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Dynamic prediction characteristics of the Child Abuse Potential Inventory☆

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Abstract

Objectives: Risk measures are commonly used to evaluate outcomes in child abuse prevention and intervention programs. This study examined whether pre-intervention to post-intervention changes on the Child Abuse Potential Inventory (CAP) Abuse Scale corresponded to actual changes in risk for future reports of maltreatment and evaluated the validity of several algorithms for classifying clinically significant change.

Method: Participants in the study were 459 parents participating in any one of 27 community-based family preservation and family support programs. Most parents were low-income mothers with a variety of social risk indicators, about a third of whom would be classified as high-risk by the CAP Abuse Scale. Participants were administered the CAP at program enrollment, then at completion of the intervention (median time = 150 days), then followed for an average of approximately 2 years for future official maltreatment reports. Dynamic predictive validity of the CAP Abuse Scale was modeled by comparing survival models using a time-dependent structure of pre- and post-intervention scores to identically structured models using only a pre-intervention score.

Results: Pre-intervention CAP Abuse Scale scores demonstrated incremental future predictive validity. However, score changes failed to correspond to changes in likelihood of future abuse. Models using pre-intervention scores only were more predictive than time-dependent score models, and pre-intervention scores were better predictors than post-intervention scores of post-intervention CPS referrals. Common algorithms for classifying clinically significant change yielded results that could be counter-intuitive and misleading. For example, participants classified as improved on these algorithms were actually at similar or even higher risk than those classified as unchanged or worse.

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Conclusions: The results strongly supported the static predictive validity of the CAP and the use of the CAP for screening purposes. The results did not support the dynamic predictive validity of the CAP. Results of exploratory analyses suggested the possibility that the changes observed on the CAP Abuse Scale reflected changes in subscales assessing subjective distress or parenting attitudes, which may be markers for initial risk but when changed, do not necessarily translate into actual changes in future maltreatment behavior. Although replication and extension are needed before drawing firm conclusions, the current study raises questions about the common practice of using risk instruments as proxy measures for child maltreatment risk in intervention and prevention programs.
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Keywords: Measurement; Child abuse; Child neglect; Child Abuse Potential Inventory

Introduction

Risk instruments are commonly used to assess outcomes of interventions designed to prevent occurrences or recurrences of child maltreatment (e.g., Acton & During, 1992; Haskett, Scott, & Fann, 1995; Kolko, 1996; Meezan & O'Keefe, 1998; Milner, Murphy, Valle, & Tolliver, 1998; Wolfe, Edwards, Manion, & Koverola, 1988). Although the primary goal of child maltreatment prevention and intervention efforts is to prevent future episodes of child maltreatment (e.g., Altepeter & Walker, 1992; Chalk & King, 1998; Williams, 1983), the majority of studies and program evaluations do not directly measure this bottom-line outcome (Chalk & King, 1998; Schellenbach, 1998). When evaluating outcomes, there are a number of possible reasons for assessing change using risk instruments or other proxy measures rather than actual incidents of maltreatment. If research or evaluation efforts inquire directly into ongoing abuse or neglect, there may be irreconcilable conflicts between the demands of mandatory child abuse reporting laws and ethical demands to protect the welfare of research participants and fully inform participants of the risks inherent in their participation. Participants who are fully informed about the potential consequences of answering questions about ongoing abuse or neglect (e.g., reports to child protective services, possible removal of their child from the home) may not report or may deny actual occurrences of maltreatment (Ammerman, 1998). Incidents of officially reported future abuse or neglect may be captured from administrative data bases (i.e., state child abuse registries); however, this may require special permissions which researchers or evaluators may not be able to acquire. Even when it is possible to obtain access to official records. the nature of official CPS report data creates intrinsic problems. Tracking future incidents of abuse usually requires following participants for an extended period of time, possibly up to several years following the intervention, at considerable cost in staff time and other resources. Among some populations, such as low-risk primary prevention populations, low incidence rates necessitate very large samples and long follow-up periods in order to test even the most basic hypotheses. Finally, official report data likely underestimate actual behavior and may be affected by case finding biases (Chalk & King, 1998).

Given these obstacles and limitations, it is not surprising that many research and program evaluation projects have utilized maltreatment risk instruments and changes on these instruments as a measure of intervention outcome. If reducing risk is considered equivalent to

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