children.

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Keywords: Abusive parents; Child behavior problems; Externalizing behavior problems

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Introduction

Studies have generally reported that physically abused children exhibit more externalizing symptoms, aggression, and higher rates of disruptive behavior disorders than non-abused children (e.g., Aber, Allen, Carlson, & Cicchetti, 1989; Famularo, Kinscherff, & Fenton, 1992; Flisher et al., 1997; Haskett & Kistner, 1991; Kaplan et al., 1998; Weiss, Dodge, Pettit, & Bates, 1992). Investigations have also reported that physical abuse is associated with elevated risk of depression and other internalizing spectrum symptoms and disorders (e.g., Ackerman, Newton, McPherson, Jones, & Dykman, 1998; Famularo et al., 1992; Green, 1998; Kaplan et al., 1998; Okun, Parker, & Levendosky, 1994; Pelcovitz et al., 1994). These findings are not surprising given that the major theoretical frameworks for understanding developmental psychopathology (e.g., ecological-transactional, social learning, and attachment theories) each posit mechanisms for elevated risk for child emotional and behavioral problems stemming from child abuse.

However, reports of child behavior problems may reflect two phenomena: the actual child's behaviors and the perceptions of adults who report on those behaviors (Weisz et al., 1988). Frequently, in both clinical practice and research, one's understanding of child psychopathology is filtered through caregivers' reports of child problems. At times, findings of elevated emotional and behavioral problems among abused children have been supported by parents' reports but have not corroborated by children's own self-reports (e.g., Famularo et al., 1992; Kaplan et al., 1998; Kinard, 1998). Sternberg et al. (1993) indicated that the particular informant perspective may be particularly important in abused samples. In their study of behavior problems among children who were physically abused and/or witnessed spousal abuse, there was wide variation in the reports provided by victimized mothers, perpetrating fathers, and self-reports provided by child victims and witnesses.

There are particularly important clinical reasons to examine the validity of abusive parents' reports of their children's behaviors. It is possible that abusive parents may report problematic behaviors in a manner influenced by their strained parent-child relationship. Problems may be attributed to the child when the presenting concerns are actually more systemic or perhaps even better accounted for by parental behaviors. Research indicates that therapists tend to focus children's treatment on the problems described by the parent, even when children present differing views of what should be the focus of therapy (Hawley & Weisz, 2003). If therapists set goals and engage in treatment strategies based on the distorted or biased views of maltreating parents, it may be exceedingly difficult to achieve meaningful treatment gains for their children.

Consistent with concerns of bias, investigators have found that abusive parents are hyperreactive to the misbehavior of their children during laboratory experiments becoming more annoyed and ascribing more malevolent intentionality to their child (Bauer & Twentyman, 1985). Abusive parents tend not to see their children's role in creating positive parent-child interactions, while minimizing their own contribution to negative parent-child interactions (Bradley & Peters, 1991). Indeed, abusive parents tend to feel that they have no control over stressful interactions with their children (Bugental & Happaney, 2004). Milner's (2003) social information processing model articulates the cognitive and affective schemata that organize abusive parents' perceptions, interpretations, and attributions of child behaviors, that subsequently heighten the likelihood of abusive responses to child behaviors. Based on this model, it is likely that parental reports of child behaviors and actual child behaviors may be particularly discrepant among abusive parents, who may hold negative attitudes and feelings toward the child that color their perceptions of child behaviors.

In the examination of validity of parents' reports of child problems, the role of parental psychopathology must be considered. Rates of distress are high among parents of children referred to clinics for behavior problems (Griest, Forehand, Wells, & McMahon, 1980; Hammen, Rudolph, Weisz, Rao, & Burge, 1999), and higher still among mothers with a history of child abuse (Webster-Stratton & Hammond, 1988). Furthermore, parental depression and psychopathology have been found to influence ratings of child behavior problems by parents of children with behavior problems (Brody & Forehand, 1986; Forehand, Lautenschlager, Faust, & Graziano, 1986) and by abusive parents (Kinard, 1995). There is debate about whether elevated child behavior problem ratings by depressed mothers are negatively biased (e.g., Fergusson, Lynskey, & Horwood, 1993) or actually more accurate (e.g., Querido, Eyberg, & Boggs, 2001). In either case, the issue of potential bias among abusive parents must be distinguished from the influences of parental psychopathology on the reporting of child behaviors.

Observational studies employing independent ratings of directly observable parent and child behaviors offer one means of validating parent reports of child problems. A number of observational studies of abusive families have suggested that while levels of aversive and prosocial parental behaviors do distinguish families with a history of abuse from nonabusive families, observed child behaviors do not reliably differentiate abused children from non-abused children (Burgess & Conger, 1978; Kavanagh, Youngblade, Reid, & Fagot, 1988; Lahey, Conger, Atkeson, & Treiber, 1984; Mash, Johnston, & Kovacs, 1983; Wolfe & Mosk, 1983).

Studies pairing observational methods with parental reports of child problems provide an opportunity to test the possibility that abusive parents' perceptions of problem behaviors might be biased. These studies have evaluated the extent to which parental reports of problem behaviors and ratings of independent observers of children's behaviors discriminate between abusive and nonabusive families. Findings indicate that abusive parents may inaccurately identify more difficulties in their children than observational data would support (Reid, Kavanagh, & Baldwin, 1987). For example, Reid et al. (1987) compared the behavior of children in abusive versus matched-control nonabusive families using home observations by independent raters and parental reports. Results indicated that parental reports of child conduct problems differed significantly between the two groups, but independent observations showed no differences in aversive child behaviors.

Although previous studies have contrasted parent reports to observer ratings of child behaviors in abusive and non-abusive families, they do not tell us whether reports of abusive parents are less meaningful than the reports of non-abusive parents. The more informative question is whether abusive and non-abusive parents' reports are equally predictive of an independent observer's impressions of their children's behavior. If the answer is no, there is more conclusive evidence of *differential validity*. Thus, the current study extends an earlier line of research by testing the possibility that abuse status moderates the association between parent-reported child behavior problems and independently observed child behaviors. We examined this possibility in a sample that was clinic-referred, while taking into account the potential confounds of parental psychopathology and family income that may also impact parent ratings of child behavior problems.

By studying families referred for child mental health treatment, we have the opportunity to examine the possibility of bias in parents' reports of child behavior problems in a sample where all families have identified child behavior problems and higher than average rates of parental and family distress. When abusive families are compared with non-abusive families in general community studies, families in the abuse group typically have higher levels of parental distress and higher base rates of child mental health

problems. Thus, abuse status may be confounded with levels of parental distress and child behavior problems making it difficult to conclude whether group differences are truly attributable to abuse, and not to parental distress, or child dispositions. Within a clinical sample, all families present with child emotional or behavioral difficulties that have resulted in referral for treatment, and levels of parental distress are high enough to warrant help-seeking. Studying a clinic sample may afford the best opportunity to disentangle the relative effects of problematic child behavior, parental distress and abuse status on parent perceptions of child behavior.

Based on the previous literature reviewed, we hypothesized that: (a) parents in the abuse group would report more behavior problems in their children relative to parents in the comparison group, controlling for differences in parental psychopathology; (b) there would be significant differences between the abuse and comparison groups in observed parent behaviors during structured parent-child interactions, with abusive parents displaying more aversive behaviors, and fewer positive parenting behaviors (however, we predicted no group differences in observed child behaviors); and (c) the associations between parent ratings of child behavior problems and observed child behaviors would be lower in abusive families than in comparison families even after controlling for parental psychopathology. Support for the third hypothesis would provide particularly compelling evidence of differential validity of parent reports of child behavior problems in abusive families.

Method

Sample

This study was part of a larger investigation of 327 children (aged 7–17 years) referred for mental health treatment in central and southern California. During the initial intake a community mental health agency, clinic staff presented primary caregivers (hereafter referred to as parents) with a brief description of the project and invited families to leave their contact information should they be interested in participating. Clinic staff indicated that 80% of those asked agreed to participate. The subsample for the current study included 262 youth and parents who had been referred to one of five outpatient community mental health clinics in the greater Los Angeles area between 1991 and 1999. Of these 262 families, 57 were excluded from the current study because the participating parent was not the alleged perpetrator of abuse in the family ($n = 22$), or because there was a history of maltreatment that did not include physical abuse ($n = 35$). In the final sample of 205 families, 58 were determined to have a history of physical abuse while 147 had no history of maltreatment according to records of the local Child Protective Service (CPS) agency (Los Angeles County Department of Children and Family Services). We included cases where other forms of maltreatment had also been documented along with physical abuse. Of the 58 physical abuse cases, 31 also had documented histories of neglect, 13 had documented sexual abuse, and 25 had documented emotional abuse. This racially diverse sample included 131 boys and 74 girls, and the parents included 187 female caregivers and 18 male caregivers. The mean age of the children in the sample was approximately 11 years, 6 months ($SD = 2.65$ years). The median annual income of the sample was between \$15,000 and \$20,000. Table 1 displays sample characteristics by abuse status. There were no significant differences between the comparison and physical abuse groups on the distributions of child sex, age, and minority status. However, families in the abuse group had lower levels of income on average relative to comparison families [$t(204) = 2.46, p = .01$].

Table 1
Sample description

Characteristic	Abuse group (<i>n</i> = 58)	Comparison (<i>n</i> = 147)	Test, <i>p</i> value
Age, <i>M</i> (<i>SD</i>)	11.6 (2.6)	11.4 (2.7)	.63
Gender, % male	41%	66%	.32
Income ^a , <i>M</i> (<i>SD</i>)	1.91 (1.03)	2.49 (1.62)	.01
Race			
Caucasian	36.2%	45.6%	
African-American	27.6%	15.6%	
Hispanic-American	12.1%	14.3%	.22
Asian-American	0%	2.7%	
Other/biracial	24.1%	21.8%	
Parental education			
<High school	32.1%	12.9%	
High school grad	33.2%	27.3%	.001
Some college	18.9%	39.4%	
College grad	15.1%	20.4%	
Diagnosis ^b			
Depressive dx	29.1%	39.3%	.19
Anxiety dx	50.9%	46.5%	.58
Disruptive dx	64.3%	46.5%	.03
ADHD dx	42.9%	35.0%	.30
	<i>n</i> = 37	<i>n</i> = 94	
Treatment received ^c			
Individual child	75.7%	68.1%	.39
Family	62.2%	58.5%	.70
Group	29.7%	18.1%	.14
Medication evaluation	11.3%	6.2%	.24

^a Annual income measured on a 7-point scale with \$15,000 increments (1 = 0–\$15,000, . . . 7 = \$90,000+)

^b Diagnoses from the Diagnostic Interview Schedule for Children (DISC-2.3) assigned when either parent or child endorsed required criteria.

^c Treatment received based on medical record abstraction; therapy data available for 131 cases.

Procedures

After families provided written informed consent for the study, they were interviewed near the time of their intake appointment at the clinic and prior to the commencement of treatment. Participation involved a 3-hour interview of both the parent and the child, with child and parent measures being administered by different interviewers in separate rooms. Instruments included both orally administered and written self-report measures. In addition, parents and children were brought together for three laboratory interaction tasks (described below).

Information available in CPS records was used to identify those children in the study who were alleged victims of maltreatment. Data collection for the maltreated subsample was comprised of a record search through CPS archives and management information systems. Once participants were identified as having

a history of maltreatment allegations in the CPS management information system (through matching against multiple subject identifiers, including mother's name, child's name, child's date of birth, and/or mother's address), individual CPS records were reviewed. Information from each abuse or neglect incident report was coded, including variables such as date of incident and relationship of perpetrator. Rather than relying on CPS dispositions of maltreatment reports, the current study used the narrative descriptions of incidents reported to determine caseness. Cases of physical abuse were identified when incidents received a severity rating of at least 1 on physical abuse using the Maltreatment Classification System (Barnett, Manly, & Cicchetti, 1993) described below. An example of a physical abuse incident that would receive a severity rating of 1 is "the child received bruises after being hit with a belt."

Precautions taken to minimize the risk to participants associated with collecting information from CPS records were overseen by the institutional review boards at the CPS agency and the University of California at Los Angeles. Both institutions waived requirements for obtaining informed consent for accessing CPS records since the study protocol included strict data handling procedures to protect against breaches of confidentiality (e.g., restricting access to CPS files and datasets to two research assistants and the first author, abstracting records at secure CPS locations, use of encrypted identification numbers which could not be linked back to identifying information in subject tracking databases). The results of the record search were kept confidential and were not shared with treating clinicians.

Measures

Physical abuse. Maltreatment subtype and severity ratings were coded from CPS records according to a standardized coding scheme. The Maltreatment Classification System (Barnett, Manly, & Cicchetti, 1993) was designed to record, quantify, and analyze systematically families' CPS records for developmental psychopathology research. The coding scheme provides definitions of six subtypes of maltreatment: physical abuse, sexual abuse, physical neglect – failure to provide, physical neglect – lack of supervision, emotional maltreatment, and moral/legal/educational maltreatment. Severity ratings are made on a 5-point scale using objective criteria for each of the five levels of severity on each type of maltreatment. In the current maltreated sample, inter-rater reliability for the classification of maltreatment type was good [$\kappa = .82$ ($n = 33$)].

Parent-reported child problems. Parents reported on child behavior problems over the 6 months prior to the interview using the Child Behavior Checklist (CBCL, Achenbach, 1991). The current study examined the CBCL broad-band factor scores for internalizing problems (including social withdrawal, somatic complaints, and anxious/depressed behaviors) and externalizing problems (including aggressive and delinquent behaviors). There is a broad base of evidence supporting the reliability and validity of the CBCL (Achenbach, 1991).

Observed parent-child interactions. Parent-child dyads participated together in three interaction tasks: (a) a teaching task, (b) a planning task, and (c) a conflict task. The order of tasks was not counterbalanced because the emotionally arousing nature of the conflict task seemed likely to influence the behavior of parents and children during the other two tasks.

In the 3-minute teaching task, the parent was asked to teach the child "how to plan and shop for the groceries needed to prepare a healthy dinner for a family of six people." The parent was given

index cards with pictures of various foods and asked to use the pictures in teaching the child. In the planning task, participants were given 4 minutes to plan a 2-day vacation, including (a) where they would go, (b) how they would get there, (c) where they would stay overnight, and (d) what they would do during the day. This task was an adaptation of the Family Interaction Task (Grotevant & Cooper, 1985) and was designed to elicit the expression and coordination of different viewpoints on a topic to which the child could contribute. The conflict discussion task was a variation of Strodbeck's (1951) Revealed Differences Technique. Prior to the task, the parent and child were individually asked to rate how much they disagreed about different topics. The interviewer then identified a topic that was mutually identified as an area of disagreement which was associated with the highest ratings for level of conflict aroused. The parent and child were given 6 minutes to try to discuss this topic to achieve some resolution.

The UCLA Parent-Child Coding System was developed based on a review of extant coding systems from the parent-child, family, and marital literature. The resulting coding system was designed to include a number of features considered central to the systems reviewed, including codes for both content and affect and coding at both the microanalytic and global levels. For the current study, the data from the microanalytic coding system were used (Valeri, Lau, & McCarty, 2001). Both verbal and nonverbal units of communication were parsed into speaking turns, with each speaking turn representing a unit to be coded microanalytically.

We trained a group of undergraduate research assistants ($n = 13$) in the coding criteria. After participating in a 50-hour training program, coding 15 pilot tapes, and achieving reliability of at least 70% agreement with the criterion ratings, students independently coded the videotaped interactions, using the transcripts. Coders were instructed to view the videotape once before coding, and then code the sequence as it occurred (coding for both parent and child), with the order of viewed tasks being randomly selected for the coders. Coders were informed that they would be spot-checked for reliability on several randomly selected tapes throughout the coding process in order to minimize observer drift and to obtain measures of reliability.

Individual content codes were summed together into five parent and five child composites based on exploratory factor analyses (parent: *hostility, negative detachment, emotional control, support, positivity*; child: *hostility, positivity, oppositionality, demandingness, compliance*). Descriptions and examples of the codes comprising each of the parent and child behavior composites and data on convergent validity are available from the authors. Frequencies were tallied based on the number of times each speaker was coded with the target code over all three interaction tasks combined. Frequencies of micro-coded behaviors were re-expressed as logits, which are natural logarithms of the odds ratios, as suggested by Mosteller and Tukey (1977). The following equation was used in calculation of logits: $\text{logit}(\text{behavior}) = \ln(n + 1/6) - \ln(k - n + 1/6)$, where n is the number of speaking turns coded as the particular behavior and k is the total number of speaking turns. The small start value of $1/6$ was added because the logarithm of zero is undefined. Logit transformations were necessary because the rate of occurrence of behaviors expressed as simple proportions does not adequately characterize the data. The use of proportions can be deceptive because of the lack of constancy over the scale, especially when there is a low base rate of meaningful behaviors, such as threats or praise (Bledsoe, 1983). The logit transformation provides a nonlinear transformation that better characterizes variability in the tails of the distribution. Intraclass correlation coefficients (ICCs) were calculated as a measure of interrater reliability for a random subset ($n = 73$) of the total clinic sample. The mean single measure ICC for parent composite codes was .62 (range .40–.90), and the mean ICC for child composite codes was .62 (range .43–.89). Previous investiga-

tors have supported the use of micro-analytic observational codes with interrater reliability in this range (Jacobson, Gottman, & Shortt, 1995).

Although, reliability estimates were on the low end for some of the parent composites (Hostility and Emotional Control), these codes showed good concurrent validity with youth reports on subscales of the Child's Report of Parental Behavior Inventory (CRPBI; Schludermann & Schludermann, 1983) with moderate correlations in the expected directions with relevant parent behavior scales such as rejection, hostile control, hostile detachment, withdrawal of relations.

Parental psychopathology. Parents reported their own current level of psychological distress using the Brief Symptom Inventory (BSI, Derogatis & Melisaratos, 1983). Parents rated 53 items on a 5-point scale indicating the degree to which they had been distressed by various psychiatric symptoms. The BSI yields nine symptom dimensions (e.g., Depression, Anxiety, Hostility) as well as a General Severity Index (GSI), which is a combined measure of the number of symptoms and the intensity of perceived distress. The internal consistency of the BSI has been demonstrated with alphas ranging from .71 to .85 across the nine dimensions (Derogatis & Melisaratos, 1983). High convergence between BSI scales and like dimensions of the SCL-90R and the MMPI has been demonstrated (Derogatis & Melisaratos, 1983). In the current sample, because the nine BSI factors were moderately to highly correlated (intercorrelations ranged from .37 to .78) and were highly correlated with the GSI (intercorrelations ranged from .68 and .87), the GSI was used as an overall index of parental psychopathology.

Family income. Parents reported annual family income along with other demographic variables. Family income was used as a control variable in analyses because research indicates that family income is associated with a variety of behaviors during parent-child interactions (Floyd & Saitzyk, 1992; Hart & Risley, 1992; Meyers, 1999; Webster-Stratton, 1990).

Results

Hypothesis 1: Differences in parent reports of child behavior problems

We examined the relationship between abuse status and parent-reports of child psychopathology using multivariate analysis of covariance (MANCOVA) controlling for parental psychopathology and family income. Since we used *T*-scores normed for child age and gender, we did not employ these demographic variables as covariates. The multivariate results of the MANCOVA indicated that higher parental psychopathology [$F(2,209) = 981.22, p < .001$], and family income [$F(2,209) = 4.61, p = .01$] were associated with parent reports of child behavior problems. Univariate tests indicated that parental psychopathology was related to more parent-reported externalizing symptoms [$F(1,209) = 30.2, p < .001$] and internalizing symptoms [$F(1,209) = 48.9, p < .001$]. However, univariate results were not significant for family income. The multivariate test for abuse status was significant [$F(2,171) = 3.86, p = .02$]. After controlling for family income and parental psychopathology, a significant main effect of abuse status was found for externalizing *T*-scores [$F(1,171) = 6.94, p = .009$], such that children in the abuse group had more parent-reported externalizing problems ($M = 69.4, SD = 1.39$) than children in the comparison group ($M = 64.4, SD = .89$). But there was no significant difference in parent-reported internalizing problems between the abuse group ($M = 66.0, SD = 1.42$) and the comparison group ($M = 63.8, SD = .92$).

Hypothesis 2: Differences in observed parent and child behaviors

Another set of MANCOVAs was conducted to test for differences between the abuse and comparison groups in observed parent and child behaviors during the interactions, controlling for child age, sex, and family income. Child age, sex, and family income were selected as covariates based on past literature suggesting that parent-child interactions vary as a function of these demographic variables (e.g., Clarke-Stewart & Hevey, 1981; Zegiob & Forehand, 1975). The multivariate test of the MANCOVA indicated that family income [$F(5, 189) = 3.04, p = .01$] and the child's age [$F(5, 189) = 11.09, p < .001$] were associated with observed parental behaviors, but the child's gender and parental psychopathology were not. Univariate results indicated that observers coded more parental hostility [$F(1, 193) = 11.0, p = .001$] in families with lower income. Parents interacting with older children demonstrated more parental negative detachment [$F(1, 193) = 32.07, p < .001$], emotional control [$F(1, 193) = 3.85, p = .05$], and less support [$F(1, 193) = 22.03, p < .001$]. After controlling for family income, child age and sex, and parental psychopathology, abuse status was significantly related to observed parent behaviors [$F(5, 161) = 2.39, p < .05$]. Abuse was positively associated with parental emotionally controlling behaviors, such as criticism, guilt induction, and intrusiveness [$F(1, 165) = 4.07, p = .04$] and negatively associated with parental supportive behaviors, such as praise, encouragement, and displays of affection [$F(1, 165) = 7.05, p = .009$].

The second MANCOVA model indicated that only the child's age was associated with observed child behaviors during the interactions [$F(5, 189) = 6.52, p < .001$]. Univariate results indicated that older children were observed to be more hostile [$F(1, 193) = 55.17, p < .001$], oppositional [$F(1, 193) = 11.74, p = .02$], demanding [$F(1, 193) = 7.59, p = .02$], and less compliant [$F(1, 193) = 5.51, p < .001$]. After controlling for the child's age and sex, family income, and parental psychopathology, there was no significant multivariate effect of abuse status on the observed composite child behaviors.

Hypothesis 3: Moderation of the association between parent-reported child behavior problems and observed child behaviors by abuse status

Because the first set of analyses indicated that abuse status was associated with parent-reported externalizing problems but not internalizing problems, we tested the hypothesis that abuse status of parents would moderate the association between observed child difficult behaviors and parent-reported externalizing problems. In the interest of reducing the number of predictors and interaction terms in the model, we chose to include three observational composites with conceptual overlap with externalizing problems: hostility, oppositionality and demandingness. Hierarchical regression analyses were employed as follows: externalizing problem *T*-scores were regressed on abuse status in Step 1, parental psychopathology and family income were added in Step 2, and observed child behaviors, as well as the interactions between abuse status and the observed child behaviors were entered in Step 3. The results of the final model (displayed in Table 2) indicated that parental psychopathology ($B = 6.2, p < .001$) and observed child demandingness ($B = 1.64, p = .03$) were associated with higher externalizing scores. In addition, the interaction between abuse status and child demandingness was significantly associated with parent-reported externalizing problems ($B = -3.7, p = .03$). Post-hoc partial correlations stratified by abuse status were computed to evaluate the nature of the interactions. Within the comparison group, there was a positive association between observed child demanding behaviors and parent-reported externalizing problems ($r = .23, p = .01$) after controlling for parental psychopathology and family income. However, there was

Table 2
Hierarchical regression predicting parent-reported externalizing behavior problems

Independent variable	<i>B</i>	<i>SE B</i>	β
Step 1			
Physical abuse status	5.57	1.79	.24**
Step 2			
Physical abuse status	4.55	1.66	.19**
Parental psychopathology	6.51	1.22	5.36***
Family income	-.46	.50	-.07
Step 3			
Physical abuse status	-.25	7.78	-.01
Parental psychopathology	6.20	1.24	5.00***
Family income	-.23	.50	-.46
Observed child hostility	.73	.62	1.17
Observed child oppositionality	.39	.60	.65
Observed child demandingness	1.64	.73	2.23*
Abuse \times child hostility	.72	1.38	.52
Abuse \times child oppositionality	.73	1.24	.59
Abuse \times child demandingness	-3.7	1.64	-2.24*

Note. $R^2 = .06$ ($p = .002$) for Step 1; $\Delta R^2 = .17$ ($p < .001$) for Step 2; $\Delta R^2 = .06$ ($p = .04$) for Step 3.

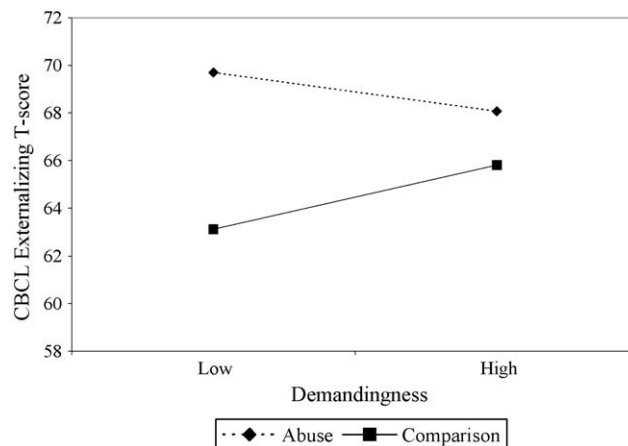


Figure 1. Mean parent-reported externalizing *T*-score as a function of observed child demandingness and abuse status.

no significant correlation between observed child demandingness and parent-reported externalizing scores in the abuse group ($r = -.11$, $p = .47$). This interaction is depicted in Figure 1

Discussion

There was some support for each of the three hypotheses tested. First, certain types of child behavior problems were reported more by abusive parents than by comparison parents. Second, on the basis

of observed interactions, abusive parents could be distinguished from comparison parents, but abused children could not be distinguished from comparison children. Finally, there was some evidence of lower concurrent validity of abusive parent reports of child behavior problems relative to comparison parents.

The first hypothesis was partially supported. Consistent with findings from community studies, abusive parents reported higher levels of externalizing behavior problems in their children relative to comparison group parents (e.g., Feldman et al., 1995; Kaplan et al., 1998; Kinard, 1995). However, there was no significant difference in levels of parent-reported internalizing problems between the two groups. This set of findings is consistent with the interpretation that abusive parents may have a low tolerance for disruptive or externalizing child behaviors and may be particularly reactive to such aversive conduct. On the other hand, abusive parents may not be more likely to report internalizing behavior problems than comparison parents. Other investigators have characterized physically abusive parents as insensitive and unresponsive to their children's feelings in observational studies (e.g., Lyons-Ruth, Connell, & Zoll, 1989; Oldershaw, Walters, & Hall, 1986). Evidence from one clinical sample suggests that abusive parents' reports of depressive symptoms may not be as sensitive as abused children's self-reports of depression (Kazdin, Moser, Colbus, & Bell, 1985). Further investigation of the sensitivity of abusive parents' reports of different types of child problems is warranted.

Our hypotheses regarding group differences in observed parent-child interactions were also partially borne out. In this study, parents in the abuse group differed from comparison parents in their levels of supportive and emotionally controlling behaviors, but they were not significantly different in terms of hostility, detachment, and positive affectivity. Contrary to what would be expected based on the literature, abusive parents did not stand out from comparison parents in terms of general affective tone (hostility, positivity) and did not appear any more aloof or disengaged once parental psychopathology was held constant. But in terms of supportive behaviors, physically abusive parents made fewer statements or gestures that communicated reassurance, caring, empathy, or praise. This finding is consistent with previous reports of physically abusive parents being less supportive, playful, talkative, responsive and affectionate, and praising than nonmaltreating parents (Bousha & Twentyman, 1984; Burgess & Conger, 1978; Trickett & Susman, 1988). Abusive parents were more likely to be critical and intrusive and to use emotion punitively in interacting with their children. This finding is similar to those of other studies reporting that when interacting with their children, abusive mothers are more critical (Bousha & Twentyman, 1984; Lorber, Felton, & Reid, 1984), tend to interfere with their children's goal-directed behavior (Crittenden, 1981), and are more directive and controlling in structured play situations (Mash et al., 1983) compared to nonabusive controls. On the other hand, none of the independent observers' ratings of child behaviors differentiated children with and without a history of physical abuse. Thus, our finding of group differences in observed parent behaviors but not in observed child behaviors parallels those of earlier observational studies (Burgess & Conger, 1978; Kavanagh et al., 1988; Lahey et al., 1984; Mash et al., 1983; Reid et al., 1987; Wolfe & Mosk, 1983). Our findings diverged from those of other investigators who report that abused children emit more frequent aversive child behaviors than comparison children during parent-child interactions because these behaviors are reinforced by garnering the attention of abusive parents who tend to respond inconsistently to children's positive behavior (Cerezo & D'Ocon, 1999). It is important to keep in mind that our sample included clinic-referred youth, all of whom demonstrated problems significant enough to warrant a clinical referral. In this sample, abusive parents' ratings of externalizing problems differentiated abused from comparison children, but independent observer ratings did not. This pattern is one piece of evidence suggesting possible bias on the part of abusive parents who may hold globally negative impressions of their children's behavior which would not be shared by others.

Finally, the findings of our regression analyses lent preliminary support to the notion that the validity of abusive parents' reports of externalizing behavior problems may be compromised. The data suggest that independent observers' ratings of child demanding behaviors were related to parent-reported child externalizing problems among nonabusive parents but not among abusive parents. Thus, there was evidence of concurrent validity of nonabusive parents' reports of child externalizing behaviors but not for those of abusive parents. Examples of child demanding behaviors included complaining (e.g., "I hate it here"), making demands on the parent that were unrelated to the task at hand (e.g., "I want my ice cream now, you promised"), and verbal or nonverbal intrusiveness (e.g., grabbing items away from the parent). These behaviors map onto a variety of problems in the externalizing spectrum involving poor impulse control and irritability. The differential association of child demandingness to parent-reported externalizing problems suggests that abusive parents may be perceiving and describing patterns of behaviors in their children that are not readily observed by others. This is preliminary evidence supporting the notion of informant bias over and above that caused by parental distress or psychopathology that may be associated with abusive parenting. This is not to say that parental psychopathology was unimportant in understanding parent reports of externalizing problems. Consistent with previous literature, parental psychopathology was a markedly strong predictor of elevated problem ratings, even after controlling for independent observer ratings of child behavior. However, the evidence for bias associated with abuse status was significant over and above the effects of parental psychopathology on reports of behavior problems.

In their early study, Reid et al. (1987) posed three possible reasons for biased reporting among parents identified as abusive. First, parents in trouble with authorities because of alleged abusive parenting practices may have an "ax to grind," and may overreport the level of aversive child behavior problems in their own defense. However, while this motivation may operate among parents being investigated for maltreatment, this may be less likely in a clinic setting where abusive parents may tend to minimize child problems in the hopes of discontinuing treatment that may have been recommended by CPS. Second, Reid et al. suggested that physically abusive parents may have a low affective tolerance for typical child behavior problems stemming from temperamental differences or environmental stress. This may be quite relevant for parents who attend treatment after they have resorted to abusive strategies when caregiving stress has overwhelmed their coping resources. Third, abusive parents may not track their children's behaviors well and may tend to notice only the most aversive conduct problems. These latter two explanations are consistent with the social information processing model of child physical abuse, but have received mixed empirical support to date (Milner, 2003).

It is important to note that not all of our findings supported conclusion of biased reporting among abusive parents. For example, we found no between group differences in the association between observed child hostility and oppositionality and parent-reported externalizing behaviors. In fact, in this study there was no main effect of observed oppositionality and hostility in the prediction of parent reports of externalizing problems. This was surprising because these behaviors were thought to map directly on to common behavioral disturbances in the externalizing band. It is possible that the nature of the laboratory interaction tasks did not give rise to many opportunities to observe these more aversive types of child conduct problems. Indeed, child oppositionality and hostility were observed less often in our sample than were child demanding behaviors. The lower base rates of these behaviors may have precluded finding associations with parent-reported externalizing problems.

This possibility is related to one of the limitations of the current study, namely its reliance on observations made during the structured laboratory interaction tasks as the criterion against which parent reports

were validated. Our laboratory interactions may have not simulated interactions as they naturally occur in home environments. One concern of particular importance to this study is that the interaction tasks may have had differential validity for parents in the abuse group, who have all had some previous involvement with CPS agencies. It is possible that family members with previous CPS contact may be more self-conscious during observed interactions. If this methodological problem was in effect, this would render our test of parent group differences more conservative. Yet our findings revealed differences between the observed behaviors of abusive and comparison parents in the expected direction. Furthermore, data from a debriefing questionnaire administered following the laboratory interaction tasks indicated that participants generally felt that laboratory interactions were good representations of typical home interactions. There were no significant differences between abuse group and comparison families in parent and child perceptions of how similar the interaction was to the way things are discussed at home.

A second limitation of this study concerns the composition of our comparison group. There is no way to rule out the possibility of undetected maltreatment in any group of families. The use of CPS records to identify abuse is now standard research protocol (Drake & Johnson-Reid, 1999), but this standard method may conceivably result in the inclusion of some victimized children in the comparison group whose maltreatment has not been reported. Of course, if this were the case, the effect would be to make the abuse and comparison groups more similar than intended and thus to create a more conservative test of the stated hypotheses than would otherwise have been the case. Nonetheless, the lack of multiple measures of maltreatment is a limitation of our analyses and the results of our study may be generalizable only to clinic-referred families with and without a CPS-identified history of abuse.

In addition, the current sample represented a diverse group of boys and girls across a wide developmental range. However, limitations in sample size precluded examination of how demographic characteristics may moderate the associations between abuse status, parent-reported child behavior problems, and observed interactions. For example, our findings suggested that age was a significant factor in driving both child and parent behaviors during interactions, but we do not know whether child age influenced the relationships between observed behaviors and parent-reported child problems. With regard to variability within our abused sample, we included youth with diverse maltreatment experiences in addition to child physical abuse. However, the size of this sample did not permit a detailed analysis of potential effects of co-occurring types of maltreatment, or levels of severity and frequency of maltreatment experiences.

Some strengths of the study also warrant attention. First, this study utilized direct observations of behavior by independent raters who were unaware of the maltreatment history and clinical status of the participants. Behaviors were coded microanalytically, using a detailed event sampling approach. This type of independent data is essential to addressing questions of the concurrent validity of abusive parents' reports of child behavior problems. Second, we examined the question of reporting bias in a clinic-referred sample. The findings from this study are thus particularly representative of the issues that arise in maltreating families who present for treatment. Third, unlike previous studies of abuse-related bias, our analyses controlled for the possible confounding variable of parental psychopathology and family income. Because both abuse and psychopathology are suspected to influence parent ratings of child behavior problems, it was important to disentangle the influence of these variables.

In sum, the results of our three main analyses converge in support of the notion that abusive parents may exaggerate problematic child externalizing behaviors. This integration of evidence is noteworthy given the limitations of our study that may have rendered a conservative test of our hypotheses. Physically abusive parents in this sample may have had a marked intolerance for child misbehavior which led them

to describe their child in an overly negative manner which was not supported by third party impressions of the abused child. This pattern is consistent with a commonly noted sign of physical abuse—the concern that the parent describes their child as entirely bad, burdensome, or even “evil” (National Clearinghouse on Child Abuse and Neglect, 2003). Indeed, the tendency to overreact to child misbehavior, and to overstate behavior problems may represent a key dispositional risk factor that predicts the future occurrence of child physical abuse (Milner, 2003).

These findings suggest that it may be particularly important to triangulate abusive parent reports of child behavior problems with other sources of information, including multiple informant perspectives and observations and performance measures. Indeed, the mental health assessment of child victims of abuse may be complicated by poor inter-informant agreement in ratings of child behavior problems (Feldman et al., 1995; Kaplan et al., 1998). Future research should examine the utility of reports of children’s mental health from abuse perpetrators, non-perpetrating parents, case workers, teachers, peers, as well as reports of child victims themselves, for clarifying the diagnostic picture and guiding effective treatment plans for these vulnerable youth.

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Résumé

Objectif : Nous avons vérifié l'hypothèse à savoir que les parents maltraitants, tirés d'un échantillon clinique, exagèrent les problèmes de comportement de leur enfant.

Méthode : Dans un échantillon de 205 familles ayant reçues des services dans une clinique, dont 58 familles étaient maltraitantes, on a examiné le lien entre ce que ces parents considéraient des problèmes de comportement et ce qu'en jugeaient des observateurs indépendants.

Résultats : Comparé au groupe de comparaison, et en contrôlant pour la psychopathologie des parents, on note que les parents maltraitants rapportent un plus grand nombre d'enfants qui extériorisent leurs problèmes, et que ces parents manifestent davantage un comportement qui cherche à contrôler et qu'ils sont moins aptes à appuyer leurs enfants. Toutefois, durant l'interaction parent-enfant, on n'a noté aucun lien entre le fait d'avoir été maltraité et les comportements observés chez les enfants. Les caractéristiques des mauvais traitements affectent de façon importante le lien entre les comportements extériorisés des enfants tels que rapportés par leurs parents et le comportement exigeant qu'on a observé chez l'enfant. Cette association s'avère plus importante parmi les familles du groupe contrôle que parmi les familles maltraitantes.

Conclusions : Les constats portent à croire que les parents maltraitants relatent des problèmes de comportement chez leurs enfants au-delà de la réalité.

Resumen

Objetivo: Se trata de comprobar la hipótesis de que los informes de los padres maltratadores pueden exagerar las tasas de problemas de conducta infantil en una muestra clínica.

Método: En una muestra de 205 familias derivadas a consulta clínica, de las cuales 58 habían notificado una historia de maltrato se estudió la asociación entre puntuaciones parentales de problemas de conducta y observaciones independientes del comportamiento infantil.

Resultados: Los padres del grupo de maltrato, en comparación con el grupo comparación, notificaron más problemas de conducta en sus hijos una vez controlada la psicopatología parental. Además, desarrollaron más conductas de control emocional y de menor apoyo durante las interacciones con los niños. Sin embargo, no hubo una asociación entre la historia de maltrato y las conductas observadas de los niños durante las interacciones. La condición de maltratador moderó significativamente la asociación entre conductas externalizadas notificadas por los padres y las conductas de exigencia de los niños evaluadas a través de la observación. La asociación fue significativa en las familias del grupo de comparación y no lo fue en las familias del grupo de maltrato.

Conclusiones: Los resultados indican que los padres maltratantes pueden sobre-notificar problemas de conducta externalizada en sus hijos.