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Stability of retrospective self-reports of child abuse and neglect before and after therapy for child abuse issues[☆]

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Abstract

Objective: This study is a follow-up to a previously reported outcome study evaluating the efficacy of an emotionally focused therapy for adult survivors of childhood abuse. The present purpose was to evaluate the stability of self-reports of child maltreatment in the context of reduced psychopathology after therapy. The Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994) was used to measure the extent of child abuse and neglect.

Method: The CTQ and measures of symptomatology, abuse resolution, and self-esteem were administered at pretreatment to 44 clients and after 6 months of therapy to 33 therapy completers. Post-treatment interviews also assessed changes in clients' perceptions of self and abusive and neglectful others. Analyses examined change on dependent measures, in interviews, and on the CTQ, as well as the test-retest and alpha reliabilities of CTQ factor scales, and the relationship of CTQ factor scales with pretreatment measures of distress.

Results: Analyses revealed significant reductions in psychopathology on all dependent measures and reduced self-blame, negatively biased memories, avoidance, and minimization of the abuse after therapy. Reports of abuse and physical neglect on the CTQ remained stable from pre- to post-therapy. All CTQ dimensions demonstrated good internal consistency and convergent validity with trauma-specific measures of distress.

Conclusions: The stability of the CTQ in the context of significantly reduced psychopathology contributes to evidence supporting the accuracy of retrospective self-reports of childhood abuse. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Adult survivors; Child abuse; Child neglect; Retrospective reports; Trauma

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Introduction

Research and practice addressing the long-term effects of childhood maltreatment rely on retrospective reports of these experiences. Retrospective assessments, in turn, rely on the accuracy of people's memories even though memory for childhood experience, in general, is fallible and certain types of psychopathology are associated with certain memory distortions (Brewin, Andrews, & Gotlib, 1993; Maughan & Rutter, 1997). Among adult survivors of child abuse, self-blame, minimization, denial, and "selective forgetting" of childhood maltreatment are commonly reported phenomena (Bowlby, 1988; Courtois, 1992; Herman, 1993; Loftus, 1993). Similarly, the symptomatology associated with child abuse has been linked to particular memory impairments or distortions. For example, the symptoms of posttraumatic stress disorder (PTSD) include deliberate efforts to suppress trauma memories and gaps in memory for traumatic events (DSM-IV; American Psychiatric Association, 1994), and depression has been linked with negatively biased memories of childhood experience (Brewin et al., 1993). As well, attachment theory assumes that the impact of childhood experiences are embedded in memory, and these mental representations can affect current perceptions, recall, and the coherence of thoughts in relation to early experience. Unresolved childhood trauma and loss, for example, have been characterized by incohesive and fragmented autobiographical narratives in adult attachment interviews (George, Kaplan, & Main, 1985). Despite this potential for distortion, several studies support the accuracy of retrospectively obtained abuse histories (see Brewin et al., 1993 and Maughan & Rutter, 1997 for reviews). Criteria for accuracy include corroborating evidence from other sources, and stability over time and in different conditions. However, Maughan and Rutter highlight the need to determine how reports of child abuse may be affected by changes in mood state or fluctuations in symptomatology over time.

The present study addresses this issue by examining the stability of retrospective histories of child abuse and neglect before and after 6 months of psychotherapy specifically designed to resolve child abuse issues. Post-treatment resolution of these issues is defined in terms of significant improvements in mood, symptomatology, and the subjective meaning of these experiences. The Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1994) was used to assess maltreatment histories. This instrument is easily administered and assesses the extent of maltreatment as an interaction between the severity and frequency with which a variety of abuse and neglect experiences occurred. To maximize the accuracy of recall for childhood experience (Brewin et al., 1993), instructions and test items on the CTQ are largely phrased in terms of concrete, objective events and behaviors. Terms such as "trauma," "abuse," and "neglect" generally are avoided because these have a subjective, evaluative, and stigmatizing quality that can arouse defensiveness. The CTQ demonstrated good reliability and validity in an adolescent psychiatric sample (Bernstein, Ahluwala, Pogge, & Handelsman, 1997) and a study of drug- or alcohol-dependent patients (Bernstein et al., 1994). Both of those groups typically have a high prevalence of childhood maltreatment experiences. The latter findings included test-retest reliability on all dimensions of abuse and neglect before and after approximately 3 months of treatment for the substance-dependence problem. Bernstein et al. (1994) concluded that the stability of retrospective histories in that context was remarkable in light of the unstable population, the length of the testing interval, and the relatively uncontrolled study conditions.

The present context for testing the stability of retrospective maltreatment histories using

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